

CAAB Research Briefing Note: No. 8

Tracing and Tracking of Children Subject to a Special Care Application

1. What is the study's purpose?

The purpose of the study was to provide an overview of the applications for admission to special care made by Health Service Executive (HSE) Local Health Offices in 2007 and to trace and track outcomes for the children who were subject of those applications up to November 2009. The Children Acts Advisory Board (CAAB) commissioned the study and it was undertaken by Mark Brierley of Social Information Systems (SIS). It was guided by a steering group and was independently peer reviewed.

This briefing note discusses the method of research, key findings and recommendations. The full report is available at (www.caab.ie).

2. How was it undertaken?

The study involved scrutiny of anonymised special care applications and their supporting documents, interviews with social workers, children, parents/carers, staff from the special care units, guardians *ad litem* and solicitors.

Before discussing the key findings it is useful to describe what 'special care' is. Special care refers to a type or model of care that is provided to children and young people who are in need of special care or protection by the HSE and would usually be placed in what is known as

a special care unit. These units are purpose built secure locked facilities, managed by the HSE. This means that the children/young people placed by order of the High Court cannot leave the facility of their own accord. The units also have a higher staff to child ratio compared to other residential units in Ireland. The HIQA Social Services Inspectorate has a statutory function to inspect the children's residential centres including Special care units. The Units, at the time of the study, were located in Ballydowd, Dublin 22, Coovagh House, Limerick and Gleann Alainn, Cork with a national capacity of 25 bed units.

A child requiring special care will display behaviour that puts him/her "at a real and substantive risk to his or her health, safety, development or welfare" and is unlikely to receive special care or protection "unless the court makes such an order." Only children and young people between the ages of 11 and 17 are eligible for special care due to the nature and seriousness of such interventional steps and the restriction of that individual's liberty. An example of this may be a child who is self harming, abusing drugs and/or alcohol, and where all other attempts by the HSE have not stabilised the current, serious situation. Only children and young people with serious emotional and behavioural difficulties who meet the agreed national Criteria for the Appropriate Use of Special Care Units can access these facilities.



Special care in 2007 was operating in an evolving environment. The HSE had only come into existence as a single national structure in 2005; the CAAB was subject to change during the research period (changing its name from the Special Residential Services Board and extending its remit to deal with both welfare and juvenile justice); the infrastructural arrangements were all new; in summer 2007 and early 2008 there were a number of High Court rulings that would influence the criteria for special care. More recently, provisions within the Child Care (Amendment) Bill, 2009, should they be enacted, will also influence the future shape of special care.

3. What are the key findings?

Applications, Admissions and Outcomes

In 2007, there were 70 applications for special care in Ireland, for 61 children. Of the applications 46% (n=32) led to an admission to special care, 41% (n=29) were refused admission, and 13% (n=9) were withdrawn. By November 2009, 46% of the individuals (n=27 out of 59) who had been subject to one or more applications in 2007 had overall risk factors that were perceived by social workers to have improved, 19% (n=11) had mixed fortunes (the perception being that some risks improved, some stayed the same or worsened), 14% (n=8) had the same level of overall risk, and 22% (n=13) had worsened.

For both those who were admitted to special care and those whose application was withdrawn, 75% had overall risk factors that improved or had mixed fortunes (n= 21 out of 28 for those admitted, six out of eight for those withdrawn). While only 48% of those who were not admitted had improved or mixed fortunes (n=11 out of 23) and 30% of this same group had risk factors that actually worsened (n=7).

Views on the Impact of Special Care

Of those children admitted to special care in 2007, social workers felt that special care had a positive effect for 54% (n=15 out of 28), with it providing a place of safety only for another 21% (n=6) - for many of the social workers a place of safety was all that they wanted and expected. For 18% of the children (n=5) special care was perceived by social workers to have had a negative effect.

Those who had been admitted to Gleann Alainn at some stage of their life had a higher likelihood of overall risk factors that improved or had mixed fortunes than those admitted to Ballydowd, Coovagh House, or not admitted at all. The children who were interviewed who had experienced both Gleann Alainn and Ballydowd (n=3) were also more positive about Gleann Alainn. Some 42% of social work interviewees (n=25 out of 59)

felt that special care was an effective model and 29% (n=17) felt that it was reasonably effective. Nevertheless, 24% felt it needed reshaping significantly (n=8) or was totally ineffective (n=6). Three had mixed views.

