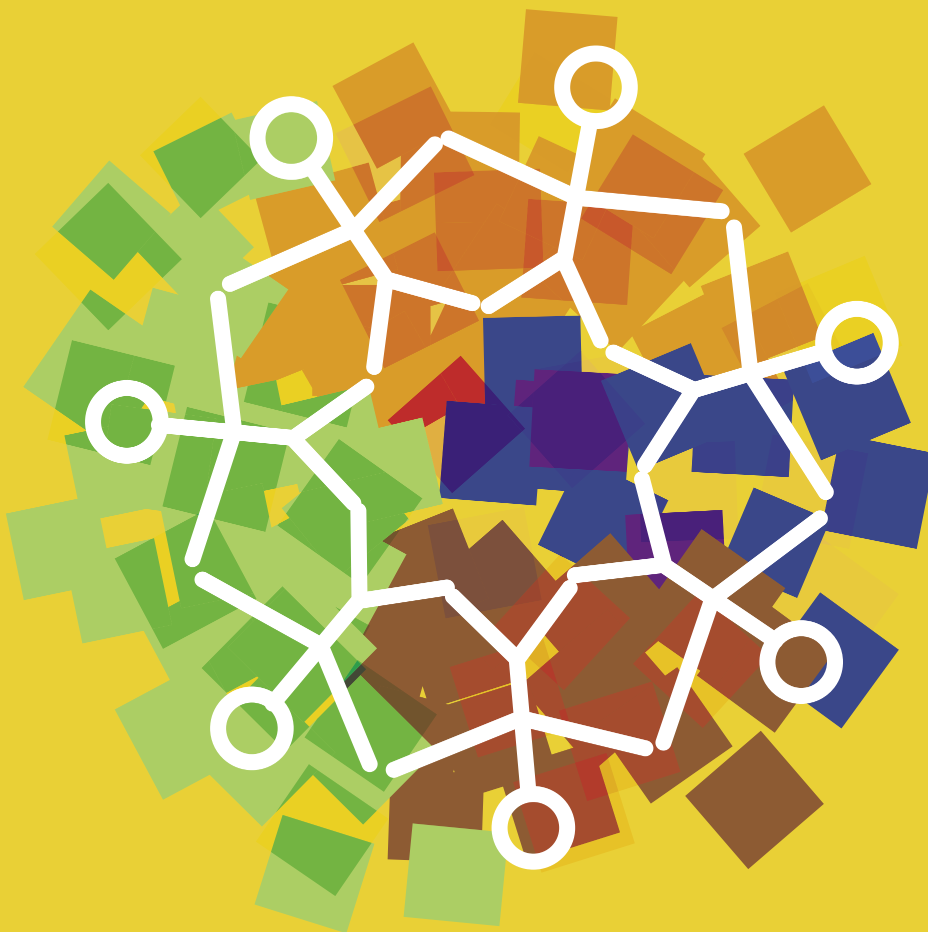
The Special Residential Services Board

Review of Admission Criteria and Processes for Special Care

September 2005



The Special Residential Services Board

An Bord Seirbhísí Cónaithe Speisialta

Foreword

The 'Criteria for the Appropriate use of Special Care' were devised by agreement between the Special Care Units, the Health Service Executive and the Special Residential Services Board to guide units, practitioners and the Courts as to when Special Care may be an appropriate placement for a young person. The Children Act 2001 identifies that: "detention is a measure of last resort, for the shortest time possible", and with this in mind, the criteria have sought to ensure that the needs of children and young people are met, while putting appropriate safeguards in place to ensure that Special Care is used appropriately.

The Special Residential Services Board commissioned Social Information Systems to carry out research into the criteria in November 2004. It was important to establish whether the criteria were effective in identifying children who are in need of special care or for whom a special care placement would be appropriate.

The report presents interesting findings and the criteria have been broadly welcomed as useful guidelines. However, it is necessary to explore what happens to the children who are not admitted into special care, for whatever reason. It is also necessary to examine the outcomes for young people who have spent time in Special Care placements. While these are further long term research aims of the Special Residential Services Board, it is of crucial importance that these questions are answered to ensure that the needs of children and young people are being met and to gauge the effectiveness of this intervention.

This report also looks at the potential role for the Special Residential Services Board when Part 3 of the Children Act 2001 is fully implemented. In my view, in order to effectively monitor the usage of special care the process identified in Option 2 in the report would be more effective.

I would like to thank Dr Henri Giller and Mark Brierley the authors of this report for their excellent work. I would also like to thank Dr Helen Buckley, Board Member of the Special Residential Services Board, for her contribution and advice throughout the process. Lastly, I would like to thank all of those who took part in the research.

I hope that this report will represent a building block in our knowledge of Special Care and inform future practice.

Roger Killeen
Chief Executive

Special Residential Services Board

Table of Contents

	Page
Introduction	3
The Changing Context of Special Care	4
Summary of Findings	7
- Age and Gender of Young People in Special Care in 2004	7
- “Consideration” for Special Care	8
- Criteria for the Appropriate Use of Special Care Units	9
- Special Care Capacity	10
- Appropriateness of Applications	10
- The Business Process	13
Summary of Recommendations	20
Bibliography	22

1. The Special Residential Services Board (SRSB) has commissioned Social Information Systems Ltd (SIS) to review the admission criteria for special care. SIS has previously undertaken work for the SRSB entitled "Definition and Usage of High Support in Ireland" (2003). The authors of that report, and this current report, are Dr Henri Giller, Managing Director of SIS and Mark Brierley, Senior Consultant with SIS.

2. The admissions criteria were developed by way of an agreement between the SRSB and the admission committees of the Special Care Units, and are based upon the conditions laid down in the Children Act, 2001, adhering to the principle that deprivation of a child's liberty must be an option of last resort. The version of the criteria used for this evaluation was dated 22nd April 2005.

3. SIS were required to: "produce a report for the SRSB that will inform policy by identifying whether the criteria are facilitating appropriate usage of special care placements and establishing whether there is an appropriate fit between the numbers of children in the community who have been considered for special care placement or whether a discrepancy exists."

4. The definition of young people "considered" for special care in 2004 was defined as:

   - Children who applied for a special care placement and were **admitted**.
   - Children who applied for a special care placement and were **not admitted**.
   - Children who were **not subject to a formal application for a special care place**, but were otherwise "considered" as to their suitability for special care in the light of a social worker's *written* recommendation to that effect.

5. A four-fold methodology was developed for this project:

   Phase 1: Desk-top research on the development of special care.

   Phase 2: Questionnaire to HSE Areas (formerly Health Boards, prior to implementation of the Health Act 2004) on procedures for identification and response to special care. Data collection from Special Care Units.

