The
Special
Residential
Services
Board

An
Bord
Seirbhísí
Cónaithe
Speisialta

THE IMPACT OF PLACEMENT IN SPECIAL CARE UNIT SETTINGS ON THE WELLBEING OF YOUNG PEOPLE AND THEIR FAMILIES

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Centre for Social and
Educational Research

Introduction

The Special Residential Services Board, established under Part 11 of the Children Act 2001, commissioned the Centre for Social and Educational Research to carry out this study into the Impact of Placement in Special Care Unit Settings on the Wellbeing of Young People and Their Families.

Special Care Units are a relatively new part of the child care system in Ireland. They are facilities that provide a secure environment for young people who require protection because of a real and substantial risk to their health, safety, development or welfare.

At the time the work for this report was carried out, all children placed in Special Care Units, had to be placed there on a High Court Order. When Part 3 of the Children Act 2001, is fully implemented, the process for obtaining a Special Care Order will be through the District Court. The Special Residential Services Board will be required to give a view to the Court on the appropriateness of any such Order.

As Special Care Units have been in existence for a relatively short period of time, research in this area has been limited. This report therefore represents an important contribution to our knowledge of special care and the impact of these placements on young people.

One of the functions of the Special Residential Services Board is to carry out a programme of research into specialist residential services, and we intend to develop a body of knowledge in this field.

We would like to thank the researchers Dr Lorna Ryan, Mr Niall Hanlon and Ms Louise Riley and Ms Audrey Warren for her contributions to the final report. We would also like to thank the staff of the units and our colleagues across the Health Services Executive. Most importantly we would like to thank the children and families who took part in the research.

Roger Killeen
Chief Executive
Special Residential Services Board

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EXECUTIVE SUMMARY

1. Introduction

The Special Residential Services Board commissioned research on 'The Impact of Placement in Special Care Unit Settings on the Wellbeing of Young People and their Families'. The research was conducted by the Centre for Social and Educational Research at the Dublin Institute of Technology and took place between 2001 and 2003. This report provides a summary of the research produced.

Special Care Units are a relatively new development in terms of residential child care provision in the Irish Context. Therefore, relatively little is known about the impact that special care has on the young people who are placed there.

The provision of Special Care Units has been provided for under the *Children Act 2001*, which amounts to a significant reform in juvenile justice and care legislation for children in difficulty. The Act provides for the establishment of Special Care Units where young people are detained for their own care and protection. This is historically a significant move because formerly detention could only be secured on foot of criminal charges or conviction. The Children Act 2001 attempts to mark that distinction between those young people who have committed a crime and those who require secure care on welfare grounds.

The purpose of the Special Care Unit is described as the detention of the young people for their own care and protection through the provision of a controlled and safe environment. Emphasis is placed on custody in terms of care, safe keeping and supervision, rather than punishment and containment. The overall aim of the Special Care Unit is to provide focused care and therapy to young people so that their behaviour is stabilised and they are enabled to return to non-secure care within a short duration.

This research was conducted in two Special Care Units. The value of the research is that it highlights important issues and factors associated with the wellbeing of young people and their families who have experienced Special Care interventions.

2. Methodology

A variety of methods were used in the collection of data for the research. This included the use of a Quality of Life Scale, questionnaires completed by the young person's key worker, as well as interviews with the young people themselves, family members/significant others and a number of professionals and key stakeholders. In addition, relevant literature relating to children's wellbeing and residential care was also reviewed.

The Quality of Life Adolescent Version Scale (QoLAV) was selected for use in this research. The QoLAV scale was identified as an appropriate tool in conducting this research for two principal reasons. Firstly, the QoLAV Scale defines 'quality of life' in similar terms to the broad conception of wellbeing. The model takes into account a wide range of psychological and societal factors from personal attitudes and beliefs, community factors such as family and peers, and structural factors such as employment, income and education. It is possible to obtain a multi-faceted and holistic picture of wellbeing by observing the inter-relationship of these various factors.

3. Understanding Wellbeing

In this research wellbeing has been understood as being multidimensional. Due to the multifaceted nature of wellbeing and the complexity of residential interventions the research devised a wellbeing framework or set of wellbeing dimensions. In some respects this framework has been chosen arbitrarily in that any number of differing typologies could have been devised. The research considers wellbeing under a number of broad categories, physical, environmental, emotional, educational, social and familial.

The framework of wellbeing dimensions is presented in relation to three phases of the care programme. These are (i) wellbeing on admission to the Special Care Unit, (ii) wellbeing during the care programme, and (iii) wellbeing after leaving the Special Care Unit.

4. Outcomes of the Research

The research findings suggest that placement in Special Care Units for young people have a positive effect on wellbeing. This is related to a number of key factors. These include the importance of focused interventions for short periods of time, the provision of highly supportive educational and care environments and the provision of high quality educational facilities and programmes. The Special Care Unit was also seen to be meeting many of the needs of some of the young people for the first time in many years.

Special Care Units have enormous potential as focused intensive therapeutic interventions for young people. They can provide young people with respite from the responsibilities of problematic family and community environments, containment from risk and harm and provide purposeful care and education. They have the potential to equip the young people with social skills, coping strategies and educational qualifications. They also have the potential to adequately assess the young people's future needs and connect them to the appropriate follow through services.

There are a number of key areas identified in the research, which Special Care Units need to build on in order to enhance their effectiveness. For instance, work with families is a key area, which requires substantial investment in order that the focus of the work of the units can be on the sustained support of the family. This is a crucial factor if the wellbeing of the young people in the long term is to be effected. In addition, Special Care Units have an essential role to play in informing mainstream residential and community services with regard to the needs of this group of young people and to work in co-operation with such services in developing appropriate throughcare and aftercare approaches. Special Care Units also have a vital role to

play in building on and developing models of best practice on 'what works best' with this group of young people.

The research has also raised a number of issues of concern. These relate to ensuring that the young person remains in Special Care only for a planned and an appropriate amount of time. However, this requires that a continuum of support services is available to the young people once they leave the Unit. In order for Special Care interventions to work for young people and their families, services need to work in co-operation with one another in identifying how they can collectively meet the needs of this particular group of young people.

Leaving Special Care Units was identified as particularly problematic for young people. The effectiveness, and potentially positive impact of the Special Care Unit on the wellbeing of the young people, was impacted on by the general lack of support services that the young people could access when they left. This was evidenced with young people who had left and who had not been able to cope adequately with life after leaving the very controlled and supportive environment of the Unit. Given that Special Care Units invest so much in a young person it is wrong that the young people should leave without there being a high level of support put in place. The continuum of supports required might include residential services, community services, educational services, therapy, counselling and family support.

5. Key Recommendations

- *Admission and discharge to Special Care Units needs to be tightly regulated. Mechanisms need to be established to ensure that young people stay as short a time as possible in detention. Best practice needs to be implemented with regard to admission and discharge procedures and this requires an adequately resourced system of care;*

- *The particular needs of girls in Special Care need to be considered. Programme activities need to be gender proofed;*

- *The particular needs of young people from Traveller backgrounds or other ethnic minorities also need to be carefully considered in the context of the programme for care that is provided by the Special Care Unit;*

- *The educational needs and rights of young people should be met on an ongoing basis. This means that young people should have access to intensive ongoing educational support after they leave the Unit;*

- *Families with children in Special Care require intensive and ongoing support. Families need to be meaningfully involved, empowered and consulted in relation to all aspects of their children's care;*

- *Families need to be able to access ongoing therapeutic services for their children once they leave the Special Care Unit. Families must also be provided with continuing practical support and advice;*

- *The establishment of mutlidisciplinary teams operating within Special Care Units is required in order that young people are provided with appropriate therapeutic environments;*

- *There is an urgent need for a designated aftercare post/service to be developed, aimed exclusively at young people leaving Special Care. Overall, a throughcare approach needs to be adopted. The current lack of throughcare and aftercare services is seriously undermining the work of the units;*

- *Information seminars need to be held on a regular basis with regard to the work of Special Care Units. The broad aim of these seminars would be to inform the childcare sector generally about the work of the Units, to share knowledge and information and to create important networks and links with appropriate services;*

- *Research is urgently required into the outcomes for young people of placement in Special Care Units. The reality of the situation for young people and their families once they leave Special Care needs to be documented;*

- *Determining the impact and effectiveness of Special Care interventions in the medium to long term requires that Units develop their own monitoring and tracking systems. There needs to be a greater onus placed on Units to provide comprehensive, standardised and up to date information on all young people in their care.*

SECTION ONE
Introduction

1.1 Origins and aims of the research

The Special Residential Services Board commissioned research on 'The Impact of Placement in Special Care Unit Settings on the Wellbeing of Young People and their Families'. The research was conducted by the Centre for Social and Educational Research at the Dublin Institute of Technology and took place between 2001 and 2003. This report provides a summary of the research produced.

The Special Residential Services Board, provided for under Part 11 of the Children Act 2001, was launched on an interim basis in November 2001. It was placed on a statutory footing on 7th Nov 2003. The Board was established to co-ordinate the development of the sector comprising of special care units, detention schools and detention centres for young people. The centres concerned are administered by Health Boards, the Department of Education and Science, and the Department of Justice, Equality and Law Reform. The mission statement of the Special Residential Services Board accepts that the detention of children and young people is a matter only of last resort and that it should be for the shortest period of time possible. By working in close co-operation with all relevant bodies, the Board aims to facilitate and ensure the co-ordinated provision of child care, therapy and education in the best interests of the child or young person.

Special Care Units are a relatively new development in terms of residential child care provision in the Irish Context. Therefore, relatively little is known about the impact that special care has on the young people who are placed there. Special Care Units were established primarily to meet the emotional and behavioural needs of small numbers of challenging and troubled young people, whose needs could not be met within mainstream residential services. The overall aim of Special Care Units is to provide focused care and therapy to young people so that their behaviour is stabilised and that they are enabled to return to non-secure care within a short duration.

This research was conducted in two Special Care Units. The value of the research is that it highlights important issues and factors associated with the wellbeing of young people and their families who have experienced Special Care interventions.

Special Care placements are a core determinant of wellbeing for a particular group of young people and their families and have a central role to play in improving quality of life. Delivering positive outcomes requires maximising those factors that make for quality of care and safeguarding the rights of young people and their families.

1.2 Understanding of Wellbeing

In this research wellbeing has been understood as being multidimensional. Due to the multi-faceted nature of wellbeing and the complexity of residential interventions the research devised a wellbeing framework or set of wellbeing dimensions. In some respects this framework has been chosen arbitrarily in that any number of differing typologies could have been devised. The research considers wellbeing under a number of broad categories, physical, environmental, emotional, educational, social and familial.

The framework of wellbeing dimensions are presented in relation to three phases of the care programme. These are (i) wellbeing on admission to the Special Care Unit, (ii) wellbeing during the care programme, and (iii) wellbeing after leaving the Special Care Unit.

1.3 Research Methodology

The research aimed to focus on the identification and observation of various components of care programmes, which may positively or adversely affect the young person and his/her family. The researchers try to determine these issues by evaluating the operation of the Special Care Units, and by assessing the wellbeing of the young person and his/her family by administering a questionnaire known as the 'Quality of Life Adolescent Version' (QoLAV). In addition, questionnaires were completed by

the young people's key-workers with the aim of ascertaining their perceptions of the wellbeing of the young person.

A number of qualitative interviews were also conducted with young people and with significant family members. These included mothers and fathers, grandparents and foster carers. A range of professionals, practitioners and key stakeholders were also consulted, including social workers, social care workers and unit managers from both sites where the research was conducted.

In addition, the research is also informed by relevant literature, particularly around the issues of wellbeing and residential/special care.

1.4 Report Layout and Structure

The aim of this section of the report has been to give a brief introduction to the research. This report is a summary of the research that has been conducted and is divided into seven sections.