Variations

Gender variations: special care appears to cater more for the needs of females than the needs of males. Females were more likely to be the subject of applications (59%, n=41), and their applications were also more likely to lead to an admission (61% [n=25] admitted compared to 24% [n=7] of males).

Age variations: younger children were more likely to be admitted to special care than older children and were also more likely to experience improvements in overall risk factors. Some 33% of those aged 16–17 had risk factors that actually worsened (n=4 out of 12).

Ethnicity: some 74% of the applications (n=52) were for children whose ethnicity was White Irish and 14% were Irish Travellers (n=10); 40% of Irish Travellers were admitted to special care (n=4) compared to 48% (n=25) of those whose ethnicity was White Irish. 63% of the Irish Travellers had overall risk factors that worsened or stayed the same (n=5 out of 8) compared to 36% for White Irish (n=16 out of 44).

HSE Area Making the Application: the HSE South area had the highest percentage of applications not admitted (57%, n=8 out of 14). There appears to be two reasons for this; the children for these applications had never experienced anything more intensive than a mainstream residential or community/family placement and applications from the HSE South area were less likely to have an onward placement secured at the point of the application.

Youth Homelessness: only 38% of the applications for children at risk from youth homelessness were admitted to special care (n=5 out of 13). By November 2009, of the 16 individuals who had either been at risk from youth homelessness at the point of the application or who had acquired that risk factor in the intervening period, 56% (n=9) had overall risk factors that worsened or were a new feature. Twelve experienced homelessness after the application. This suggests that the needs of children who are at acute risk who have experienced homelessness are not being addressed adequately.

Placement Prior to the 2007 Application

The likelihood of an application succeeding had some relationship to the child's placement at the time the application was made. As many as 73% of children in high support (n=8 out of 11) and 67% of children in an emergency placement were admitted to special care



(n=2 out of 3). Only 23% of those remanded in custody (n=3 out of 13) were admitted (mainly applications made before Judge MacMenamin's SS judgement).

Children who had only experienced between one and four previous care placements were not likely to be admitted to special care (21%, n=3 out of 14) except where the situation was regarded as an emergency (in simple terms, this was where the social work department deemed there to be an immediate and acute risk to the child's welfare, often to their life, and this view was usually shared and supported by both the CAAB and the NSCADC).

Discharge from Special Care

Only 51% of applications (n=36) had an onward placement that was specified and secured at the point of the application, with mainstream residential units most likely to be secured (64%, n=16 out of 25) and high support units least likely (30%, n=9 out of 30). While 56% of the applications with the onward placement secured were admitted (n=20 out of 36), this was the case for only 35% of those where it was not secured (n=12 out of 34). Interviewees from social work departments commented on how difficult it can be to secure an onward placement when making the application. They often felt that they had been pushed to discharge a child from special care before a robust onward placement had been identified and had experienced difficulties finding onward placements for almost a third of the children who were placed in special care.

Given that so many applications specified high support as the discharge option without being able to secure that placement, and that a smaller proportion were discharged to high support than was planned in the applications, this does raise questions about whether more co-ordination of admissions and discharges between special care units and high support units is required. Several social work interviewees felt that more co-ordination was required. On the other hand, research has suggested that the current shape of high support in Ireland does not differ substantially from mainstream residential care (Laxton 2008).

Placement Since the 2007 Application

While social work interviewees felt that 26% of children settled down into improved behaviour soon after leaving special care (n=8 out of 31), 39% were perceived to have immediately reverted to their risk taking behaviour or their behaviour became even worse (n=12). A further 25% (n=8) were perceived to be unstable for a while then settled down, while around 9% (n=3) were felt to have settled for a while then reverted to their previous risk taking behaviours. Interviews with the children, their parents/carers and social workers suggested that sometimes the immediate effect of discharge can be that the child 'runs amok' before reflection on the lessons learnt in special care are remembered and assist them to more controlled behaviour.