   Phase 3: Questionnaire for individual social workers identified as having a child "considered" for special care in 2004.

   Phase 4: Interview with HSE Area personnel involved in completing the questionnaires (mixture of senior personnel who could comment on the procedures, and social workers who had "considered" special care in 2004).

6. This work was conducted in early 2005, with the Phase 4 sites visits conducted in February and March 2005.

The Changing Context of Special Care

7. Part 3 of the Children Act, 2001 amends the Child Care Act, 1991 and introduces a "special care order" to provide for children in need of special care or protection. Where "the child's behaviour poses a real and substantial risk to his or her safety, development or welfare" (section 23B), the Special Care Order facilitates access to secure accommodation. Within such accommodation the Health Board [now the HSE – Health Service Executive] is authorised to provide appropriate care, education and treatment for the child in need of special care (S.23 (B) (2)). In so doing, the HSE is empowered to take such steps as are reasonably necessary to prevent a child in special care causing injury to themselves or others or from escaping from the facility (S.23 (B) (3)).

8. The original provisions of the 1991 Act did not permit access to secure treatment accommodation for young people and hence, detention in a secure facility. Secure detention could only be accessed through a statutory route where the young person had committed a criminal offence. Faced with this lacuna in the statutory framework, the High Court began exercising its constitutional prerogative to extend its inherent jurisdiction over children to secure their welfare, if necessary, by detention, for the purposes of treatment[1] (Shannon, 2004, Caul, 2003).

   "...the courts have found that the constitutional rights of certain children can only be vindicated by the provision of facilities in which they can be detained or contained for the purposes of treatment. Given that the courts have come to this conclusion, it is clear that the State has no option but to provide secure facilities" (Durcan, 1997:9).

9. Faced with this requirement, the Department of Health and Children appointed a consultant from Scotland, Mike Laxton, to provide advice on the development of appropriate treatment services. Two reports followed: "On the Requirement and Necessity for Special Care and High Support Residential Child Care Provision in Ireland" (1998) and "The Principles and Policies Underpinning the Development of Special Care and High Support Provision in Ireland" (2000).

10. Laxton's overriding assumption was:

    "Special care is the end of the child care service spectrum." (2000:8).

11. Three premises underpinned his conclusions as to the future development of special care (and allied specialist provision – i.e. high support).

    - Specialist provision must be a positive response to the identified needs and problems of young people, not a pragmatic response to crisis.
    - Restricting a child's liberty should be limited to the shortest appropriate time.
    - Specialist provision must be effectively integrated with other relevant services and provide the least restrictive caring environment.

12. These perspectives have significantly informed the development of secure units since that time. The Social Services Inspectorate, for example have established and utilised a number of care standards when inspecting secure establishments. The standards include ensuring that each unit has an appropriate statement as to its purpose and function:

    "The unit's role in relation to wider child care services (including regional and national) is clear and set out by the Health Board or Area Health Authority.

    This unit has a written statement of Purpose and Function which accurately describes what the unit sets out to do for young people and the manner in which care is provided. The Statement is available, accessible, and understood." (Standard 1)

1 *The European Court of Human Rights, however, has held that such detention in the case of a non-offending child must be in an appropriate "educational supervisory regime" and not detention per se (DG v Ireland, 2002).*

13. With respect to planning for young people the supporting criteria state:

    "The placing authority has exhausted all alternative placement options when applying for an order." (Criteria 4.4).

14. Published inspection reports from the Inspectorate over time have shown improvements in the compliance of units to the requirements of the standards. Past inspections, however, have frequently commented that a step-change will be needed in the way in which special care units are accessed and operate once the Children Act 2001 comes into effect.

15. Since November 2003 the Special Residential Services Board (SRSB) is now responsible for advising the Minister on policy relating to children placed in Special Care Units. Established under Part 11 of the Children Act 2001, the SRSB must be consulted if the HSE wishes to proceed with an application for a special care order, subsequent to the convening of a family welfare conference to consider the issue (Ss 7 – 15 of the Children Act 2001).[2] The SRSB continues the legacy of maintaining a tight focus on the purpose of special care units in its statement of admission procedures:

    "Special care units are intensive highly specialist facilities where young people who have not been convicted of an offence are held in a secure care placement, with the explicit objective of providing a stabilising period of short-term care which enables a young person to return to less intensive care as soon as possible".

16. The objectives of special care, as stated by the SRSB, are to:

    1. Provide a short-term period of safe and secure care in an environment for young persons whose emotional and behavioural needs cannot be met in alternate types of settings.
    2. Stabilise an 'extreme' situation which has been persistent and severe.
    3. Provide a controlled and safe environment in which the care and treatment of young people who satisfy the admission criteria is undertaken.
    4. Improve the welfare and development of young people in a therapeutic care environment based on relationships, containment and positive reinforcement.
    5. Provide a therapeutic milieu and programme with consistency, predictability, dignity, meaningful controls and external structure which will assist young people in developing internal controls of behaviour, self-esteem, personal abilities and strengths and capacity for constructive choice and responsibility.

17. Prior to implementation of its formal legal status and role, the SRSB has acted in an administrative capacity, developing infrastructure to discharge its implemented legislative functions. One issue prioritised by the Board was the need to clarify how the requirement to satisfactorily conclude that the child's behaviour poses "a real and substantial risk to his or her health, safety, development or welfare" may be substantiated. This was to be considered by a multi-disciplinary committee and would be on the dual basis of:

    i. Placement criteria

       1. The young person is 11-17 at admission.
       2. The behaviour of the young person is such that it poses a real and substantial risk to his/her health, safety, development or welfare unless placed in a Special Care Unit, and/or on "an objective basis" is likely to endanger the safety of others.
       3. The young person will present with a history of impaired socialisation and impaired impulse control, and may also have an established history of absconding.

2 *The High Court continues to retain its inherent jurisdiction to uphold children's constitutional right to have their welfare promoted by placement in detention for the purposes of treatment.*

4. If continued to be placed in any other form of care, the young person is likely to cause self injury or injury to other persons.

5. Consideration has been given to placement history and the elimination of ***all other*** non-special care options, ***based on the child's needs.***

6. It is clear that a less secure structured environment would not meet the young person's needs at this particular time.

ii Evidence substantiated within a comprehensive assessment

Applications for placement in Special Care Units should be based on a comprehensive needs assessment including the following:

a) A comprehensive and up to date social history.

b) A detailed care placement history outlining all social services and other interventions.

c) A statutory Care Plan that supports the aims and objectives of this placement based on the identified needs of the young person.

d) A discharge plan, identifying the subsequent less intensive placement or alternative, and identifying agency personnel with responsibility for actioning the plan.

e) An up to date psychological report which comments upon the grounds for seeking admission to a Special Care Unit.

f) A review of the young person's file by a consultant psychiatrist where considered appropriate following a young person's refusal to participate and where there are concerns about his/her mental health.