Section Two provides greater detail with regard to the role and function of Special Care Units, as well as the implications of their establishment. Section Three outlines the research methodology. It also provides details on aspects of well being which have been used as the framework for analysis.

The aim of Section Four is to provide a profile of young people catered for by Special Care Units. This section focuses on the admission profile of the young people; respondent's conception of wellbeing; reasons for admission and aspects of wellbeing.

The effect of placement in special care on young people's wellbeing is the focus for Section Five, and the wellbeing of young people on leaving special care is the focus for Section Six.

The final section of the report aims to provide a summary of the main findings highlighted in the report, and from this, to provide a key set of recommendations.

SECTION TWO
Special Care Units

2.1 Introduction

This section provides details with regard to the development of Special Care Units in Ireland in the context of children's welfare. The purpose of the Special Care Unit is described as the detention of young people for their own care and protection through the provision of a controlled and safe environment. Further detail is provided on the role of the Units, as well the principal challenges, which they face.

2.2 Legislative Context

The United Nations Convention on the Rights of the Child (signed 1989, ratified by Ireland in 1992), the Child Care Act (1991), the National Children's Strategy (2000) and the Children Act (2001) have had significant implications with regard to the provision of residential childcare for children and young people in Ireland, both on a welfare and a justice basis. In addition, a National Child Care Investment Strategy (1998) sought to plan strategically for the development of residential childcare services. The strategy provided for the development of support services aimed at vulnerable children within their family and community settings with a particular view to preventing entry into the residential child care system (Department of Health and Children, 1998).

The Children Act 2001 amounts to a significant reform of the juvenile justice and care legislation for children in difficulty. The Act provides for the establishment of special care residential units where young people are detained for their own care and protection (Children Act 2001: 23-27). This is historically a significant move because formerly detention could only be secured on foot of criminal charges or conviction. The Children Act 2001 attempts to mark that distinction between those young people who have committed a crime and those who require secure care on welfare grounds.

The Act designates two new care orders - Special Care Orders and Interim Special Care Orders - which govern detention solely in Special Care Units. Special Care Orders specify recommended periods of detention ranging from 3 to 6 months, based on what is considered to be in the best interests of the young person. The Act also allows for a renewal of the Special Care Order if necessary. Legislation also allows for each child or young person to have either a Guardian ad Litem or representation, and for parents to have separate legal representation (Ferguson, 1995). The role of the Guardian ad Litem is to make clear recommendations to the court that are in the child's best interests.

Among other things, children in care have the right to privacy, dignity, respect, to have their civil and legal rights safeguarded, and where they have not been convicted of a criminal offence, they have the right to freedom (United Nations Convention on the Rights of the Child, 1989). Depriving young people of their liberty is considered to be an extreme measure of last resort. With Special Care Units, that freedom is revoked by a Court of Law for the purpose of providing care and protection. However, it is only their freedom to move that is curtailed. There should be no further infringement on their rights.

2.3 The Emergence of Special Care Units in Ireland

There has been a growing recognition, both in Ireland and internationally, of the requirement for specialist residential intervention services for 'very troubled and troublesome children' (Fulcher, 2001). Mainstream residential services demonstrated that they were unable to cope with the level of need presented by young people. By 1996 the Irish residential system, experiencing a lack of coherent policy and under-funding, was feeling the strain of increasing societal problems (Focus Ireland, 1996; Craig et al, 1998; Barnardos, 2000). The recognition, development and escalation of problems such as substance misuse, increased violence, educational exclusion and changes in family structure were demanding that new interventions were required to meet these needs.

It was widely perceived that some young people presented with extreme challenging behaviour and emotional difficulties characterised by aggressive or anti-social enduring behaviour 'with overt or marked symptoms of depression, anxiety or other emotional upsets' (Baker, 1997 in Craig et al, 1998). Some children exhibited self-harm tendencies and/or violence towards others as a result of severe traumatic experiences. These developments occurred in the context of a growing awareness of children's rights and the awareness that many young people were not receiving adequate care and intervention and were being channelled into the criminal justice system because of the lack of specialised services aimed at meeting their needs. Many observers felt that their needs were more appropriately the responsibility of the health and educational services (Focus Ireland, 1996:116).

Health boards were faced with the practical task of placing young people within a system that had inadequate capacity in terms of beds, and a lack of choice in terms of care options available to meet different needs. Child welfare and justice policies were also at a transitory stage, with policies and practices for children under scrutiny and in the process of reform. Since the 1991 Child Care Act there is now a clear statutory responsibility on health boards to place young people requiring care and protection. In addition, policy determined (Children Bill, 1996) the need for secure and safe residential units with a therapeutic environment and a high staff ratio.

Arising from the placement deficit that existed a number of young people and their families went to the High Court on the basis that they believed the State had failed in its constitutional duty towards them (Barnardos, 2000). There was an absence of available places in sufficiently secure units with appropriate facilities for minors with behavioural problems of this nature. It was found necessary in some cases to accommodate them in detention centres intended for the reception of children convicted of criminal charges. In the light of the 'Convention of the Rights of the Child' and other legislation, courts became increasingly cautious with regard to detaining young people without remand or conviction.

The High Court repeatedly expressed concern over the lack of provision in this area (Irish Times, 2000, 2001) and pointed out that failure to cater appropriately for the needs of these children would have a profound effect on the lives of such children and

put them at risk of harm. In the 'TD' case Judge Kelly ordered the State to build appropriate residential units for young people, which resulted in one Special Care Unit being built on foot of a High Court Order in 1998. However, the Supreme Court overturned this decision because it was found to go beyond its powers (the Separation of Powers Doctrine) by interfering in the legislative body of Government. Although the judicial demand to provide units was overturned there was clearly mounting pressures to provide residential units. The Health Boards continued with plans to build Special Care Units as outlined in the Children Act 2001.

2.4 The Role of Special Care Units

The purpose of Special Care Units is described as the detention of young people for their own care and protection through the provision of a controlled and safe environment. Emphasis is placed on custody in terms of care, safekeeping and supervision, rather than punishment and containment. Special Care Units are not an instrument of judicial punishment operating within a welfare model. The role of the Special Care Unit is one of custody rather than incarceration and eligibility for admission to a Special Care Unit is subject to court approval (Department of Health and Children, 2001a).

The overall aim of Special Care Units is to provide focused care and therapy to young people so that their behaviour is stabilised and they are enabled to return to non-secure care within a short duration. Special Care Units set out to achieve this by providing a caring, safe, secure, learning environment so that emotional and behavioural difficulties can be met. By formulating a placement plan, a programme of care and therapy is provided with the objective of developing self-esteem, self-discipline and respect.

2.5 Challenges for Special Care Units

Special care non-criminal detentions are a controversial method of intervention and they have been criticised on a number of grounds (Children's Legal Centre, 1997, Laxton, 1998, Barnardos, 2000, Brooke, 2001). Concerns are raised over the application of non-criminal detention of children and the impact that this has on children's/young person's rights, on civil liberties, child protection, therapeutic success, and also the ability of the services to deliver quality care (Children's Legal Centre 1997; Laxton, 1998).

Accordingly, some organisations (Barnardos, 2000) have criticised the development of Special Care Units because it was thought that special care places would be filled regardless of need and therefore jeopardise children's rights and wellbeing. This occurred in the context of demands for the reform of residential care services and with regard to the significant difficulties, which previously occurred in finding suitable placements for very difficult young people.

Other challenges which can be identified with regard to the provision of Special Care Units include:

- Adequately caring for and controlling the challenging behaviour of young people;
- Developing a secure residential service based on a model of welfare and therapy;
- Providing specialist therapeutic services where there is a deficit in provision;
- Addressing the lack of alternative and follow-through placement options available;
- Ensuring the recruitment and retention of a sufficient number of skilled staff.

2.6 Overview

This section has outlined the role and remit of Special Care Units within the system of residential childcare provision in Ireland. The controversial issue of children's rights has been briefly discussed, as well as some of the other challenges that Special Care Units must face. It is essential that the relevant sections of the Children Act, 2001 are implemented if the wellbeing of young people in detention is to be adequately safe-guarded. In the light of the seriousness of detaining young people who have not

committed a criminal offence it is imperative that minimal safeguards should be met. In addition, the protection of children's rights should be continually monitored and revised as necessary.

SECTION THREE
Research Rationale and Methodology

3.1 Introduction

This section details the rationale for the research, the research process and research methods, as well as the challenges that were encountered while conducting the research. In addition, dimensions of wellbeing, which have been used in developing the framework for analysis, have also been outlined.

The research was conducted in two separate Special Care Unit sites (Unit A and B). The units operate under the same legislation, and their roles and functions within the childcare system are similar. However, there are a number of significant differences between both of the Units in terms of where they are situated, their architectural design, their size and the types of facilities that are available. Unit A was established in 1995 and is a regional resource for three Area Health Boards and caters exclusively for girls. It is located on the grounds of a psychiatric hospital about four miles from the city in a rural setting.

Unit B was established in 2000, originally as a regional resource and then became a national resource in 2002 and caters for both boys and girls. The unit is about 6 miles from the city centre, situated outside the grounds of a psychiatric hospital, although it is completely fenced off from the hospital itself.

3.2 Data Collection Procedures

Data collection procedures were established and reviewed throughout the research. The research was assisted by a Steering Committee comprising members of the Special Residential Services Board and the Centre for Social and Educational Research (CSER). The research was conducted in accordance with the Dublin Institute of Technology Code of Research Ethics and the National Child Protection Guidelines.

Letters from the researchers, the Department of Health and Children and local Child Care Managers were sent to social workers requesting their facilitation with the research in order that contact could be made with past residents and families. Each participant received an information sheet outlining the purpose of the research and a consent form for completion upon agreement to participate.

3.3 Understanding Wellbeing

The differential usage of the term wellbeing or quality of life can lead to misunderstandings and ambiguities. Measuring wellbeing or quality of life raises a number of methodological issues. The first issue relates to whether or not wellbeing for instance is related to the needs or to the resources of individuals? An example of this is in comparing a rich person who is experiencing ill health and consequently unhappiness and pain with a poor person who is healthy and happy. Who can be said to experience poor wellbeing? How an individual rates their quality of life or wellbeing depends on the subjective value that they attach to the relative importance and satisfaction of particular life domains.

The second issue relates to what indicators should be used in measurement and how do these measurements contribute to the overall picture of quality of life or wellbeing? Singular dimensions fail to capture the complexity of wellbeing and the many factors that influence it. For the purpose of this research a number of different aspects of wellbeing have been focused on. These aspects of wellbeing fit very closely with the needs of young people placed in Special Care Units and they provide the framework in which the research findings will be presented in Sections Four, Five and Six of this report. They include:

1. Physical wellbeing

The provision of a wide range of health services in safeguarding and promoting the health of young people is a fundamental care task (Skinner, 1992). Parker et al (1991:85) note that young people who are in care come from some of the most disadvantaged sections of society and consequently experience greater disadvantages in terms of physical health.

2. Environmental wellbeing

The quality of the physical environment in which the young people reside, including the architectural design, living space and aesthetic qualities are all contributory factors in determining the quality of placement outcomes (Bettleheim, 1950, Fulcher, 2001). The institutional setting, size, location, nature of security and facilities and so forth enhance or inhibit the outcomes that are desired. There is a view that endorses the positive and therapeutic potential of the physical environment. For instance, Skinner (1992) claims that in order for a young person to settle into the residential setting there needs to be an established environment of safety and security and that this should be the priority of any residential unit.

3. Emotional wellbeing

Special Care Placements are sought for young people because they are regarded as difficult, troublesome, at risk and vulnerable. They are considered to have social, emotional, behavioural and sometimes psychological or psychiatric difficulties. The emotional and behavioural difficulties that young people experience make coping in mainstream schools, residential homes, community and family difficult for them. Young people will have problems forming solid attachments with others, managing their anger and aggression and coping with depression. Young people are placed in Special Care Units when other residential services will not or cannot meet the needs of this group.