By November 2009, 46% (n=17 out of 37) of those who were still children were in residential care (mainstream, high support, special care) and 38% (n=14) were either

at home, in independent/supported living arrangements or foster care. The remainder were accessing homeless services (n=3) or detained in the justice system (n=3). However a third of those who were adults by November 2009 were either accessing homeless services (14%, n=3 out of 22) or in detention (18%, n=4), with 45% either at home, in independent/supported living arrangements or foster care (n=10), 14% were in residential care (n=3), and the whereabouts of 9% was unknown (n=2).

Some 49% (n=29 out of 59) of the individuals went home at some stage after the application but for only 34% (n=10) was this the preferred choice of the social work department, with 48% (n=14) of the children refusing any other placement and 14% (n=4) going home because mainstream placements would not accept them. These placements were much more likely to be successful where placement at home had been the preferred choice of the social work department.

Offending and the Criminal Justice System

Given that 56% of the males (n=15 out of 27) were detained by the criminal justice system at some point after the application to special care in 2007 compared to just 29% (n=6 out of 32) of the females, it would seem that, while males are struggling to access special care, they are more likely than females to end up in juvenile criminal detention. Several interviewees were concerned about the slow speed of the justice system, saying that significant delays led to children not seeing the consequences of their actions. Some social workers also noted that, where a child received a custodial sentence but was immediately released pending an appeal, that child was again not seeing any consequences for their behaviours, resulting in those behaviours worsening. There was little evidence of a joined-up approach between justice and child protection/welfare systems to assess and act on a multi-disciplinary basis where children in care were at risk of offending: several social workers noted that children were either in one system or the other.

For eight of the individuals, part of the reason for the application for special care was to separate them from a known individual(s), usually an adult male. Applications for five of these individuals were successful, two were not, and one was withdrawn. Injunctions and barring orders were taken against some of the men involved and some were cautioned: a few of those injunctions were taken in parallel with the application for special care although this detail was not included in the application documentation. In a small number of these cases, the social work departments described situations that had arisen that suggested there was a need to put in place an information sharing protocol between An Garda Síochána and the HSE, including appropriate pathways within each agency for escalating concerns. A joint

protocol between An Garda Síochána and the HSE is now in place for 'children missing from care' but that was not the specific concern for these cases.

Education and Learning Disabilities

Some 76% of applications (n=53 out of 70) were for children who had been school non-attenders in the previous 12 months. By November 2009, 47% of the individuals were engaged in education (n=28 out of 59), many of whom were involved in education outside school settings, Youthreach or FÁS. Of those for whom significant concerns about their education had been recorded against the criterion for 'real and substantial risks to self' a similar proportion (46%, n=21) were engaged in education by November 2009.

Some 25% of those with a low/mild/borderline learning disability (n=5 out of 20) were detained in the justice system at some point after the 2007 application compared to only 6% (n=2) of those with no learning disability. As a result, some 30% of individuals with learning disabilities (n=6 out of 20) were felt to have had risk factors that had worsened.

Note that the author's understanding is that the HSE was working with the National Educational Welfare Board (at the time of the study) to develop joint working protocols.

Health Related Factors

Some 79% of the applications (n=55) identified alcohol and/or substance misuse as a risk factor for the children, although the nature of this misuse was often unclear in the application documentation. Through a mixture of the application documentation and interviews with social workers, the researcher was able to establish that alcohol was a concern for 45 of the applications and cannabis for 34. For almost all of the substances, proportionally more females were misusing them than males (cannabis being the exception). Nine of the females were misusing heroin, of whom a third were admitted to special care (n=3). Some 57% of those who misused heroin experienced homelessness after the application (n=4 out of 7) compared to only 32% of those who had misused cannabis (n=9 out of 28) and 26% of those who had misused alcohol (n=10 out of 39). However, risk factors were as likely to worsen for those who had no history of substance abuse (33%, n=4 out of 12) as for solvents (33%, n=1 out of 3), prescriptions drugs (30%, n=3 out of 10) or heroin (29%, n=2 out of 7).