18. The present study seeks to evaluate whether these admission criteria are appropriate, relative to the needs of young people as perceived by social work practitioners, and whether their application facilitates appropriate service responses to meet their needs.

19. This part of the report summarises:

- Findings from the data on applications for admission to special care, as provided by the special care units.
- Key issues that were identified from the survey returns provided by the HSE Areas and the subsequent follow-up meetings.

Age and Gender of Young People in Special Care in 2004

20. According to Ballydowd and Gleann Alainn data[1], 79 applications for admission to the special care units were made in 2004. Of these, 37 (47%) were for boys and 42 (53%) for girls.

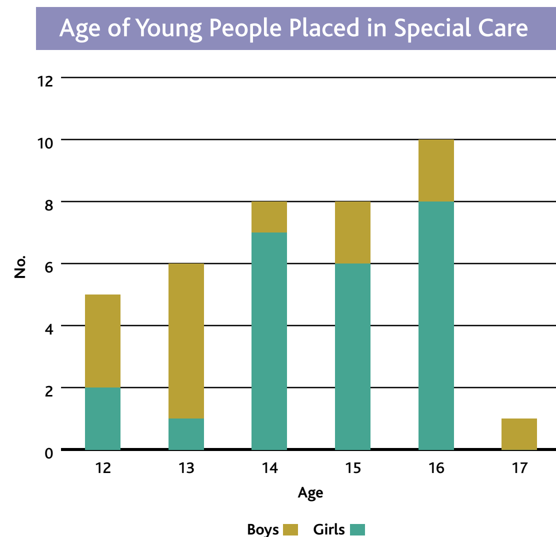
21. According to data supplied by Ballydowd and Gleann Alainn:

- 30% of applications were not admitted in Gleann Alainn, 29% in Ballydowd.
- 60% were admitted in Gleann Alainn, 47% in Ballydowd.
- 24% were withdrawn / awaiting information / successful but place not taken up in Ballydowd, 10% in Gleann Alainn.

RECOMMENDATION 1: The reasons for formal applications being turned down need to be researched further, with particular regard as to whether this was because: (a) Procedural regularity was not satisfied (e.g. application forms and accompanying documentation completed incorrectly or uninformatively); or (b) The threshold for special care was not crossed; or (c) The child's needs could not be matched to placement availability (e.g. no place available or placement mix considerations prevented placement).

22. 24 young women were admitted to special care in 2004 and 14 young men, a ratio of almost 2:1. A report to the SRSB in March 2004[2] noted that almost twice as many girls had been admitted to special care as boys up to that date: thus, there continues to be a difference between the genders in likelihood of being admitted to special care.

23. Similarly, there appears to be distinct differences between the genders at different ages. International research suggests that peak offending ages for young men is around 15-17, and for young women 13-14. The pattern of admission to special care (below) is, however, opposite to that. This suggests either entrance of older boys and younger girls into the justice rather than the care system, and/or that more girls being viewed as needing protecting from themselves in secure settings from age 14 onwards.

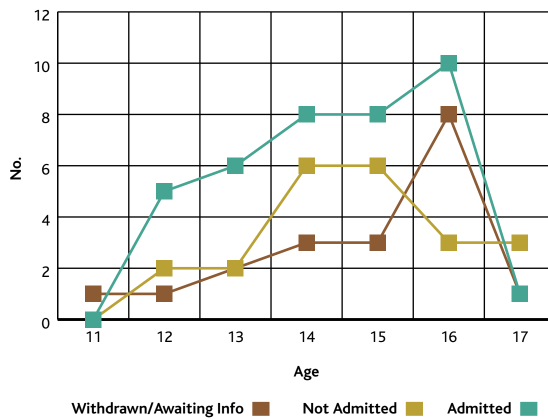


RECOMMENDATION 2: The SRSB should track whether young people who enter the criminal justice system were the subject of previous applications for special care, and vice versa.[3]

1 *Gleann Alainn was opened in 1995, Ballydowd in 2000.*
2 *"The Impact of Placement in Special Care Unit Settings on the Well-Being of Young People and their Families", (March 2004), paragraph 4.2.*
3 *A recommendation is made on tracking the careers of young people in special care later within this report (See Recommendation 7).*

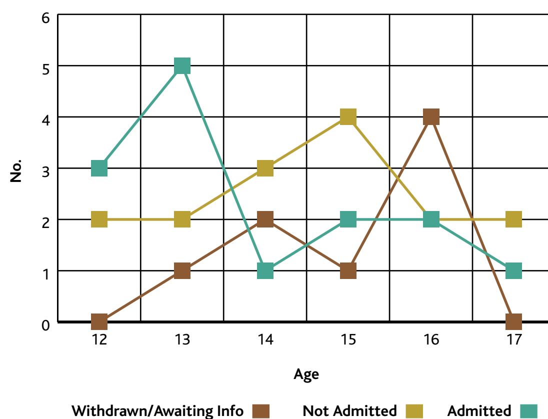
24. With reference to the likelihood of an application being successful, young people appear to be more likely to be admitted than turned down at all ages except 17, with a significant number of 16 year olds either withdrawn or "awaiting further information" (often that information does not appear and the application is closed, suggesting alternative options might have been found or entrance into the justice system).

All applicants to Ballydowd & Gleann Alainn: by Age



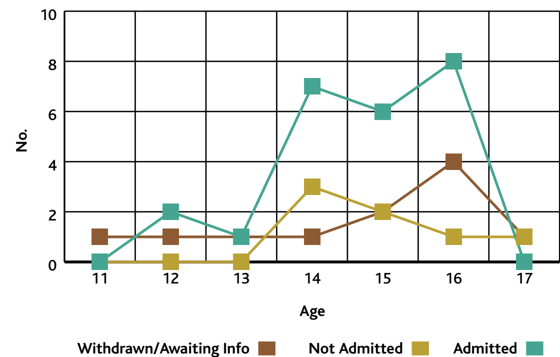
25. However, for males, only at age 12-13 were boys more likely to be admitted than not admitted.

Male applicants to Ballydowd[4]: by Age



26. For females, applications are more likely to be successful than not successful at all ages except 17.

Female applicants to Ballydowd & Gleann Alainn: by Age



"Consideration" for Special Care

27. The focus of the case study survey was on young people "considered" for special care. This "consideration" comprised three elements:

- Children who applied for a special care placement and were **admitted**.
- Children who applied for a special care placement and were **not admitted**.
- Children who were **not subject to a formal application for a special care place**, but were otherwise "considered" as to their suitability for special care in the light of a social worker's *written* recommendation to that effect.