4. Educational wellbeing

Educational disadvantage is one of the multiple causal contributors that result in children and young people entering care (Laxton, 1998:29). Subsequently, many children and young people in care will have negative experiences of formal education with histories of truancy, disrupted schooling (especially as a result of placement moves), school exclusion, a lack of opportunities to develop basic educational skills and low self-esteem (Parker et al, 1991, O'Higgins, 1996, Rose 2002). Young people have a right not only to basic education but also to a quality of educational experience that affords opportunities to develop their abilities to their highest potential (Skinner, 1992).

5. Social wellbeing

Strengthening social wellbeing is an important aspect to quality of care and is associated with improved outcomes (Skinner, 1992, Fulcher, 2001). For instance, the quality of young people's interpersonal relationships both within and external to the residential environment is indicative of levels of wellbeing. It is desirable that young people would have and/or develop solid and integrated social and family supports and relationships.

6. Family wellbeing

The quality of young people's family relationships is indicative of levels of child and family wellbeing and is identified in multi-dimensional typologies of wellbeing (Flanagan, 1978; Raphael, 1996; Costello, 1999; Carroll, 2002). Evidence from research suggests that families where children are taken into care are often stigmatised and isolated from their community and dependent on social services. In situations where the care placement has not been consensual, turbulent relationships with social services and individual social workers can result in distancing families from the very support that they may require (O'Higgins, 1996).

Once a child or young person is admitted to care there are associated difficulties of maintaining adequate family links and developing family relationships. For instance, family members often find that visiting the residential unit revives painful feelings, parents can feel further disempowered at parenting their children, the centre or unit may not be family friendly and the location of the unit can sometimes prove an obstacle to regular contact. The conflictual nature of many families' relationships means that there is a need for ongoing and intense support for families and young people. Family support and involvement with the placement is an important factor that can contribute to the success of the placement.

The framework of wellbeing dimensions, as outlined above are presented in relation to three phases of the care programme; (1) wellbeing on admission to the special care unit, (2) wellbeing during the care programme, and (3) wellbeing after leaving the special care unit. The specific areas that are focused on in terms of the different aspects of wellbeing used are outlined in the table below:

Table 3.1: Wellbeing issues addressed					
Physical	**Environ-mental**	**Emotional**	**Educational**	**Social**	**Family**
Nutrition Substance use /abuse Sexual health Health needs Illness Injury Exercise Medical care	Unit design Privacy control and security Monitoring Accommodation Homelessness Reactions to detention	Aggression Stability /containment Injury to self Injury to others Control Restraint Single separation Care /therapy Attachments Routines and structure Dependency Therapy	Educational needs Educational abilities School programme	Internal and external relationships Community access Social 'risk'	Family relations Involvement Information to family Access/ visiting Family experiences

3.4 Research methods

A variety of methods was used in the collection of data for the research. This included the use of a quality of life scale, the use of questionnaires for completion by the young person's key-worker, as well as interviews with the young people themselves, family members/significant others and a number of professionals and key stakeholders. In addition, relevant literature relating to children's wellbeing and residential care was also reviewed. Further detail relating to the various methods used are outlined below.

3.4.1 Quality of Life Scale

The Quality of Life Adolescent Version Scale (QoLAV) was selected for use in the research. However, due to unforeseen difficulties encountered with regard to gaining consent for the young people to participate in the research the completion of these scales was low. In total only ten scales were administered to young people. However, the scales do provide some basic baseline data about the quality of life of the young people. Data scores from the scale were averaged across the completed number of scales and have assisted in highlighting factors that were important for the quality of life of young people.

The QoLAV scale was identified as an appropriate tool in conducting the research for two principal reasons. Firstly, the QoLAV scale defines 'quality of life' in similar terms to the broad conception of wellbeing. The model takes into account a wide range of psychological and societal factors from personal attitudes and beliefs, community factors such as family and peers, and structural factors such as employment, income and education. It is possible to obtain a multi-faceted and holistic picture of wellbeing by observing the inter-relationship of these various factors. The QoLAV proved methodologically compatible to the broad open-ended approach to wellbeing pursued in the research. Secondly, the QoLAV was chosen because it has been specifically tested and adapted for use with adolescent target groups.

The model allows for the comparison between the young person's quality of life expectations and the reality of their wellbeing. It provides quantifiable data on wellbeing perceptions, but compares perceptions by scaling 'control' and 'opportunity' scores.

3.4.2 Key-worker questionnaires

Fifteen (5 Unit A, 10 Unit B) detailed questionnaires were completed by the young people's key-workers and were used to obtain information related to the aspects of wellbeing used in the study, i.e. education, physical health and environment, emotional state and behaviour, and social and family. The age ranges of the young people included in the sample were 12 to 17 years, with the majority of the young people (73%) between the ages of 14 and 16 years. There are 9 girls and 6 boys included. Information for these questionnaires was gathered from care plans and reviews (13), placement plans and reviews (13), psychological reports (8), psychiatric reports (3), medical reports (3), probation and welfare reports (1), social work reports (10), education/school reports (10), young person's verbal accounts (1), and other (non-specified) (1).

3.4.3 Interviews with young people

In total 19 in-depth semi-structured interviews were conducted with young people. Twelve young people were resident and 7 were past residents at the time of interview. Eleven young people had been resident in Unit A and 8 in Unit B. Seventeen

respondents were girls and 2 were boys. This is reflective of the fact that one of the two research sites catered only for girls. Two of the young people had some connection with a traveller background.

3.4.4 Interviews with family members

In total 9 interviews were conducted with family members. Of these, 5 were face to face interviews and 4 were conducted by telephone. Two fathers, 1 grandmother and 6 mothers were interviewed. Seven of the respondents were related to a resident at the time of the interview and 2 respondents were related to past residents.

3.4.5 Interviews with professionals, practitioners and key stakeholders

In total 30 interviews with professionals, practitioners and key stakeholders were conducted (28 formally and 2 informally, i.e. not tape-recorded). Of these 5 were group interviews (which included a total of 17 participants) and 13 were individual interviews. Eight individuals represented care management, 5 were social workers, 12 were social care workers and 5 were key stakeholders (whose areas of key interest and expertise were residential care evaluation and quality assurance, special education, child care policy, children's rights, juvenile justice and child protection).

3.5.6 Review of relevant literature and information gathered by the Special care Units

Relevant literature was reviewed with regard to the notion of wellbeing and the effect of placement in residential care generally. In addition, information recorded by the Special Care Units was also utilised for the purpose of gathering relevant research data. This included admission data, information from care plans and reviews, from placement plans and reviews, social work reports and so on.

3.5 Research limitations and obstacles

A number of key issues must be highlighted with regard to some of limitations and the obstacles faced when this research was conducted. These include:

- *The complexity of measuring impact and effectiveness of Special Care Units ;*

There is little or no research conducted concerning the impact of Special Care Units and quality of life on residents. Furthermore, the lack of clearly researched connections between wellbeing and residential provision generally means that it is problematic to draw comparisons between different therapeutic programmes or care practice models. It can be difficult to discern to what extent residential care enhances or negatively affects wellbeing outcomes. For instance, there is a risk that the shortcomings of residential care can be confused with the shortcomings of wider state interventions. The quality of the residential centre/unit does not preclude the child's and family's wellbeing being negatively or positively affected by wider social service provision. An appreciation of the complexity of measuring the inputs or components to wellbeing must acknowledge the importance of multiple factors such as the influence of early family experiences, ongoing interpersonal and social relationships, the cumulative impact of poverty, educational disadvantage, emotional difficulties, and so on;

- *Problems of comparability;* owing to the differences that exist between the two research sites included in this study, caution was taken not to over generalise about the impact of special care provision over what might be related to localised impacts. The task has not been to evaluate the work of the units, but rather to provide an overall analysis of the impact of this type of provision as outlined in the Children Act, 2001;

- *Access and consent;* the research commenced in September 2001 and the original completion date was December 2002. However, the research was delayed, due to a number of unforeseen circumstances and was not completed until December 2003. Contacting social workers proved time consuming and problematic. For instance, the study involved social workers from a substantial number of social work departments (11), within three health board areas, for one unit alone. In addition, some of the original social workers had moved on from their post and in some cases no new social workers were allocated to the young person/family. Therefore, this led to difficulties in gaining access to young people and families and ensuring their participation in the study;

- *Limitations of the QoLAV Scale;* there were two principal limitations related to the completion of the quality of life scales and their analysis. Firstly, while most of the young people completed and understood the scale, some young people found it difficult to comprehend. This was especially the case when making

distinctions between questions that rated 'importance', 'satisfaction', 'control' and 'opportunities'. Secondly, the delays experienced with regard to gaining consent to young people's participation meant that there were a very low number of scales completed and there was insufficient time left to complete the scales, which ideally should have been administered before, during and after the intervention.

3.6 Overview

This section has outlined the principal methods used in the research study, as well as some of the difficulties, which were encountered, both from the outset and throughout the course of the research. Aspects of wellbeing, as used for the purpose of the research were also outlined.

SECTION FOUR
Profile of Young People Admitted to Special Care Units

4.1 Introduction

This section considers the wellbeing of young people at and before admission to Special Care Units. The wellbeing of the young people is considered under the framework of wellbeing devised for use in this research. This framework considers six dimensions of wellbeing, which are: physical, environmental, emotional, educational, social and familial.

4.2 Admission profile

Young people and their families who require residential interventions will typically, although not exclusively, come from socially disadvantaged communities and difficult home environments. They will often have poor educational histories. Admission to a Special Care Unit is a very significant event for a young person and can often be very distressing and disempowering for young people and families because of the locked restrictions of the Unit. These and other factors are important when considering how young people are affected by admission to special care.

Admission data was captured on 63 young people placed in the Special Care Units between 1996 and 2003. During this time there were 13 re-admissions totaling 76 admissions. Of these, 36 were for Unit A and 27 for Unit B. Of the 63 admissions, 44 (69%) were female and 19 (31%) were male. At the time of the data collection Unit B had 6 boys and 4 girls. Unit A is an all female unit accounting for the higher numbers of girls overall in the sample.

Nonetheless it is still noteworthy that there have been almost twice as many girls than boys admitted to special care to date. The gender breakdown in Unit B is 3:1 male to female since 2000. The highest number of girls in both units at any one time has been

10 (in 2001). The highest number of boys at any one time has been 8 (in 2002/03). Also, there would appear to be an increasing number of girls admitted to Unit B.

Approximately 16% of all admissions were young people with a Traveller background.