At least eight children in the study were diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), of whom only 25% (n=2) were admitted to special care. Of the children with ADHD 63% (n=5) had risk factors that worsened. Numbers are small but this may be significant.

Some 24% (n=17 out of 70) of the applications were for children who were in receipt of psychiatric services at the point of application, of whom only 35% (n=6) were admitted to special care. Given that special care is not intended to provide acute psychiatric interventions, this may not be surprising. However, a substantial number of applications were for children who appeared to have received some form of psychiatric assessment or intervention in the past. The research did not explore in detail the nature of psychiatric interventions received.

Application Process

At the time of the application to special care in 2007, family welfare conferences had not been held for 70% of the applications. Only 24% (n=12 out of 50 who expressed a view) of social work interviewees felt that family welfare conferences have a positive role to play within the special care application process. Some 50% opposed the requirement to hold a family welfare

conference or consult with the family welfare conference service (n=25). While 26% (n=13) gave mixed or neutral views. Eighteen of the respondents said that they found family welfare conferences useful in other contexts (i.e. at an earlier stage of intervention), but believed that, as special care was a measure of last resort, all options within the family and extended family would normally have been exhausted by this stage. The role of family welfare conferences within the special care process is therefore of questionable value.

Some interviewees wished to see increased transparency in the operation of the NSCADC. In particular, they said that membership of the committee needed to be published officially. The NSCADC feels that there has been much publicity in this area but it may be that a refresher is required to address this perception amongst some of a lack of transparency: this may be the result of changes in staff at local level.

4. What are the recommendations?

Recommendations for the HSE at National Level and Policy Makers

1. The HSE and policy makers should review whether variations in patterns of applications, admissions and outcomes between males and females are acceptable and in the best interests of the children. If this is not the case, the implications in terms of the configuration of special care provision and guidance to staff will need to be considered.
2. The HSE and policy makers should review whether the current low levels of admission to special care and poor outcomes for children aged 16–17 (who were subject to a special care application) are acceptable and in the best interests of the children, or whether service reconfiguration in the HSE and in partner agencies may be required to better meet the needs of this group.
3. The HSE and policy makers should review whether the current low levels of admission and poor outcomes for children at risk of youth homelessness (who were the subject of a special care application) are acceptable and in the best interests of the children, or whether special care and/or other HSE services need to be reconfigured to better address and prioritise the needs of this group of children.
4. The HSE should consider whether low levels of admission and poorer outcomes for Irish Travellers are acceptable and in the best interests of the children, and whether this has any implications in terms of training for social work staff and/or reconfiguration/accessibility of Traveller services.
5. The HSE should ensure that admissions and discharges from and between special care units and high support units are better co-ordinated. This might be achieved through centralised national structures and/or processes. In addition, with the imminent closure of Ballydowd, the HSE should consider opportunities to increase the co-location and joint management of special care units and high support units.
6. The HSE should consider developing increased consistency in the models of special care offered by the special care units. Each unit should have the same access to psychiatric and psychological support (as required by the needs of the child).
7. The HSE should consider if there should be a separate special care facility for younger children.
8. The OMYCA should take into account the findings in this report related to the length of time children spend in special care when developing future policy for special care. The court, HSE and guardians *ad litem* should also be mindful of these findings when considering the best interests of the child.

Recommendations to Support Inter-agency Working

9. Where a child is deemed to be at risk from specific, known adults, protocols need to be developed between the HSE and An Garda Síochána on actions to be taken, information sharing, escalation of concerns, and processes to monitor the effectiveness of the above.
10. There are opportunities to increase the integrated assessment of children's needs:
 - a. The OMCYA, HSE and Department of Justice, Equality and Law Reform should consider whether any measures should be put in place to increase the integrated assessment of risks and needs (offending and child protection/welfare) for children in care who offend.
 - b. The OMCYA, HSE and Department of Education and Science and education agencies (e.g. the National Educational Welfare Board, the National Council for Special Education, the National Educational Psychological Service), need to consider whether levels of poor school attendance for children who become the subject of a special care application are acceptable and in the best interests of the children, and whether this should have any implications in terms of future policies and monitoring arrangements.