28. Although the last of these definitions was agreed with the SRSB in conjunction with the HSE, in reality there are few *written* recommendations for special care prior to a formal application. Consideration of special care as an option normally happens in formal or informal supervision. Documentation of the grounds for suitability for special care only commences once the decision to make an application has been agreed between supervisor and supervisee, often with the prior endorsement of the line manager.

4 *Gleann Alainn is Female only.*

HSE Area / Case Number [5]	Admitted	Not Admitted	'Considered'	Total	% of Total
Northern Area	6	1	1	8	10.0%
South Western Area	11	4	4	19	23.75%
East Coast Area	7	6	0	13	16.25%
Midland	4	6	0	10	12.5%
Mid-Western	2	0	1	3	3.75%
North Eastern	4	2	0	6	7.5%
North Western	1	1	0	2	2.5%
Southern	6	5	0	11	13.75%
South Eastern	3	2	2	7	8.75%
Western	0	1	0	1	1.25%
Total	44	28	8	80	
%	55%	35%	10.0%		

29. 50% of those considered for special care in 2004 were from the ERHA catchment area. (Northern Area, South Western Area, East Coast Area). Of those where a formal application was made, the HSE Area data suggests that 28/72 failed to secure admission (39%): note, however, that the SCU data, which will probably be more accurate because data is routinely kept on applications, places this figure at the 29-30% mark)[6]. This raises several questions:

- Is this because the criteria are too tight (un-met demand)?
- Is this because there are not enough places to meet the perceived need (deficits in supply)?
- Is this because of inappropriate applications?
- Is this because of flaws in the application process?

Criteria for the Appropriate Use of Special Care Units

30. Feedback from the HSE Areas was consistent in stating that the recently revised written criteria for the use of Special Care Units are robust, helpful, appropriate, and are not a barrier to the use of special care. There was recognition that, as special care involves restricting a young person's liberty, it should be used sparingly and only after all other potential options have been thoroughly exhausted. Clearly, an expansion of those "potential options" will impact on future demand, and several HSE Areas have been developing alternative provision that may reduce future need for special care within their Area. Such developments include use of "Step-up" programmes such as the Janus programmes of Extern[7], or the development of high support as a methodology (SIS, 2003). Commentators from several HSE Areas also predicted that there would only ever be a small number of young people in need of special care at any given time.

31. Thus, there does not appear to be significant levels of unmet demand for special care beyond the existing criteria. The failure of some 30% of applications to be admitted is not likely to be as a result of admissions criteria being too narrow, rather that the evidence to substantiate their application was not always interpreted as having met the required threshold.

32. The Children Act, 2001 provides for two additional routes into care: Interim Special Care Orders, and referrals of a case to the HSE under Section 77 (currently deferred). These will potentially create additional demand but it is not clear at present what impact this will have.

5 *There appears to be some discrepancy between data reported by the HSE Areas and Ballydowd. This is not a problem where HSE figures are higher, as other HSE applications might have been to Gleann Alainn. Some of the Ballydowd figures were, however, higher. Here we are representing the figures as reported to us by the HSE Areas: in Appendix 1, we show the discrepancy by the above HSE Area figures, because the SCUs tend to collect this data more routinely.*

6 *When we discuss the levels of applications not admitted, however, we tend to use the 30% suggested by the SCU figures rather than the 39% suggested by the above HSE Area figures, because the SCUs tend to collect this data more routinely.*

7 *Extern is a charitable organisation that works directly with children, adults and communities affected by social exclusion throughout Ireland. "The Janus programme works with young people assessed as being at high risk of their current living arrangements breaking down. The programme offers a tailored intervention package in response to the needs and problems of the individual and is concerned to fully involve the young person, parent/carers and the key agencies in the process" (extract from Extern website).*

RECOMMENDATION 3: The written criteria for the appropriate use of Special Care Units are robust and do not need to be revised.

RECOMMENDATION 4: The SRSB should monitor levels of applications for Special Care Orders. The SRSB should encourage the development of alternative options to help control levels of demand.

Special Care Capacity

33. Was failure to secure a special care placement caused by an inadequate availability of places nationally? There are only a handful of facilities available (Ballydowd and Gleann Alainn, with Coovagh House currently closed), while young people deemed to have met admission criteria might be turned down simply because the mix of young people in the placement would not be suitable for the young person to join.

34. However, the number of special care places was generally felt to be sufficient (East Coast Area, Midland, Mid-Western, North Eastern), with only one HSE Area questioning this (South Western Area). Lack of capacity does not appear to be an issue limiting use of special care.

35. Thus, again, although data suggests a high level of failed applications (30% using SCU data), this is not because of significant supply-side failures.

RECOMMENDATION 5: There is a need to monitor the number of special care places available nationally and their interrelationship with other services. The SRSB should monitor the usage and impact of Interim Special Care Orders on service capacity.

Appropriateness of Applications

36. Special care, and, indeed, its step-up and step-down option of high support, remain new. With few applications, learning about the correct process to follow will take time to acquire. The philosophy of special care being the placement choice of last resort is well understood, but it is likely that many of the applications were rejected because they were deemed to be inappropriate referrals.

37. Despite HSE Areas stating that the criteria are not problematic, some difficulties may be being caused by the interpretation of the "Purpose of Facilities and Objectives" that are incorporated into the "Criteria for Appropriate Use of Special Care Units". These state that the objectives of special care are to:

    1. Provide a short-term period of safe and secure care in an environment for young persons whose emotional and behavioural needs can only be met at this time in a special care setting;
    2. Stabilise an 'extreme' situation which has been persistent and severe, following a risk assessment;
    3. Provide a controlled and safe environment in which care and appropriate intervention with young people who satisfy the admission criteria is undertaken;
    4. Improve the welfare and development of young people in a therapeutic care environment based on relationships, containment and positive reinforcement;
    5. Provide a therapeutic milieu and programme with consistency, predictability, dignity, meaningful controls and external structure which will assist young people in developing internal controls of behaviour, self-esteem, personal abilities and strengths, and capacity for constructive choice and responsibility.

38. The potential impact of special care on the young person's situation may be represented on a continuum which, in turn, reflects the potential objectives to be attained by the service:

Containment Assessment Therapy

39. Several interviewees commented that, given the time limits for special care, not all of these objectives might be attained. In particular, given the early part of the placement may simply involve attempts to engage the young person, this can limit the effectiveness of in-depth assessments and therapy, with the result that the special care placement might provide principally containment or a breathing space. The therapeutic environment is clearly referenced in objectives 4 and 5 above, but is much harder to deliver within the time period of an order. This can result either in unrealistic objectives about what special care will achieve for a young person; or in social work professionals limiting their applications for special care to those where containment alone is required.