Figure 4.1: Number of Young People in Special Care 1996 to 2003
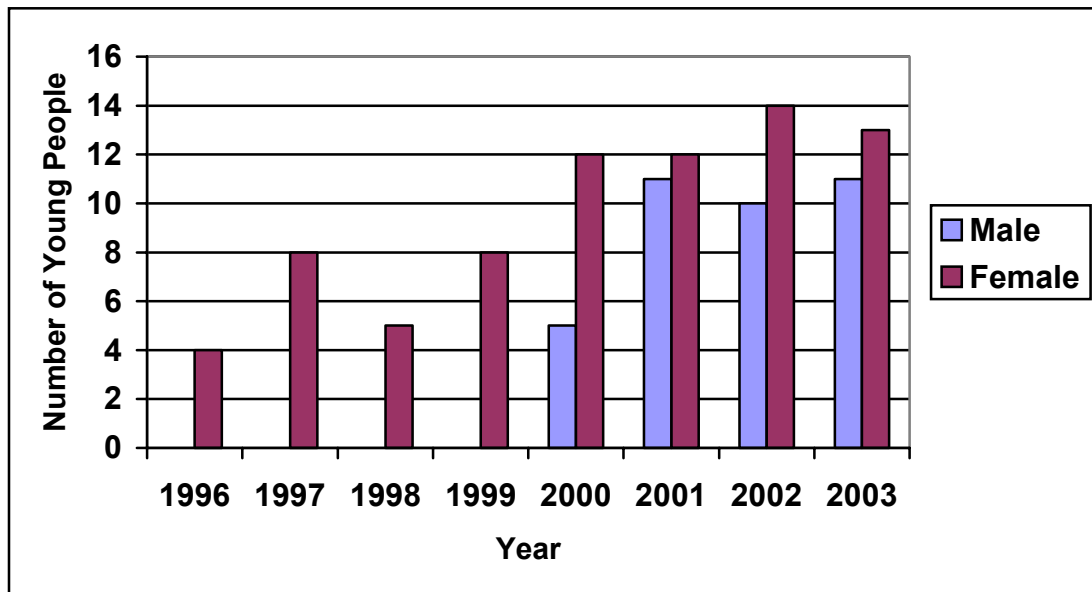
Figure 4.2: Characteristics of young people admitted to Unit B
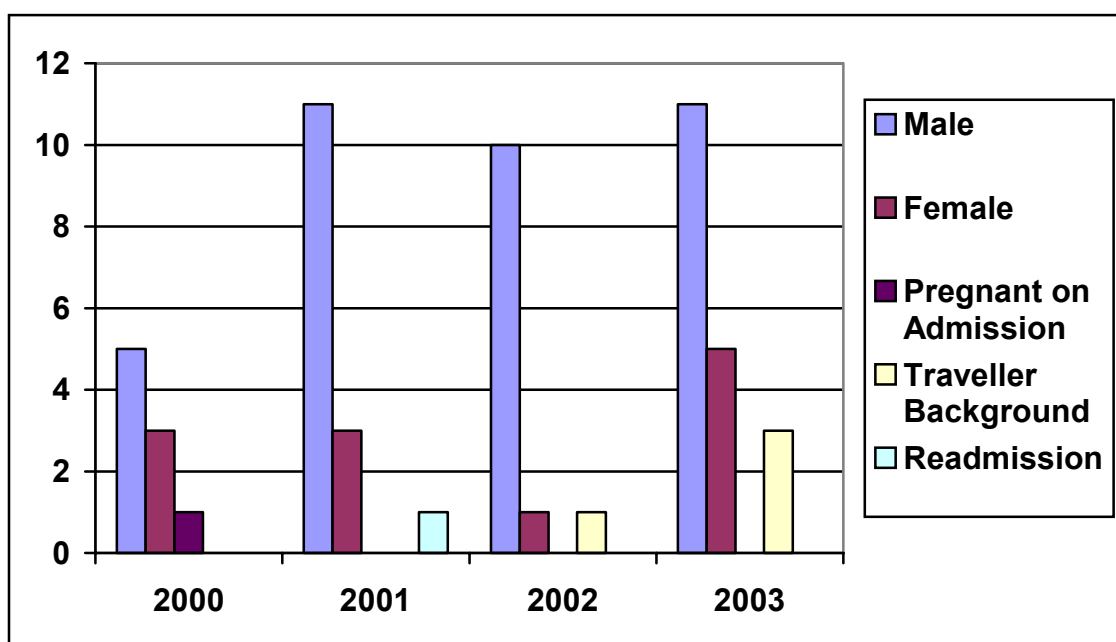
Figure 4.3:Age Profile of Young People admitted to Special Care Units
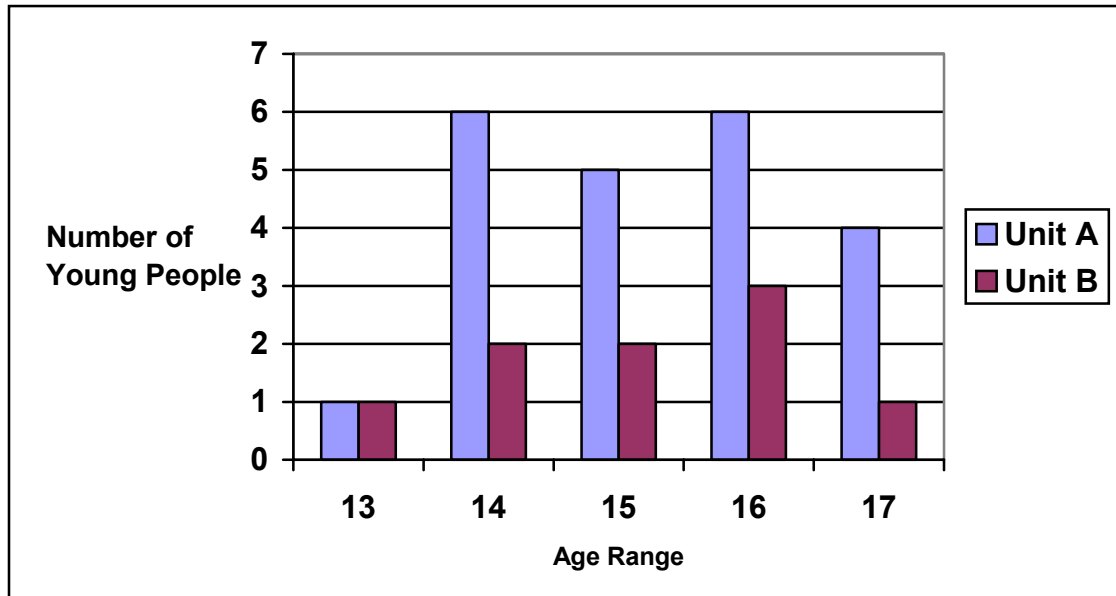
4.3 Respondents conception of wellbeing

Respondents (professionals) were asked to identify factors, which they perceived as contributing to the wellbeing of young people in special care. Many professionals identified Maslow's (1970) 'hierarchy of needs' theory in supporting their ideas and most respondents identified multiple components including:

- Health / nutrition /personal care
- Education
- Accommodation / shelter / care /clothing
- Happiness / contentment
- Welfare / a good standard of living / basic needs
- Behaviour / social adjustment / emotional control / coping abilities
- Identity
- Opportunities / equality / fairness/ understanding,
- Communication / self-expression and individuality
- Psychological and physical safety/ peace of mind/ lack of worry.

Respondents noted that promoting wellbeing was a fundamental task in Special Care residential provision. They perceived the provision of basic needs as relatively straightforward. However, they emphasized the difficulties and complexity of

providing for many higher wellbeing requirements. 'Higher needs' identified included:

- Supporting family and peer relationships
- Aftercare and managing transitions
- Attachments formation with primary caregivers
- Developing self-esteem, personal identity and social adjustment
- Stabilising adverse behavioural patterns
- Instilling greater levels of emotional control
- Sexual health education
- Educational attainment

Professionals generally endorsed that Special Care Units were vital to improving the wellbeing of a small group of very needy young people.

4.4   Reasons for admission

Section 23B of the Children Act, 2001 details the specific requirements for the admission of young people to Special Care Units. At the time this research was conducted, this legislation had not been signed into law and admission criteria was determined by the policies of the Special Care Units.

Information was not available about the reasons for admission for all the young people in the Special Care Units. However, questionnaires completed highlighted multiple reasons for admission. Respondents considered that the majority of young people had a history of entrenched family difficulties and consequent social and emotional problems placing them at risk. 'At risk' covered a wide range of behaviour and social and emotional circumstances including:

- Risk of criminalisation
- Victim of crime
- Drug use/ misuse
- Sexual activities (risk of sexually transmitted diseases, teenage pregnancy or illicit sexual activity/ relationships and prostitution)
- Neglect
- Physical and sexual abuse

The Table below outlines the principal reasons for admission to the Special Care Units for 15 young people (based on responses from key-worker questionnaires). For many young people, multiple reasons were given.

Table 4.1: Reasons for Admission [n = 15]	No of YP
Unauthorised Absences [absconding]	10
Injury to self	4
Injury to others	4
Suicide attempt(s)	0
Substance abuse	10
Learning Disability	4
Repeat Offending [Assaults / Criminal damage / Theft / Joy riding / Solvent abuse	1
Sexual activity	5 (all female)
Sexual Abuse	6
Physical Abuse	5
Psychological/Psychiatric recommendation	1
Failure to respond positively to other methods of intervention	10

The young people's own views of why they were admitted to Special Care are also very insightful. One young person's placements in a High Support Unit had broken down before he/she was admitted to the Special Care Unit. The young person felt that he/she was ready to leave the High Support Unit but that there was no other placement for him/her to move on to. He/she felt that the frustration over this contributed to his/her absconding behaviour, which eventually led to the special care placement.

Another young person gave the following response with regard to why he/she had been admitted: *'because I was running away from [Special School] putting myself at risk for being on the streets. I was living on the streets and drinking. ...I was still putting myself at risk after two years there. You couldn't keep me in [Special School] anyway because I had no criminal offence, no charges or anything so they couldn't keep me there'.*

The majority of respondents endorsed the critical need for the provision of Special Care Units for a small number of young people and for a limited period of time. There was also an acknowledgement that the benefits of placement in Special Care

Units had not been the same for all residents with some young people clearly benefiting more than others were. It was also widely held that young people would not engage with professional help unless they were detained.

The view was also expressed that special care offered protection to society from the behaviour of 'out of control' young people. Some respondents considered admission to special care to be a *'reality check'* or *'wake up call'* for young people and as an opportunity to change the way that they were behaving and to help them make appropriate choices.

For family members, ensuring the physical safety of the young person appeared as the most significant reason as to why the young person should be admitted to the Special Care Unit, given the fact that they were very likely to be involved in risky types of behaviour including the use of drugs and involvement in sexual behaviour. Access to education and appropriate care also featured significantly in their responses. Some family members appeared reluctant to consider family difficulties as a source of the young person's problems. However, some family respondents acknowledged the influence of family problems on behaviour (e.g. alcoholism, parental conflicts, family violence etc.). Family members described high levels of stress and found that they were unable to cope with their children's challenging behavioural problems. Some family respondents felt that social problems such as drug use and 'involvement' with a negative peer group were significant influential factors contributing to admission. For most family members the need to provide safety was an immediate concern justifying admission to the Special Care Unit.

There were mixed feelings from professional respondents about the appropriateness of all placements to Special Care Units. For instance, it was reflected by some respondents that there was a danger that some young people with acute psychiatric problems were being inappropriately placed in Special Care Units because of an absence of psychiatric placements and services for young people generally and that the service was ill-equipped to meet these needs. Part of the problem noted derived from the fact that current mental health legislation defines the child or young person up to the age of 16 years only. This means that within psychiatric services young

people between the ages of 16 and 18 years are often left without services or are catered for, inappropriately within the adult psychiatric services.

In addition, some professional respondents also believed that one of the difficulties regarding the appropriateness of placements was that many social workers and other professionals had a lack of understanding about the purpose and function of Special Care Units and what could be realistically achieved with the young people.

Some respondents also believed that there was also a lack of *'creativity'* within the system of residential services in terms of prevention and alternatives. It was believed that what Special Care Units could provide was an innovative short-term response to crisis in the young person's life and that the units could work in conjunction with and as a support to mainstream units. Another view articulated by professional respondents was that special care should not be seen as a last resort but rather should be acknowledged as a specialist intervention, clearly distinguishable from other interventions, such as high support.

4.5 Aspects of Wellbeing

4.5.1 Physical wellbeing

Past experiences of sexual abuse, neglect, physical abuse, self-injurious behaviour and substance misuse along with periods of time where the young people may have experienced homelessness will inevitably place their physical health at risk. In the questionnaires completed by the young people's key-workers (15), neglect was listed as a major traumatic event for 9 young people but it was not possible to estimate the impact that this had on their overall physical wellbeing.