There may be scope for:

- improved co-ordination and delivery of holistic assessments and service responses between social work and education agencies;
- the HSE to routinely monitor how many children in its care and protection systems have problems with school non-attendance every year and share this information with the OMCYA and the relevant education agencies.

This issue should be considered in the ongoing work between the HSE and the National Educational Welfare Board to develop joint working protocols.

11. The OMCYA, HSE and Department of Justice, Equality and Law Reform and Courts Service should consider if any measures should be put in place to speed up the administration of justice for children in care who offend, to benefit the holistic welfare of the child.

Recommendations for Practice and Processes

12. Within practice, social work professionals need to be mindful of whether and in what circumstances they respond differently to the same types of risk-taking behaviour shown by females and males, particularly in relation to sexual risks and risks of involvement in the criminal justice system.
13. The guidance for special care should be amended to state that where a child has had fewer than five previous care placements, they are unlikely to be admitted to special care, except in cases of emergency, on the grounds that not all options have been exhausted.
14. Discharge from special care:
 - a. The HSE should refresh understanding of its staff, particular at senior level and within local admission and discharge committees, of the importance of securing an onward placement when special care application is made.
 - b. Local admissions and discharge committees should support and prioritise children who are the subject of special care applications in allocating placements.
 - c. The HSE should take action to ensure that all relevant staff are briefed and trained in the recently published Special Care Discharge Criteria (CAAB 2010).

Recommendations for Monitoring and Research

15. The HSE should report annually on special care and the operations of the NSCADC, including a statement of the NSCADC's terms of reference and criteria, its membership, the number of applications it considered, the outcomes of the applications, and the demographic profile of the applications. Given the findings in this research, it may be useful to report:
 - a. the pattern of applications and admissions by gender;
 - b. the pattern of applications and admissions by age;
 - c. the pattern of applications and admissions by ethnicity;
 - d. the pattern of applications and admissions where the application suggests that the child is at risk from youth homelessness;
 - e. the pattern of applications and admissions by learning disability and by whether the child has had chronic school non-attendance during the previous 12 months;
 - f. the pattern of applications and admissions of children with ADHD;
 - g. for all children admitted to special care in a year, the total time that such children have spent in special care in the past or in custody.



Recommendations for Monitoring and Research *cont'd*

16. The application form for special care should be amended:
 - a. to prompt the applicant to state whether the child has previously experienced homelessness, is regarded as being at risk of youth homelessness, and any actions taken to reduce this risk;
 - b. so that where risks identified relate to alcohol and substance misuse the applicant must specify what substances are involved and what actions are being taken, or have been taken, to manage the harm from this abuse;
 - c. to ensure that, where a child subject to a special care application is deemed to be at risk from specific, known adults, information is recorded on any actions taken or planned against that adult by the social work department;
 - d. to ensure that, where a child has previously had contact with psychiatric services, it is clear whether they engaged with those services and whether they received an assessment only or went on to receive service interventions;
 - e. to establish whether a guardian *ad litem* is already appointed for the child, and, if so, by what court and when;
 - f. to ensure that it is clear whether the planned onward placement has been secured or not.
17. Future research into special care outcomes should identify in detail:
 - a. the subsequent placements of children, in particular the number of children who go home at any stage, the range of supports offered if they go home, and the effectiveness of those supports;
 - b. the number of children who have accessed psychiatric services prior to the application, the range of supports offered both before and since the application, any issues with regards to accessing them, and the effectiveness of those supports;
 - c. processes for accessing education supports for children subject to a special care application and the effectiveness of those supports.
18. Further research should be conducted into whether the requirement to hold a family welfare conference should be a component part of the application process for special care.
19. Further research should be conducted into future cohorts of children who were subject to special care applications, using findings in this current report as a comparative baseline.



5. What are the study's benefits?

This was the first occasion that a tracking and tracing study of children/young people was undertaken subject to HSE special care applications covering a calendar year. The findings and the recommendations will assist

both policy makers and serviced providers to review legislative practices, systems and processes into the future that will assist children/young people with behavioural difficulties.

For more information:

- ✓ Phone 01-6354100 to speak to Robert Murphy and Gráinne McGill.
- ✓ Check out www.caab.ie to see this study's Full Report.