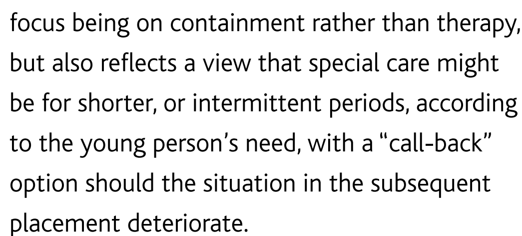
40. For a special care placement to be purposeful, therefore, there is a requirement to define how that placement fits into the overall plan for meeting the young person's needs across the whole span of the above continuum.

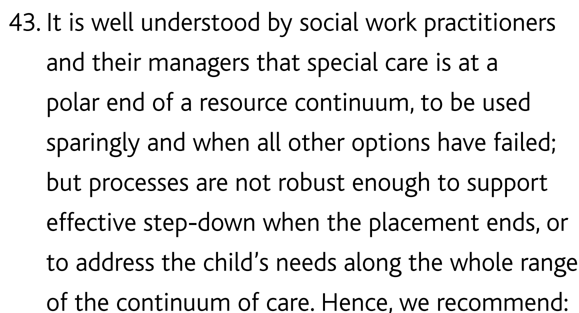
41. Several commentators said that, as a minimum, special care should provide an in-depth assessment, in particular with regard to difficult-to-obtain specialist assessments (e.g. psychiatry) and an evaluation of the impact of the secure placement itself. Comments were made relating to this by the East Coast Area, Midland, Southern, South East and Western HSE Areas.

42. More importantly, the focus of current arrangements is perceived to be on gatekeeping access to a scarce resource in its own right, rather than on the ability of that resource to facilitate access to step-down, therapeutic arrangements:

- A requirement in accessing a special care placement is the identification, at point of entry, of an exit route[8]. The objective of that exit intervention is, however, often less well-defined. Some HSE Areas noted that, while supporting reports are required to obtain a special care placement, exit reports from the SCUs are not routine, even though they may provide guidance on future actions, based on a more intense period of contact with the young person than would have been available for the original HSE assessment.
- Linkage between special care and high support, either with High Support Units (HSUs) or in terms of high support as a methodology, appears to be patchy (SIS, 2003). Where a placement in special care has not progressed much beyond containment and assessment, high support may be the appropriate environment to provide a therapeutic intervention when the special care placement comes to an end.
- Young people can "play the system" in special care by behaving well enough within the placement and "being on a countdown" to its end. There is evidence in the case studies of young people who were "models of behaviour" while in the placement who, when subject of reapplications to special care, were not re-admitted as a result of their former good behaviour. (There are also, it should be noted, examples of young people who were readmitted to special care on re-application). Evaluation of the impact of the placement within the context of the young person's overall therapeutic needs should be shared with the sponsoring HSE Area prior to discharge from the special care placement.
- Several HSE Areas (East Coast, Mid-West, Southern, Western), felt that the time limits for special care were inflexible or too short. This partly links to the above observations about the

8 Several case examples were turned down because the admissions committee was not convinced that step-down options had been thought through. Although the application process requires HSE Areas to identify the step-down placement, several (Northern Area, Midland, North Western) said that this can be difficult to do until it is known how well the young person has responded to their time in the SCU, whether it has had the desired stabilising effect, and have assessed needs and identified future interventions required in the light of this.





focus being on containment rather than therapy, but also reflects a view that special care might be for shorter, or intermittent periods, according to the young person's need, with a "call-back" option should the situation in the subsequent placement deteriorate.

43. It is well understood by social work practitioners and their managers that special care is at a polar end of a resource continuum, to be used sparingly and when all other options have failed; but processes are not robust enough to support effective step-down when the placement ends, or to address the child's needs along the whole range of the continuum of care. Hence, we recommend:

RECOMMENDATION 6: SCUs should produce "exit reports" for the young person's social worker and the subsequent step-down placement, stating what has been achieved in the special care placement and what needs to be done in the future. This report should include an analysis of the risk/protective factors associated with the young person, successful strategies employed to meet their needs and the services that need to be put in place to continue to meet the young person's needs in the future. Exit reports should inform the Statutory Care Plan for the young person and it will continue to be the responsibility of the caseholding social worker to ensure that the Statutory Care Plan is updated in the light of the exit report.

RECOMMENDATION 7: Discharge panels from special care should be established to ensure that a discharge plan, informed by the Exit Report, is put in place prior to the young person leaving the unit. This plan would include securing a discharge placement but also other aspects of the young person's needs which should be addressed if eventual successful resettlement in normal living circumstances is to be achieved (e.g. education/training needs, health needs, etc.) Options and circumstances for "call-back" to the SCU should be considered, including both short-stay periods back in the unit and access to advisory support from staff of the unit. [9, 10]

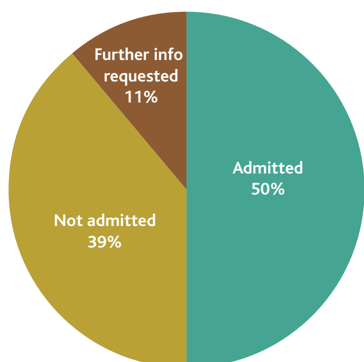
44. **Note that responsibility for *actioning* discharge remains with the HSE.** We also support the continuation of the presumption that an exit placement should be identified during the application process, to safeguard the principle that detention should be used for the shortest period of time and to promote the best use of resources; but this should be reviewed on an ongoing basis throughout the special care placement to ensure that the intended placement will still be the most appropriate placement at the point of discharge. The purpose of the proposed Discharge Panels is to standardise and formalise a process that currently may be happening but not on a consistent basis.

45. Levels of re-applications tend to reinforce the above recommendations. Ballydowd data for 2004 showed that 28 of the applications (36%) were for people who had been subject of a previous referral[11]. 50% of those were re-admitted; 50% were either not re-admitted or further information was requested.

9 By "call-back", we specifically intend this to mean those circumstances where a young person has been discharged from the placement but the Special Care Order remains in force: this is the only legal basis for a young person to be readmitted without a further Order [Part 3, Sect. 7 (a)].

10 Access to advisory support will need to be time-limited.

11 This was only true for one of the applications to Gleann Alainn in 2004.



46. It is not possible to distinguish whether the failed re-applications were for cases where applications had previously been accepted, or had previously been turned down. This distinction is important:

- Cases where a **second (or subsequent) admission** is being sought could indicate difficulties for the original placement in addressing the underlying reasons for the admission. Exit reports and formal discharge panels would optimise both step-down arrangements and learning about successful interventions.
- Failed re-applications for cases **where previous applications were also unsuccessful** may illustrate factors such as the (mis)understanding of social workers as to the purpose of special care, the absence of local alternatives, or issues relating to placement mix/availability.