For those young people who were homeless immediately prior to admission to the Special Care Units, respondents identified that they tended to have 'poor health' upon admission with a greater frequency of coughs, colds and minor ailments. Nonetheless respondents noted that many of the young people knew how to access basic need services when they were homeless (e.g. food vouchers and the out-of-hours service).

From the completed key-worker questionnaires (15), it was identified that 10 young people did not have any chronic or recurring illnesses. The health status for the other 5 young people was unknown. A significant concern that emerged from respondents was about the risk to the young people of sexually transmitted diseases and other serious illnesses (e.g. hepatitis, HIV). Respondents were concerned by the lack of knowledge among the young people of how sexual diseases were transmitted. For example, one worker described that a young person was convinced that there was a cure for HIV readily available by vaccine and administered in hospitals and for this reason he/she did not feel the need to take any precautions.

According to the key-workers responses, on admission to the Special Care Unit, the young people in the sample were at a very high risk of physical harm and/or injury. For instance, reasons for admission identified included injury to self (4) and physical abuse (5). Although, pregnancy was not cited as a reason for admission in the sample, 4 young people were pregnant upon admission to Unit A. One young person was pregnant upon admission to Unit B. There was mixed views from respondents about how special care should respond to the issue of detention and pregnancy, whether a secure environment was an appropriate placement in this instance and whether alternatives were available or considered in each case.

Five young people (all female) were admitted for reasons of sexual activity. Sexual activity appeared to refer to illicit sexual activity such as prostitution, underage sexual activity, the risk or actual involvement with adult men and the risk or actuality of early teenage pregnancy. The experience of sexual abuse was also cited as a reason for admission for 6 young people.

4.5.2 Environmental wellbeing

In terms of factors identified as impinging on the environmental wellbeing of young people, homelessness, neglect and deprivation and the reactions of young people to being detained and the number of previous care placements experienced were all raised as pertinent issues. Multiple previous placements were common among the sample, with one young person experiencing 14 previous placements. Additionally, when interviewed, one young person claimed 40 previous placements and another

respondent (Management Staff) claimed that one young person had experienced approximately 63 previous placements. Six young people had previously experienced placement in special care and 3 had been in a Children's Detention School. Five young people had previously been in a High Support Unit. The types of previous placements experienced by the young people are outlined in the table below.

Table 4.2: Previous Placements	No of YP
Children's Home [mainstream residential unit]	6
Children's Detention School	3
Special Care	6
High Support	5
Hostels	3
Foster Care	8
Living with Parents	9
Emergency Care	1
Homeless Hostels	2
Assessment centre	1
Halting site	1
Bed and breakfast	1
Hotels	1
Missing	1

Young people completed the QoLAV Scale in relation to aspects of their environment and their responses are outlined in the table below.

Table 4.3 QoLAV scale	Importance	Satisfaction
The area of the country I live	Important	Satisfied
The earth and it's environment	not very important	Satisfied
The house or apartment I live in	Important	Satisfied

When young people were asked about the environment, where they lived and how they felt about it their answers were generally positive. They also felt satisfied with the communities and home backgrounds that they came from. The scale indicated that they had 'some' control and 'some' opportunities over these areas of wellbeing.

The experience of anxiety upon admission to the Special Care Unit was a significant negative factor for young people and parents alike. Some respondents (professionals) suggested that the units had a central role to play in alleviating anxiety, claustrophobic feelings, frustration and aggression which was sometimes exacerbated by secure care. Other respondents considered that the impact of placement in Special Care Units on young people with Traveller backgrounds might be more pronounced and negative because of their nomadic lifestyles and culture. Social workers pointed out that there

was a need for a range of services to be made available, which are designed specifically to accommodate for the needs of Travellers.

There were mixed feelings from family members and young people when they first saw the residential units. On the one hand family members and young people were very unhappy with the high level security of the buildings and especially the perimeter fence (Unit B) as well as the bedrooms, which were considered as 'cell–like'. On the other hand some respondents (family members and professionals) reflected positively on the quality of one of the facilities and family members in some cases were also satisfied that the young person would not be able to abscond easily.

4.5.3 Emotional wellbeing

The table below outlines traumatic life events experienced by young people, as identified in questionnaires completed by the key workers (15).

Table 4.4: Traumatic Events (confirmed or strongly suspected)	No of Young People
Abandonment	7
Sexual Abuse	7
Emotional Abuse	10
Physical Abuse	8
Neglect	9
Physical Violence (parental home)	11
Death of Parent(s)	2
Death of Sibling	1
Major Injury	3
Prostitution	1
Rape	1
ADHD	1
Teenage pregnancy	2

According to the professional respondents, young people in Special Care Units lack the background of solid attachments to help them through difficult situations. Their self-esteem and confidence were poor before admission, which was identified as a significant difficulty for young people. Additionally some respondents (care workers and social workers) believed that psychiatric problems including schizophrenia were a problem for some young people.

The professional respondents reflected that the placements for girls in the Special Care Units were more likely to be sought out of child protection concerns, whereas for boys child protection concerns tended to occur in the context of 'acting out', or in involvement in aggressive or criminal activities. Consequently social workers noted a 'bias' within social work in favor of seeking alternatives to special care for girls. They commented that generally there tended to be more boys than girls that they considered at high risk and consequently there were more boys on their caseloads. Some social work respondents also thought that there were greater numbers of homeless boys than of girls and that boys were, in general, at greater risk of becoming homeless. They felt that girls were more likely to be in difficulty because of mental health problems whereas boys were at greater risk of anti-social behaviour or 'acting-out' behaviour ultimately leading to juvenile offending.

Some respondents (Social Care Workers and Management Staff) suggested that there were no significant differences in the baseline wellbeing of girls and boys in terms of the degree of risk. However, whilst it was pointed out that girls would 'act out' in a similar fashion to boys they were less likely to be as aggressive and much more likely to 'hurt themselves', or 'act in'.

Special care detention was seen to be the best option for the young people who were exhibiting behavioural, emotional and social difficulties because it was determined that they would continually 'run' from non-detention environments. Their inability to stay 'grounded' and 'deal' with their issues was considered a principal reason or justification for special care. Many residents had a history of 'unauthorised absences' or absconding from previous residential units or staying out at night from their parental homes and many experienced intermittent homelessness.

4.5.4 Educational wellbeing

Educational disadvantage and generally negative educational experiences are a significant problem area for young people in need of placement in special care. The table below identifies the educational abilities of the young people. The majority of young people feature in the below average range of abilities. Two of the young people had a moderate learning disability and 4 had some form of learning difficulty

such as ADHD or dyslexia. Girls were seen to be more willing to attend one-to-one schooling than the boys.

Table 4.5 Educational abilities	Below average	Average	Above average	Not known
Mathematics	10	3	1	1
Writing skills	9	3	1	2
Reading ability	9	3	1	2
Learning disability	Moderate	None		Not known
	2	5		2
Disabilities / difficulties				
Co-ordination difficulties			1	
Developmentally delayed			1	
Speech and language deficit			1	
Learning difficulties			4	
Attention Deficit Hyperactivity Disorder [ADHD]			2	

The questionnaires completed by the young people's key-workers identified that 12 out of 15 young people had experienced significant disruptions in their educational history. Respondents noted that school refusal or truancy was also a significant difficulty with virtually all of the young people.

Interviewing recorded that the attitude of all young people towards school before they had been placed in the Special Care Unit was extremely negative. It was a common experience for young people to have missed up to 2 years of school prior to the special care placement. It was clear that the young people could not cope with the large numbers in mainstream classrooms and required individual attention. Another issue that emerged was the transition from primary to secondary school, which was identified as a very difficult task for most of the young people in the sample.

4.5.5 Social wellbeing and admission

Of the reasons for admission to Special Care, many will impact negatively on the social wellbeing of young people including school exclusion, substance misuse, homelessness and so on. Respondents generally commented about the social circumstances of young people before admission as overwhelmingly negative emphasising the risks and dangers for young people in their communities or homes.

Within the Special Care Unit, control over the internal group dynamics was seen by management and care workers to be important to ensuring the social wellbeing of young people particularly with regard to managing challenging behaviour.

4.5.6 Family wellbeing

The prospect of the young people's placement in the Special Care Unit raised mixed and conflicting feelings among family members, such as fear, regret, relief and sadness. Family member's views with regard to the positive and negative aspects of the young people's placement are outlined in the table below.

Table 4.6: Impact of admission on families	
Positive impact	**Negative impact**
▪ **The young person did not have access to drugs** ▪ **Family members did not have to search and worry for their children at night** ▪ **The young person would be attending school** ▪ **The young person would be safe** ▪ **There was a renewed sense of hope**	▪ **Distress at leaving young person** ▪ **Guilt and feelings of responsibility** ▪ **Feelings of failure** ▪ **Negative impression and reactions to the high security. Association with prison or mental hospital environment.** ▪ **Strained relationships with young person** ▪ **Strained relationships with professionals especially social worker**

All 9 family members interviewed expressed intense upset at the admission of their children to the Special Care Unit and described the experience as enormously painful and distressing. Most family members voiced reservations about the placement and 1 parent actively opposed it. Five family members were broadly supportive of the placement as the only solution at that point in time. Professionals commented that opposition to the placement was a relatively common reaction. Many family members reluctantly supported the placements because there were no alternatives available at that time.

Even where families were supportive of a secure placement they may be initially 'horrified' when faced with the reality of the detention. All family members reported being distressed when they saw the Special Care Units for the first time, commenting

on the quality of the facilities and levels of security (varied between units). For instance, one family member said '*She's thirteen years of age, she's not a mass murderer, she hasn't even been convicted of a crime, and what in the name of God are they putting her in here for? Why?*'

Family members who were non-supportive of the placement from the outset found the detention particularly difficult to deal with. Family members often felt an injustice because of the detention and separation where there was no criminal conviction. Professionals noted that family members often become more supportive of the placement after the young person has been admitted especially if they see the young person benefiting from the placement.

Families held mixed opinions and feelings about special care detention. On the one hand family members felt that special care was not the solution to the difficulties of the young person, for example one family member said '*it wasn't care, it was just locking her up*'. On the other hand, family members felt that under the circumstances they had no other options available to them. For example one parent acknowledged that her daughter would '*end up dead or she would end up getting a criminal record*' if she was not sent to secure detention and thought that the placement '*was for her own good*'. Family members generally appeared to struggle with the notion of guilt and responsibility.

It was notable from some family members that they did not know what to expect from the placement. In the absence of concrete information and the experience of what the placement was like there was a tendency to perceive the worst. Some family members were especially concerned because of the negative impressions of special care portrayed in the media

Professional respondents (social workers and unit managers) identified that the special care placement provided a sense of relief for parents especially where the placement had been awaited and sought after by a parent for some time. All family members interviewed, even those that were opposed to the placement, expressed this sense of relief from worry once their child had been admitted to the unit. For example one parent said '*We were afraid she would get murdered or something like that or that we*

would never see her. You hear about young women going missing and terrible things happening and you would have terrible sleepless nights. At least when she was in the unit, maybe she wasn't happy but at least she was safe'.

In summary, a number of themes or anxieties were evident from family members about admission to the Special Care Unit:

- Negative peer influences (young person mixing with those involved in crime, prostitution, bullying and violence, or those with severe psychiatric difficulties);
- The negative impact of being detained (locked doors and security) on the young person, including concerns about the effect of internal restrictions of movement;
- Anxieties about the effectiveness of the intervention;
- Fears about the negative reaction of the young person especially about how it might affect the relationship with the family;
- Concerns about visiting and how often the young person would be home;
- Concerns about the severity of the rules;
- Concerns about the level of expertise of unit staff;
- Concerns about the amount of professional input available to the units on a daily basis (psychologist, psychiatrist etc).

4.6 Overview

This section examined the wellbeing of young people and their families at and before admission to special care. A basic profile of young people has emerged although admittedly some information is sparse. In line with previous research, evidence indicates that the wellbeing of young people before admission to Special Care Units is very poor. They will more often have experienced very negative and traumatic experiences including neglect and abuse. Reasons for admission were considered as well as the risk factors that led to it. Issues raised by respondents were considered under the framework of wellbeing designed for this study. A summary of the main points from this section has been outlined below.

KEY FINDINGS

- There have been almost twice as many girls as boys admitted to Special Care Units to date;
- Approximately 16% of all admissions were young people with a Traveller background;
- Multiple reasons for admission to Special Care Units were evident. Young people were considered to have a history of entrenched family difficulties and consequent social and emotional problems placing them 'at risk';
- 'At risk' covered a wide range of behaviour and social and emotional circumstances including risk of criminalisation, victims of crime, drug use, sexual activities, neglect and physical and sexual abuse;
- For family members, ensuring the physical safety of the young person appeared as the most significant reason as to why the young person should be admitted to the Special Care Unit;
- It was believed that Special Care Units could provide an innovative, short-term response to crisis in the young person's life and that the Units could work in conjunction with and as a support to mainstream units;
- Although pregnancy was not cited as a reason for admission, 5 young people in the sample were pregnant on admission. There were mixed views from respondents as to how Special Care could respond to the issue of detention and pregnancy, whether a secure environment was an appropriate placement in this instance and whether alternatives were available or considered in each case;
- In terms of factors impinging on the emotional wellbeing of the young people, homelessness, neglect and deprivation, the reactions of the young people to being detained and the number of previous placements experienced were all raised as pertinent issues;
- Special Care detention was seen as the best option for young people who were exhibiting behavioural, emotional and social difficulties because it was determined that they would continually 'run' from a non-detention environment. Their inability to stay grounded and deal with their issues were considered a principal reasons for justification for special care;
- Educational disadvantage and generally negative educational experiences are a significant problem area for young people in need of placement in Special Care;
- Respondents identified that the Special Care placement provided a sense of relief for parents, especially where the placement had been awaited and sought after by the parent for some time. All family members interviewed, even those that were opposed to the placement, expressed a sense of relief from worry once their child had been admitted to the Special Care Unit

SECTION FIVE
The Effect of Placement in Special Care Units on Young People's Wellbeing

5.1 Introduction

This Section considers the impact of the placement in Special Care Units on the wellbeing of young people and focuses exclusively on the young people's time at the Unit. Again, the research findings are presented under each of the aspects of wellbeing used for the purpose of analysis in this study.

5.2 Aspects of Wellbeing

5.2.1 Physical wellbeing

Many respondents spoke of the role of special care in meeting the basic needs of the young people and also how the delivery of these needs was central to the delivery of higher needs such as therapy and attachment formation. Special care was considered by many respondents to provide young people with basic health routines which some residents may not have been exposed to in the past or which were poorly developed. Encouraging and enabling young people to take responsibility for their physical appearance and personal care was associated with improved self-esteem and personal identity.

Virtually all professional respondents and key stakeholders acknowledged that the basic needs of young people were looked after when they entered special care. In their opinion, the young people were provided with shelter, good quality food, new clothes and medical services. Some respondents suggested that because many young people had experienced deprivation and neglect, the special care placement was a positive intervention in terms of ensuring physical wellbeing by removing the 'risks' that young people were exposed to and by providing basic care. One problem identified was that off-site visits to hospitals and other services to ensure basic health needs were met were challenging for professionals because of the need to prevent absconding and at the same time provide 'normalising' experiences for young people.

Key-workers were asked to provide information on whether or not the young people were involved in the activities listed in the table below. The 15 key-workers who completed questionnaires provided a response to each activity for each of the young people.

Table 5.1: Physical health	Yes	No	Suspect	Don't know
Use tobacco / cigarettes	12	0	3	0
Have a healthy diet	7	6	2	0
Exercise regularly	8	6	1	0
Use alcohol when given opportunity	7	1	5	2
Use illegal drugs when given opportunity	5	3	5	2
Engage in behaviours that may result in Intentional injuries and unintentional injuries [violence and suicide attempts]	4	5	2	4
Engage in unsafe sexual behaviour	3	3	4	5

Although there were mixed reactions from the young people about whether being in the Special Care Unit had enabled them to improve their health, the majority of young people believed that it had. The reasons cited were that they were provided with opportunities for a healthier lifestyle and there were fewer opportunities to engage in behaviour that would damage their health. One young person said that being in the Special Care Unit meant that he/she was healthier because it kept him/her off drugs. Another young person believed that his/her health was 'way better' since coming to the Unit because he/she was encouraged and had the opportunity to participate in sports clubs in the community.

The QoLAV scale (as outlined in table 5.3) identified that '*my nutrition and the food I eat*' was rated as 'important' by the young people and they were '*satisfied*' with this area of their wellbeing. Of the sample (15) it was considered that nearly half had a healthy diet. Care workers suggested the young people were normal teenagers in terms of their diet and did not voice any concerns.

As outlined in Table 5.1 above, 7 continued to be at risk because of aggression or violence despite being in the Special Care Unit, while for 2 young people there was a

continuing risk of self-harming behaviour. During interviews some young people described being afraid of other residents in the unit and wanted a constant staff presence to protect them. Additionally, there were situations where young people would copy the negative behaviour of others, as one parent identified:

'She [her daughter] did pick up one or two habits that she didn't have previously. Saying that, she'd suicidal tendencies. She wasn't into self-harm, but one of the girls in the unit was into self-harm so she decided she'd have a go at it as well. But it didn't develop into anything serious and I think she kind of just saw it was going nowhere and dropped it'.

Both staff and parents in both Special Care Units identified that sexual health issues including sexual health education were a significant wellbeing concern for young people. For instance one parent commented:

'She is very anxious to have a baby, she is thirteen years of age and she probably needs some help about the significance of having a baby at her age and the demands that the baby would have on her'.

The QoLAV scale identified that *'being smart about sex'* was *'important'* for the young people but that they were *'satisfied'* with this area of their wellbeing. Five young people, out of 15, had 'sexual activity' listed as a reason for admission and 6 young people had experienced sexual abuse.

Both Special Care Units identified the need to educate young people about sexual education and sexual health concerns. Some staff were concerned that sexual education was not adequate enough in the units. Some workers were concerned that they were limited in the information that they were permitted to provide young people and that sexual health education was a 'grey' area in terms of what information was permissible to provide. The ambiguous role of care workers was highlighted.

'You have to be careful how you put across to young people what you are saying to them. You are advising them but it is like parental consent is needed, you cannot take them to the doctors and put them on the pill, even if you know that they are sexually active...you can tell them about contraception but you cannot say to them to use them. You have to be very careful'.

Despite the feeling of restriction, care workers felt that they did a lot of work on sexual health issues with particular young people, which included individual and

group work. Some staff suggested that there was a need for training to increase the competencies and skills of the staff group who often felt uncomfortable dealing with sexual health issues, particularly with boys.

The table below outlines the types of medical care the young people received since being admitted to the Special Care Unit.

Table 5.2: Medical care	Yes	No	Don't know
Medical examination since admission	15		
Visual impairment	6	8	
Hearing impairment	1	8	
Dental check-up in the last six months	9	2	4
Chronic or recurring illness		10	5
Attended a hospital since admission	6	9	
Physical disabilities	1 *		
*[hearing impairment]			

As the table below shows, the QoLAV scale identified that the young people rated 'being able to get medical services on my own' as 'very important' and they were *'satisfied'* with this area of their wellbeing. During interviews some young people were dissatisfied with their access to medical services.

Table 5.3: QoLAV scale	Importance	Satisfaction
My physical health	very important	Satisfied
My nutrition and the food I eat	Important	Satisfied
My exercising and being fit	Important	Satisfied
Making healthy choices	Important	Satisfied
Looking after my appearance/hygiene	very important	Very satisfied
Being able to get medical services on my own	very important	Satisfied
My appearance, how I look	Important	Satisfied

The scale identified that young people had 'quite a bit' of control and 'some' opportunities over these aspects of their wellbeing.

Unit B is purposely designed and equipped with a large gym and access to facilities did not emerge as an issue. In Unit A residents and staff complained about the lack of facilities available. In addition, both staff and residents have expressed dissatisfaction with the amount of space available in the Unit for recreational activities. Observation

of daily events in Unit A indicated that when the residents were not in school or on outings there were limited options by way of physical activities within the unit. The physical exercise room had several exercise machines but the residents generally did not opt (and were not easily motivated) to use them, preferring instead to 'hang out' in various areas of the Unit.

The activities that young people engage in and the programmed activities of the units have important implications for the physical health of young people. The nature of the Special Care environment, where residents will inevitably spend large amounts of time on the campus, means that their need for access to physical activities is heightened. The development and nurturing of sports, hobbies and interests is important for self-esteem and personal development.

Key-worker questionnaire responses identified that nearly half of the young people use drugs and alcohol when given the opportunity and many others were suspected. Twelve young people were confirmed as smokers and 3 were suspected smokers. Some young people complained that they did not have the right to smoke. In particular some young people found the experience of 'forced quitting' difficult and unfair and generally attempted to find ways to hide the activity from staff. Giving up smoking or being forced to give up smoking during a stressful period can be a difficult task for young people. Skinner (1992) argues that young people are not placed in the units to be weaned off cigarettes or hear sermons and be reprimanded constantly on the issue. He suggests that young people should be properly educated regarding the dangers of smoking and that residents who choose to smoke should not be permitted to do so around other non-smoking residents or care workers. However the units also have to operate clearly within the law.

5.2.2 Environmental wellbeing
The physical environment or impressions of the environment can have a considerable impact on the attitude of young people to their placement and subsequently on the quality of the outcomes that can be delivered. The aesthetic quality of the physical environment is important especially where young people are detained within that environment for long periods of time. Bedrooms were particularly important for

young people. In Special Care Units all bedrooms are single, items of furniture are restricted, and any permitted items of furniture are secured to the floor.

Some care workers noted that one of the impacts of the internal physical environment was that it reinforced that the young people were detained. Largely the young people viewed themselves as being incarcerated and consequently punished, and some young people believed that there was a great injustice committed against them as they had not actually committed a crime.

Care workers from both of the Special Care Units also highlighted the positive contribution that the modern facility and recreational facilities had on the attitude of young people to the secure placement. They highlighted the importance of young people being able to put their own mark on the unit by picking room colours and so on.

A number of staff also identified the fact that many young people found it a particularly difficult experience being detained initially. However, some respondents suggested that within a short period of time young people overcome anxieties and fears and begin to adapt to the new environment and routine. However, they also noted that this depended on individual reactions and some took longer and reacted more negatively than others did especially when in the process of developing a trusting relationship with carers. Respondents also suggested that young people need to comprehend clearly the reasons for the placement if they are to accept the programme. This would require that the young people are prepared before their placement at the Unit. The importance of community access was also identified by respondents as being a possible way of helping to minimise the harshness of the environment for the young people.

Aspects of dignity and privacy emerged from the research factors as important issues and are considered here under environmental wellbeing. Care workers in both units found privacy, control and security difficult issues to balance. It was recognised that the nature of Special Care was intrusive of the privacy of young people and that this affected, at some level, the dignity accorded to them. However the overriding concern for the physical safety of young people in the Special Care Units took

precedence over concerns for privacy. Some young people expressed concern and anxiety about their safety with regard to violence and aggression from other residents and wanted workers to be around to guarantee safety.

The lack of privacy was identified as problematic because it was felt that this was a cause of *'stress'* and *'restlessness'* for young people. Balancing monitoring against freedom without jeopardising safety remained the central difficulty.

Another aspect of privacy that emerged was related to access to files and personal information. Care workers voiced strong concerns about the inadequacies of current policies about access to files, which they felt did not adequately protect the privacy of the young people. Specifically, this was the case in relation to agency or temporary staff who had full access to the files. Care workers maintained that there was a need for a more structured approach to accessing files in order to protect and safeguard privacy. Some workers believed that this issue negatively impacted on the wellbeing of residents and that this affected the attitude to their placement.