47. The SRSB needs to know the impact of both special care placements and the failure to obtain such a placement. The current emphasis of the strategic management and monitoring on special care is on the "events" of application and admission. The context in which these "events" take place within the care career of the young person is often de-emphasised or ignored from a strategic monitoring viewpoint. Evaluating applications and their outcomes within a context of career data would provide a broader perspective on the use of special care and the perceptions of its role and function by those who seek to access it.

RECOMMENDATION 8: The SRSB should track the careers of young people subject to an application to special care and/or to high support.

RECOMMENDATION 9: The SRSB should consider how information from the proposed National Child Care Information System, and the SRSB's own planned information system, will aid in the tracking of the careers of young people subject to an application to special care or high support.

The Business Process

48. The current business process for accessing special care will change as a result of the implementation of the Children Act 2001. S. 23A, subsection 2, of the Act states:

"Before applying for [a special care order] the health board [sic] shall-

(a) Arrange for the convening of a family welfare conference (within the meaning of the *Children Act 2001*) in respect of the child, and

(b) Where, on the conclusion of the conference proceedings, it proposes to apply for a special care order in respect of the child, seek the views of the Special Residential Services Boards… on the proposal."

49. This section will, therefore, comment on:

- The impact of the requirement to include family welfare conferences (FWCs) in the business process to access special care.
- The role of the SRSB in the revised business process to access special care.
- Enhancements to the operation of Admissions Panels that should be considered in the light of legislative change.

The Impact of the Requirement to include Family Welfare Conferences in the Business Process to Access Special Care

50. There are two types of family welfare conference under the remit of the HSE: those "required" by the Children Act 2001 as part of the special care process; and those "requested" of the HSE to support the child/family for welfare purposes. The latter type is already in operation in some HSE Areas but not extensively.

51. During the interview process, concerns were expressed that the incorporation of a family welfare conference into the process of applying for special care would add to delays, given that the current experience of FWC processes suggests that they can take seven to ten weeks to convene (Northern Area, South Western Area, Southern, South East). The North Western HSE Area, however, where FWCs have been in operation for several years, felt that FWCs could be organised quickly (albeit with an anticipated smaller throughput than might be expected in the greater Dublin area). Recent applications for special care in the Mid-Western HSE Area have also been preceded by the use of FWCs.

52. There is a need to ensure that the operation of a family welfare conference in relation to special care applications is sufficiently timely.

RECOMMENDATION 10: The National Director for Child Care should call a meeting of the Family Welfare Service Co-ordinators from the HSE to scope an effective and timely model for the convening of family welfare conferences as required under the Children Act 2001 for children being considered for special care. Latterly this should be shared with the SRSB and developed into an integrated business process.

The Role of the SRSB in the Business Process to Access Special Care

53. With regards to the future role of the SRSB in the business process, the Children Act 2001 clearly states that the views of the SRSB should be sought. There is currently a discussion being held between the HSE and the SRSB about what the most appropriate model should be. Two potential models of operation are currently under consideration, as represented on the following pages by Option 1 and Option 2 (note that these are not in any order of preference).

54. In Option 1, the HSE engages with the Special Care Unit provider throughout the process. The HSE makes an initial check of placement availability from the SCU before initiating the FWC. The intention here is to ensure that the FWC knows of placement availability should it recommend special care, making the process operate more efficiently. Should the FWC recommend special care, then the HSE seeks a placement application to the SCU, either in advance of or in parallel with communication to the SRSB. Again, while the intention is to facilitate efficiency of process, the unintended consequence may be the influencing of the SRSB "views". Whatever the outcome, this option clearly minimises the SRSB's arms-length "gatekeeping" role.

55. In Option 2, the SRSB's "opinion" is sought by the HSE from the outset of the process and throughout. Approaches to SCU providers only take place after the Special Care Order has been made. This option emphasises the SRSB's assertive "gatekeeping" role.

56. SCU Admissions Panels currently exercise three functions:

- Ensuring procedural regularity of the application (Are the application forms and accompanying documentation completed correctly and informatively?)

- Establishing whether the threshold for special care has been crossed (Are the admissions criteria met?)
- Matching the child's needs to placement availability (Is there a place available? Is the application suitable, given placement mix considerations?)

57. A more assertive role for the SRSB, such as under Option 2, could empower the Board to exercise the first two of these functions, with the third being retained by SCU Admissions Panels (either individually for each SCU or as a joint Admissions Panel). The SRSB might be seen more as a "hurdle" in the process for HSE Areas to overcome, but, on the other hand, this might be in-keeping with special care being protected as an option to be considered only when all alternatives have been considered.

58. In addition, the monitoring role of the SRSB is more strongly defined in Option 2, with the SRSB having oversight of:

- Outcomes of applications for Special Care Orders.
- Forthcoming FWCs that will be considering special care.
- Outcomes of other recommendations from FWCs that were convened to consider special care.
- Outcomes of special care itself (this links to previous recommendations about exit reports, discharge panels, and tracking career histories).

59. The SRSB and the HSE also need to consider whether, whichever model is adopted, there is an "alongside" role that the SRSB should play at an early stage – providing support and advice, gathering intelligence.

RECOMMENDATION 11: A discussion needs to be concluded between the HSE and the SRSB as to the appropriate business process to use in the future for children being considered for admission to special care.

RECOMMENDATION 12: The HSE and the SRSB also need to define a business process to ensure that discharge from special care effectively focuses on step-down.

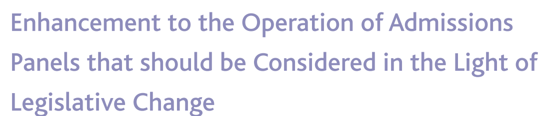
Special Care Application Criteria and Process – Option 1