During the course of the research, concerns were also raised about the short and longer-term impact of residing in a Special Care Unit with regard to issues of identity, self-esteem and personal development in the young person. One concern was how the label or stigma of being in a Special Care Unit affected young people. There was also the fact that the Special Care Units are located on the grounds of adult psychiatric hospitals and are indirectly associated with mental health services. Another issue was the institutional nature of special care settings within large highly secure buildings. And possibly the most significant fact that related to the reputation of the Special Care Units, was the media attention that surrounded periods of turbulence or crisis and the high profile nature of some care proceedings in the High Court.

The problems of stigma were acknowledged by respondents. Some staff noted that the issue of stigma and the reputation of the young person often predate admission to the unit. Admission to Special Care Units tends to heighten developing labels and reputations of young people. Staff explained that because Special Care Units were considered the final stop for young people who are considered 'out of control', that this created a misconception that they were all very difficult behaviourally.

Staff reported mixed opinions about the impact of the institutional location on young people. For instance, a number of care workers felt that there was a stigma associated with the location of the unit in the grounds of a psychiatric hospital because the young people were identified as a problematic and 'disturbed' group. However, other care workers were of the view that the young people did not identify or make a connection with the patients or the psychiatric hospital.

Family members also identified the issue of negative labelling. In addition, the fact that the High Courts adjudicate on care proceedings was seen to 'add weight' among public and media perceptions about the severity of behavioural difficulty.

5.2.3 Emotional wellbeing

Professional respondents spoke of the provision of safety, security, containment, boundaries and other issues that were seen as intrinsic to the goals of 'stabilising' the behaviour of young people with a view to conducting therapeutic or cathartic work. A number of goals were formulated in care and placement plans including, developing self-esteem, anger management, sex education, developing coping skills and counselling. However, it was found that 4 young people had no emotional or behavioural goals contained in their care plan and/or placement plans. The table below outlines the types of behaviours displayed by young people, which were detrimental to their wellbeing, while they were resident in the Special Care Unit.

Table 5.4: Behaviour displayed by young people [n = 15]				
Behaviour	Often	Sometimes	Never	Don't know
Absconding	4	9	-	2
Injury to self	1	8	6	0
Injury to others	2	9	3	1
Suicide attempt	0	3	10	2
Substance abuse	5	8	1	0
Criminal activity	1	8	3	3
Sexual activity	3	6	2	4
Psychiatric condition	1	6	4	4
Failure to respond to methods of intervention	6	6	1	2

The table below identifies both positive and negative factors, as highlighted by the young people, as impacting on their placement in the Special Care Unit. Positive factors are listed for 13 young people. Negative factors are listed for 8 young people.

Table 5.5: Positive and negative factors during placement [n = 15]	
Positive factors	**Negative factors**
▪ **Achievement of goals** ▪ **Development of coping skills** ▪ **Formation of attachments**	▪ **Death of a parent(s)** ▪ **Pregnancy** ▪ **The negative behaviour of other residents** ▪ **Bullying (both experiencing and perpetrating)** ▪ **Transient nature of care relationships** ▪ **Confining nature of placement**

In terms of the care and therapeutic approach adopted by the two Special Care Units, differences were evident from the data about 'what works best' with young people. It was evident from the research that methods of intervention and approaches to 'therapy' utilised by the units evolved over time as new management, care workers and residents came to the units. Different methods of intervention might be tried with different residents as practices changed although sanctioned methods of control and therapy were used such as behaviour modification, Life Space Intervention (LSI) and Therapeutic Crisis Intervention (TCI) in daily practice.

The units used behaviour modification methods to a greater or lesser degree and differences of opinion and approaches were evident among practitioners. Some workers emphasised that there was a greater need to apply negative sanction with some young people and that sometimes too great an emphasis was placed on the young person's happiness and contentment as against the harsher reality of 'learning'. Many workers emphasised the need for cognitive and interpretative behavioural approaches where young people were encouraged to understand their situations and talk about their difficulties.

The establishment of 'control' and 'feelings of safety' are important dimensions within the context of the Special Care Units. While there were differences in opinions from respondents about the type and extent of control necessary, there appeared to be

agreement that one of the strengths of Units was the ability to deliver firm boundaries, which was a central element of service provision. It was believed that providing this level of control and restriction gave the young people the opportunity to leave behind the burden of overwhelming responsibilities and to feel safe in the presence of adults.

There were mixed views from family members about the exercise of control and restrictions. However just knowing that the young person was safe and protected was a significant factor that comforted family members about the placement. Some family members thought that some of the rules that the units imposed were difficult to accept and sometimes overly restrictive. For instance, one family member believed that some of the rules had contributed to rather than alleviated some of her child's behavioural difficulties.

Care workers spoke of the need to be sensitive to security and safety concerns for staff and young people. A high level of supervision was required in a way that did not appear intrusive and still allowed for opportunities for trust and the creation of a relaxed atmosphere. Care workers grappled with the difficulty of balancing issues of safety and security with the desire to maximise the freedom of movement of young people. Control could be maintained by the use of positive and negative sanctions and by establishing relationships of trust with young people. There was generally consensus that positive behaviour and a feeling of safety could be reinforced through encouragement, affirmation, recognition and feedback.

Currently, Special Care Units do not have on-site multidisciplinary teams. All respondents (care workers, other professionals, family members and the young people) highlighted a lack of specialist professionals and therapeutic services such as counselling, psychology and psychiatry services as well as supplementary therapies, which were at best only available occasionally for short periods. In particular, unit staff endorsed the need for multidisciplinary teams to work with young people and should include the services of a psychologist, counsellor, family therapist and a speech and language therapist. The table outlines the contact that the young people had with a range of professionals.

Table 5.6: Regular sessions with professionals [n = 15]	
Speech and Language	5
Psychologist	5
Individual Counselling	1
Psychiatric	1
Social Worker	1
Group therapy (Family)	1
No sessions with professionals	3
* Individuals can meet multiple professionals	

It is noteworthy that 3 young people had no regular sessions with professionals and only 1 young person out of 15 was seeing a counsellor, 1 was seeing a psychiatrist and 1 was seeing their social worker regularly. In addition, only 1 young person was involved in family therapy. However, 5 young people were seeing a psychologist and speech and language therapist on a regular basis.

Social Care Workers saw the importance of having multidisciplinary teams in place not just for the young people but to assist the workers with behavioural interventions. They acknowledged that there was a skills deficit in terms of behavioural and therapeutic understanding.

Establishing the trust and confidence of young people in the care and therapeutic programme was raised as an issue that impacted on effectiveness. For example, respondents were critical of the lack of therapy available and the perceived effect that this had on young people. Some professionals talked about young people being let down by special care if it could not deliver on what was intended or promised. It was believed that young people were already reluctant to *let anyone in* out of fear that they will be hurt once again. It was suggested that this was all the more prevalent where they had been led to believe that they were being sent to a Special Care Unit to receive therapy and where that therapy was not forthcoming.

5.2.4 Educational wellbeing

Respondents commented that the young people in special care were not able to cope in the big classes of mainstream schools. 'Specialised' school environments were necessary to meet their needs, which were not available in the community. The one-

to-one environment of the school, with smaller classes, was identified as having a considerable advantage for young people.

However, care workers emphasised that the task of promoting educational attainment for young people in Special Care Units was very difficult. For instance, one care worker pointed out that it was difficult to get residents to attend classes and some workers voiced very low expectations in terms of educational wellbeing. Disruption in classes, even with very small numbers was a difficulty identified by some care workers. Professionals suggested that some young people found it extremely difficult to sit in one place even with intense one-to-one support. Some respondents, particularly social workers also considered that the shortness of duration of placement limited the possibility of educational achievement.

In Unit A the educational resources available were considered to be an obstacle to ensuring educational wellbeing. Workers were concerned about the quality of the educational environment and the range of educational programmes on offer. Some workers felt that there was a need for more activity-based learning and recreational programmes. For instance, sporting and exercise facilities were described as poor, by both staff and young people and few programmed life-skills opportunities were available. Some workers thought that young people could benefit from greater motivational activities such as wall climbing, horse-riding and working with animals in promoting their self-esteem. Greater use of personal and individual activities was also suggested as having a potentially positive impact on young people's personal identity and individuality by promoting individual hobbies.

The difference in educational facilities between Unit A and Unit B was substantial. Unit B has a purpose built school with fully equipped classrooms and a gym. Unit A does not. Respondents from Unit B suggested that the young people generally love the school, especially computer classes and generally attend enthusiastically and that the quality of the facilities available was evidently a factor in encouraging attendance. Many respondents also thought that there were clear improvements to the overall educational wellbeing of young people after a short time in the unit. However, workers in Unit B also identified problems in getting young people to attend school if they refuse from the outset of the placement.

Respondents from Unit B talked about the importance of operating a regular school day and the fact that the school puts together individualised programmes for young people. Some respondents in particular talked about the value of the education programme in providing consistency and routine for young people. Another point mentioned was that the school provided stability during times when the residential units were experiencing turbulence. Respondents also considered that the positive educational experiences that the young people might have in the Special Care Unit helped to undo some of the negative history of schooling that most of the young people have experienced.

The fact that the school gave the young people a break from the residential unit was a significant factor for the young people in Unit B and provided an encouragement to attend school. However, the fact that the school in Unit A was in the residential unit seemed to be a disincentive to attending and there was no real break from the building. Because the young people spend long periods in the units this factor appeared to be all the more relevant.

5.2.5   Social wellbeing

The quality of relationships that the young people had with significant others and peers would appear to vary, although the data about this was limited. From the data sample, 12 young people had continuous contact with at least one significant adult throughout their life and 3 did not. In terms of emotional ties with another carer, 2 young people had no clear attachments, 5 had a loose attachment and 8 had a strong attachment. Ten young people were believed to be forming stable relationships. Some respondents highlighted the positive impact that the unit had on the young person with regard to developing relationships with peers and the fact that some friendships lasted beyond the period of the placement.

The importance of developing external relationships for the wellbeing of young people was also emphasised. From key-worker questionnaire responses it was noted 2 young people received 'weekly' visits from friends, 2 young people received 'irregular' visits, 2 young people 'never' received visits, and for 3 it was not known about the visits that they received from friends.

It is noted that wanting to see friends was cited as one of the reasons for absconding behaviour. Some care workers thought that there should be more contact with peers (including boyfriends/girlfriends), while other care workers were cautious of the influence of peers.

Respondents also recognised the importance of Special Care Units being located in areas that would facilitate ease of contact with peers and communities. It is also important that the unit should facilitate opportunities for community involvement in schools, clubs, training, leisure and other facilities. Indeed, care workers described the location of the units as very good for the young people because of ease of access to community facilities. It was also noted that the fact that the city was close by was comforting for young people. Care workers emphasised that it was psychologically important for the young people to feel close to family and community because of the sense of comfort that this provides.

Young people tended to express positive views about their friendships and talked about what it was like to live with other young people in the units.   One young person said the following

'I think they're very nice…Yeah, there's some people who annoy me but the majority of them are grand…Everyone is an individual really, and they treat us all individual, like some staff treat you different to others like, you know what I mean?'

Another young person said the following:

'We're all here for different reasons like, and if other people, if one girl acts out then we just have to respect that you know, so we're all here that way to get on with each other and that like'.

Another young person mentioned that the unit required improved facilities for socialising. For instance, she suggested that the unit might benefit from having a proper snooker/pool table on site and identified that getting bored was problematic for the group dynamic when young people start to 'annoy' one another.

5.2.6   Family wellbeing

All of the young people (15) in the sample were reported to know their family of origin.   Most young people identified family relationships to be extremely important for them. The QoLAV scale identified that 'getting along with my family' was rated by young people as 'extremely important' and young people were 'very satisfied' about this.