HSE	FWC	SCU	District Court	SRSB

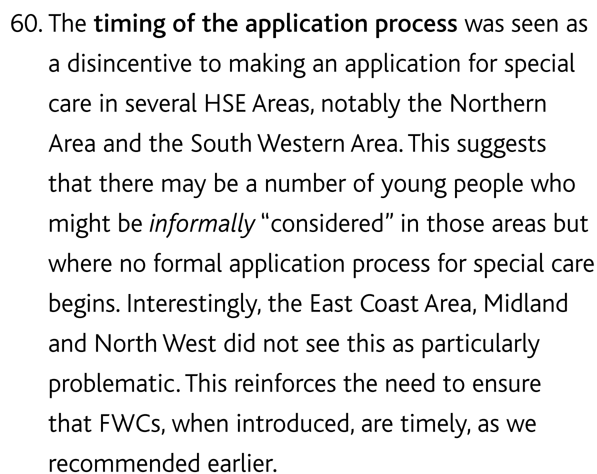
- Child may require special care (HSE) → Will SCU have a place available? (SCU)
- Will SCU have a place available? — No → Seek alternative response (HSE)
- Will SCU have a place available? — Yes → Application for FWC to consider special care (HSE) → FWC Referral Meeting decides on action (FWC) → FWC Held (FWC) → Is Sp Care recommended? (FWC)
- Is Sp Care recommended? — No → Alternative provision under "Family Plan" (HSE)
- Is Sp Care recommended? — Yes → Does HSE authorise application for Sp Care? (HSE)
- Does HSE authorise application for Sp Care? — No → Alternative provision under "Family Plan" (HSE)
- Does HSE authorise application for Sp Care? — Yes → Refer to SCU (HSE) → SCU expresses views on application and placement availability (SCU)
- Does HSE authorise application for Sp Care? — Yes → Seek SRSB views (HSE) → SRSB expresses views on application (SRSB)
- SCU expresses views on application and placement availability / SRSB expresses views on application → Will HSE proceed with application? (HSE)
- SRSB expresses views on application → Is Order Granted? (District Court)
- Will HSE proceed with application? — No → Seek alternative response (HSE)
- Will HSE proceed with application? — Yes → Application to District Court (HSE) → Is Order Granted? (District Court)
- Is Order Granted? → Monitor outcomes of applications for special care (SRSB)
- Is Order Granted? — No → Seek alternative response (HSE)
- Is Order Granted? — Yes → Special Care Order made (District Court) → HSE progresses implementation (HSE) → Placement Made (SCU) → Monitor outcomes of special care (SRSB)

Special Care Application Criteria and Process – Option 2

HSE	FWC	SCU	District Court	SRSB
Child may require special care				
Application for FWC to consider special care	FWC Referral Meeting decides on action			
	FWC Held			
	Inform SRSB of forthcoming FWCs for SC			Monitor forthcoming FWCs for special care
Alternative provision under "Family Plan"	Is Sp Care recommended? (No / Yes)			
Does HSE authorise application for Sp Care? (No / Yes)	Inform SRSB of outcomes of FWCs for SC			Monitor outcomes of FWCs for special care
Seek SRSB opinion				SRSB expresses opinion on application
Will HSE proceed with application? (Yes / No)				SRSB views sought & conveyed to Court
Application to District Court			Is Order Granted? (No / Yes)	Monitor outcomes of applications for special care
		SCU expresses views on application and placement availability	Special Care Order made	
Seek alternative response				
		Is place available? (No)		
HSE progresses implementation				
		Placement Made		Monitor outcomes of special care



Enhancement to the Operation of Admissions Panels that should be Considered in the Light of Legislative Change



60. The **timing of the application process** was seen as a disincentive to making an application for special care in several HSE Areas, notably the Northern Area and the South Western Area. This suggests that there may be a number of young people who might be *informally* "considered" in those areas but where no formal application process for special care begins. Interestingly, the East Coast Area, Midland and North West did not see this as particularly problematic. This reinforces the need to ensure that FWCs, when introduced, are timely, as we recommended earlier.

61. In both the South Western Area and the Southern Area, the case studies revealed **use of custody** in Oberstown or St. Patrick's prior to a formal admission to special care (or as part of the career history – Mid-Western). These may be situations in which Interim Special Care Orders are used in the future. This re-emphasises the recommendation that these cases should be monitored and the implications for service capacity be tracked.

62. For the Northern Area and South Western Area, the number of steps that needed to be taken was at the heart of the slowness of the process ("hoops"), particularly with regards to obtaining supporting assessments from other disciplines. (We understand that in the old Eastern Region such assessments have to be commissioned externally). The paperwork required to accompany a special care application is generally understood to be necessary but was more problematic for the above two HSE Areas.

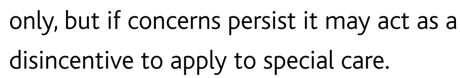
> RECOMMENDATION 13: The paperwork required to make a special care application should be re-considered, in order to both standardise and rationalise it, to make it both easier for applicants to compile it and more informative for those who receive it.

63. The application process currently is entirely paper-based. The case studies highlighted two types of misunderstanding that can emerge as a result:

   - **The social worker's intention was misunderstood**. More than one example was given of an application being turned down because the Care Plan was interpreted as requiring the use of special care for a longer-term intervention. The applicant did not intend the SCU to be the provider of that intervention, but this was the feedback provided.
   - **The Admission's Panel's reasoning was not understood**. Reasons for an application being turned down were sometimes recognised as valid, on reflection, by the applying social work department. Sometimes, however, they were simply not understood. The SCU Admission Panel might have correctly identified the case as inappropriate, but reasons given might be too brief for the social worker or their manager to understand.

64. A **verbal consultation** to support the application would enable misunderstandings to be addressed, enable the admissions panels to have a better understanding of what was expected to happen after the placement and enable the applicant to understand why an application was not accepted. The value of such personal consultation was agreed by those we met with from the Northern Area, South Western Area, Midland, Southern, South-Eastern, and Western HSE Areas. This suggests both that there is an expectation that more of the currently failed applications would then meet the criteria, and that improved understanding of the process might lead to fewer inappropriate applications.

65. HSE Area representation also seems to be more embedded in admissions panels for High Support Units (HSUs) than SCUs, again reflecting the reduced ability to verbally support applications. Application processes to HSUs and SCUs are clearly separate. This all may reflect teething problems



only, but if concerns persist it may act as a disincentive to apply to special care.

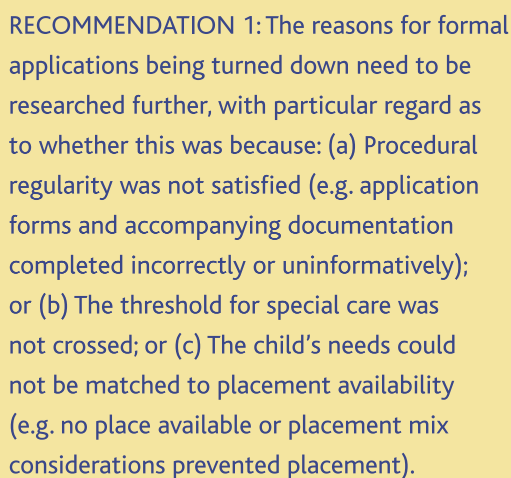
66. If verbal consultation on admission applications to special care were to take place, the forum considering them may differ depending on the business process employed. In model Option 1 above, verbal consultation would be to a representative of the Admissions Panel of the SCU (individually or as a joint panel); in Option 2, it would primarily be to a representative of the SRSB.

RECOMMENDATION 14: The HSE should consider whether special care applications should be made to gatekeeping panels via both written reports and verbal consultations.

67. Evidence of misunderstandings also highlight the need to promote awareness amongst HSE staff and external agencies (e.g. the judiciary) about the criteria for special care and the associated business process.

RECOMMENDATION 15: An educative process is required to promote awareness of the special care criteria and associated business processes amongst HSE staff and key external agencies.

Summary of Recommendations



RECOMMENDATION 1: The reasons for formal applications being turned down need to be researched further, with particular regard as to whether this was because: (a) Procedural regularity was not satisfied (e.g. application forms and accompanying documentation completed incorrectly or uninformatively); or (b) The threshold for special care was not crossed; or (c) The child's needs could not be matched to placement availability (e.g. no place available or placement mix considerations prevented placement).

RECOMMENDATION 2: The SRSB should track whether young people who enter the criminal justice system were the subject of previous applications for special care and vice versa.

RECOMMENDATION 3: The written criteria for the appropriate use of Special Care Units are robust and do not need to be revised.

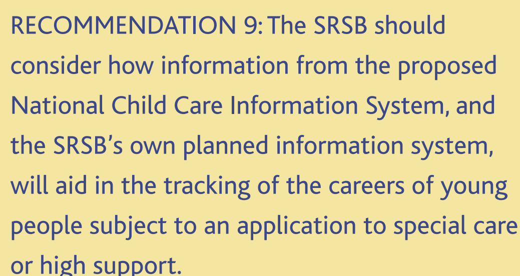
RECOMMENDATION 4: The SRSB should monitor levels of applications for Special Care Orders. The SRSB should encourage the development of alternative options to help control levels of demand.

RECOMMENDATION 5: There is a need to monitor the number of special care places available nationally and their interrelationship with other services. The SRSB should monitor the usage and impact of Interim Special Care Orders on service capacity.

RECOMMENDATION 6: SCUs should produce "exit reports" for the young person's social worker and the subsequent step-down placement, stating what has been achieved in the special care placement and what needs to be done in the future. This report should include an analysis of the risk/protective factors associated with the young person, successful strategies employed to meet their needs and the services that need to be put in place to continue to meet the young person's needs in the future. Exit reports should inform the Statutory Care Plan for the young person and it will continue to be the responsibility of the caseholding social worker to ensure that the Statutory Care Plan is updated in the light of the exit report.

RECOMMENDATION 7: Discharge panels from special care should be established to ensure that a discharge plan, informed by the Exit Report, is put in place prior to the young person leaving the unit. This plan would include securing a discharge placement but also other aspects of the young person's needs which should be addressed if eventual successful resettlement in normal living circumstances is to be achieved (e.g. education/training needs, health needs, etc.) Options and circumstances for "call-back" to the SCU should be considered, including both short-stay periods back in the unit and access to advisory support from staff of the unit.

RECOMMENDATION 8: The SRSB should track the careers of young people subject to an application to special care and/or to high support.



RECOMMENDATION 9: The SRSB should consider how information from the proposed National Child Care Information System, and the SRSB's own planned information system, will aid in the tracking of the careers of young people subject to an application to special care or high support.

RECOMMENDATION 10: The National Director for Child Care should call a meeting of the Family Welfare Service Co-ordinators from the HSE to scope an effective and timely model for the convening of family welfare conferences as required under the Children Act 2001 for children being considered for special care. This meeting should include representatives of the SRSB. Consideration should also be given as to how the SRSB should be informed of FWCs considering special care and their outcomes.

RECOMMENDATION 11: A discussion needs to be concluded between the HSE and the SRSB as to the appropriate business process to use in the future for children being considered for admission to special care.

RECOMMENDATION 12: The HSE and the SRSB also need to define a business process to ensure that discharge from special care effectively focuses on step-down.

RECOMMENDATION 13: The paperwork required to make a special care application should be re-considered, in order to both standardise and rationalise it, to make it both easier for applicants to compile it and more informative for those who receive it.

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RECOMMENDATION 15: An educative process is required to promote awareness of the special care criteria and associated business processes amongst HSE staff and key external agencies.

Bibliography

Caul, Tara, "Summary of Caselaw Relating to Children's Rights and Secure Accommodation", Children's Law Centre, 2003.

Children Act, 2001.

Child Care (Special Care) Regulations, 2004.

Children (Family Welfare Conference) Regulations, 2004.

Department of Health and Children, "National Standards for Special Care Units", 2000.

Durcan, Gerry, "Secure Accommodation in the Child Care System: The Legal Background", in *Secure Accommodation in Child Care – Papers from a Seminar organised by the Children's Legal Centre*, 1997.

Hanlon, Niall, & Riley, Louise, "The Impact of Placement in Special Care Unit Settings on the Wellbeing of Young People and their Families", March 2004.

Laxton, Mike, "On the Requirement and Necessity for Special Care and High Support Residential Child Care Provision in Ireland", 1998.

Laxton, Mike, "The Principles and Policies Underpinning the Development of Special Care and High Support Provision in Ireland", 2000.

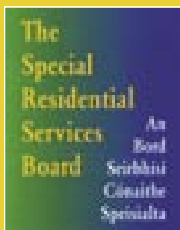
Shannon, Geoffrey, "Children Act 2001: South Western Health Board Seminar Paper", 2004.

SIS, "Definition and Usage of High Support in Ireland – Report to the Special Residential Services Board", Northwich, UK: SIS, April 2003.

Special Residential Services Board, "Criteria for the Appropriate Use of Special Care Units," 22nd April 2005.

Appendix 1: Figures Reported By HSE Areas and Ballydowd

HSE Area / Case Number	Admitted		Not Admitted			Total	
	HSE - Admitted	Ballydowd - Admitted	HSE - Not Admitted	Ballydowd - Not Admitted	Ballydowd - Withdrawn / Successful but Not Taken Up	HSE - Total Applications	Ballydowd - Total Applications
Northern Area	6	8	1	3	5	8	16
South Western Area	11	10	4	2	6	19	18
East Coast Area	7	3	6	1	2	13	6
Midland	4	4	6	2	1	10	7
Mid-Western	2	0	0	0	0	3	0
North Eastern	4	12	2	1	1	6	14
North Western	1	1	1	2	0	2	3
Southern	6	3	5	6	0	11	9
South Eastern	3	1	2	1	1	7	3
Western	0	0	1	2	0	1	2
Total	**44**	**32**	**28**	**20**	**16**	**80**	**68**
% of formal applications	**61%**	**47%**	**39%**	**29%**	**24%**		



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