Table 5.7: Relationship with family since the special care placement	No of YP
Improved family relationships	6
No improvement in relationships	5
No change but always had a good relationship	1
Improvement not known	3

The Table above shows that 6 (40%) young people had improved relationships with their families as a result of their placement in the Special Care Unit. However for 8 young people it was either not known or reported that they had not improved their family relationships. Reasons for improved family relationships are outlined in the table below.

Table 5.8: Reasons for improved family relations [n= 15]	No. of YP
Engaging / involvement with a sibling	1
Developing coping skills	1
Advice to parents	1
Parental involvement	4
Maintaining family contact	1
Not helped at all	4
Not known what help was provided	5
*Reasons not mutually exclusive	

Reasons for improved family relationships were cited as engaging and involving family members, by providing advice to parents, developing the coping skills of the young person and by maintaining contact.

It is interesting to note that neither Unit had family work or treatment programmes. One social work respondent explained the difficulty of accessing family therapy for

young people in special care. One member of staff noted the difficulty of not having such programmes available.

'We don't have access to family therapy, we don't have access to family support workers and stuff like that. The majority of the work is provided by care staff who don't have the time and possibly don't have the specific skills, although do their best with the skills that they have… We do our best with what we have but an awful lot more could be done'.

Many respondents endorsed the need for the Special Care Units to have formal and structured family work or family treatment programmes. One suggestion was that a social worker should be based on site. Both Social Care Workers and Social Workers highlighted how such a programme would be beneficial for young people and their families. Some social workers criticised what they saw as an emphasis on behaviour modification in the units which they believed was too narrow a perspective with which to treat all of the difficulties of young people. They also advocated a more family orientated, holistic approach. The main reason cited for this was a belief that the issues for the young people derive from childhood and family experiences and as such they could not be effectively treated without family interventions. For example, care workers emphasised the need to work on attachment difficulties with family members.

Another suggestion by some professionals was that parents should receive some kind of family therapeutic input with the young person ideally before admission, but definitely during and after the placement. Some professionals and family members also identified the possibilities of family treatment, which could assist parents to deal with challenging behaviour and help prepare them for when the young person returns home.

There were differences among family members about how much they felt that they were involved in terms of placement decisions. All family members felt that the residential unit respected their opinions about the care of their children although one parent felt that she was not involved in care planning in any meaningful way. The example was given that if this parent could not make a care or placement planning meeting then workers (including social workers) would continue with the meeting

without her. In that sense, she did not feel like her opinion was valued. Another parent said that she was not aware of the future care plans for the young person.

Among other issues, family members wanted to be informed, on an ongoing basis, about any issues that were occurring with his/her child, school progress, progress in relation to care issues and they generally wanted to know more about the programme of care and specifically what was being provided.

The table below highlights the frequency of visiting by significant others while the young people were resident in the Special Care Unit. It demonstrates that almost half of the young people receive a weekly visit from their mother and 5 do from their father. Many parents felt that they could visit once per week. One parent had not seen the residential unit at all because of the distance involved in travelling there and complained that no assistance had been made available in relation to travelling.

Table 5.9: Access / contact	Weekly	Monthly	Irregularly	Never	Don't Know
Mother	7	2	2	3	1
Father	5	1	3	6	0
Persons with parental responsibility	3	1	1	1	5 (na=4)
Grandparents	1	2	4	2	6
Brothers / Sisters	6	4	4	0	1
Previous Carers	2	2	6	3	2
Friends	4	1	4	2	4

Professionals believed that family visits generally impacted positively on wellbeing and that investing in families was worthwhile.

Some differences emerged about how frequently family access visits should occur for young people. Some care workers felt that the amount of family access was insufficient. However, there were circumstances where family contact was not seen to be beneficial for wellbeing as with situations of serious abuse and child protection.

Some care workers also suggested that there were other circumstances when family visits might not be encouraged and facilitated. They suggested that it is sometimes beneficial for the young people to have a break from their often troubled families and the stress of those environments.

Some family members criticised the rigidity of the rules of the Special Care Units during the first eight weeks when the young person is not permitted any home visits. Some also found the necessity to provide 24 hour notice for visits distressing if the young person was upset and wanted to see them. There were also some criticisms voiced by some family members about the way home visits were supervised. Some parents wanted more privacy although they did recognise concerns about privacy, child protection, absconding and so on.

The wellbeing of families is positively impacted upon when appropriate and respectful facilities are provided. Professionals talked of the need to improve facilities for parents and extended families, along with the need for increased numbers of staff to accommodate visits. The need for overnight facilities for family members was justified by the location of the units. Additional space was also deemed necessary to accommodate more than one visit, as family visits for some young people might have to take place in a classroom or other available area. This was particularly the case in one of the units. One social worker identified the need for a *'family orientated room'* isolated from the main unit and noted that the secure nature of the physical environment had the potential to be very unpleasant and frightening for younger siblings.

5.3 Overview

This section considered the wellbeing of the young people and their families, specifically focusing on the programme for care and their time during the placement. The findings illustrate the fact that the Special Care Programme has a lot of potential to access and stabilise the behaviour of young people, to provide them with therapeutic interventions and specialist services, to improve their education and provide them with a positive experience of schooling. The physical health needs of

the young people can also be addressed. They can be prepared for continued intensive support and therapy in throughcare placements, or for community interventions if they return home. A summary of the main points from this section has been outlined below.

KEY FINDINGS

- The activities that young people engage in and the programmed activities of the Units have important implications for the physical health of the young people. The nature of the Special Care environment, where residents will inevitably spend a lot of time on campus, means that their needs for access to physical activities is heightened;
- Some Social Care Workers noted that one of the impacts of the internal environment of the Special Care Units was that it reinforced to the young people that they were being detained. Largely, the young people viewed themselves as being incarcerated and consequently punished, and some young people believed that there was a great injustice committed against them as they had not actually committed a crime;
- Aspects of dignity and privacy emerged from the research findings as important issues. Care workers in both Units found privacy, control and security difficult issues to balance. It was recognised that the nature of the Special Care was intrusive of the privacy of young people and that this affected, at some level, the dignity afforded to them. However, the overriding concern for physical safety of young people in the Special Care Units took precedence over concerns for privacy;
- Respondents highlighted a general lack of specialist professional and therapeutic services.Currently, Special Care Units do not have on site multi-disciplinary teams. In particular unit staff endorsed the need for multi-disciplinary teams including the services of a psychologist, counsellor, family therapist, and a speech and language therapist;
- The findings suggest that the wellbeing of families is positively impacted on when appropriate and respectful facilities are provided. Respondents outlined the need to improve facilities for parents and extended families.

SECTION SIX
The Wellbeing of Young People on Leaving Special Care Units

6.1 Introduction

This section considers the wellbeing of young people and their families when they leave or are preparing to leave the Special Care Unit. Information for this section was gained from past residents, parents and professionals. The information provides a useful insight into the experiences of young people when they leave Special Care Units, and a number of important wellbeing concerns have been highlighted.

6.2 Leaving Special Care Units

Many respondents acknowledged that it was possible to identify tangible wellbeing outcomes for young people who had been resident in Special Care. It was believed that the objective of enabling young people to move on to less secure environments could be effectively delivered if adequate resources and structures were put in place. The majority of respondents broadly agreed with the purpose of special care but identified implementation difficulties with regard to current policies, the need to reform certain aspects of policies and care practices and the need for the allocation of additional resources.

6.2.1 Duration of stay

Professional respondents highlighted the rights of young people to a limited duration of placement in a Special Care Unit. It was widely acknowledged that a time limit on placement duration was not being guaranteed and was a 'grey area' in practice. Figures 6.1 and 6.2 indicate the frequency of stay for young people. The average length of stay in a Special Care Unit was 10 months. There were no significant differences noted between the average length of stay for males and females, however, the length of stay for young people from the Travelling Community tended to be at least 12 months. The longest period spent in a Special Care Unit by any young person was 40 months and the shortest time spent was 2 months.
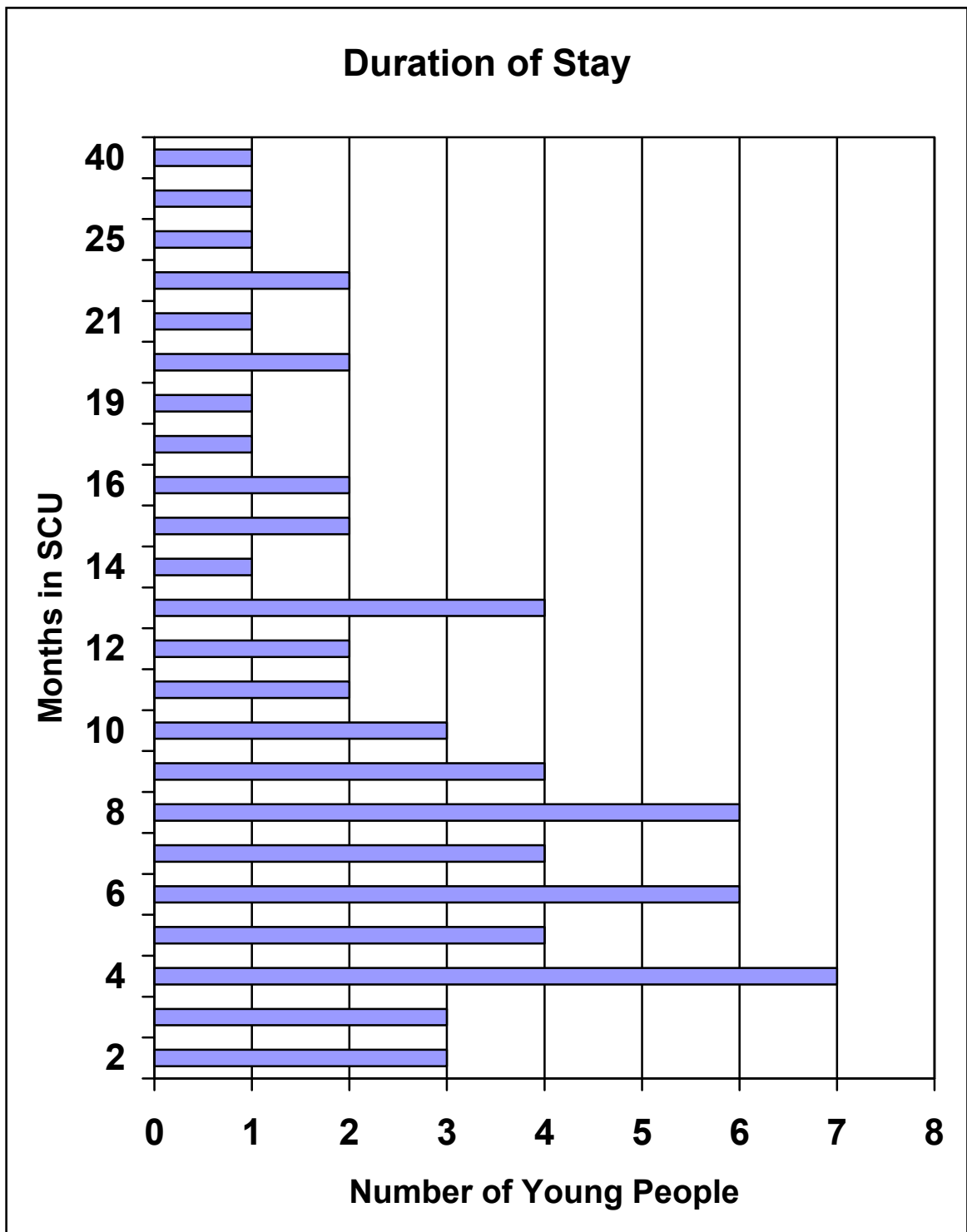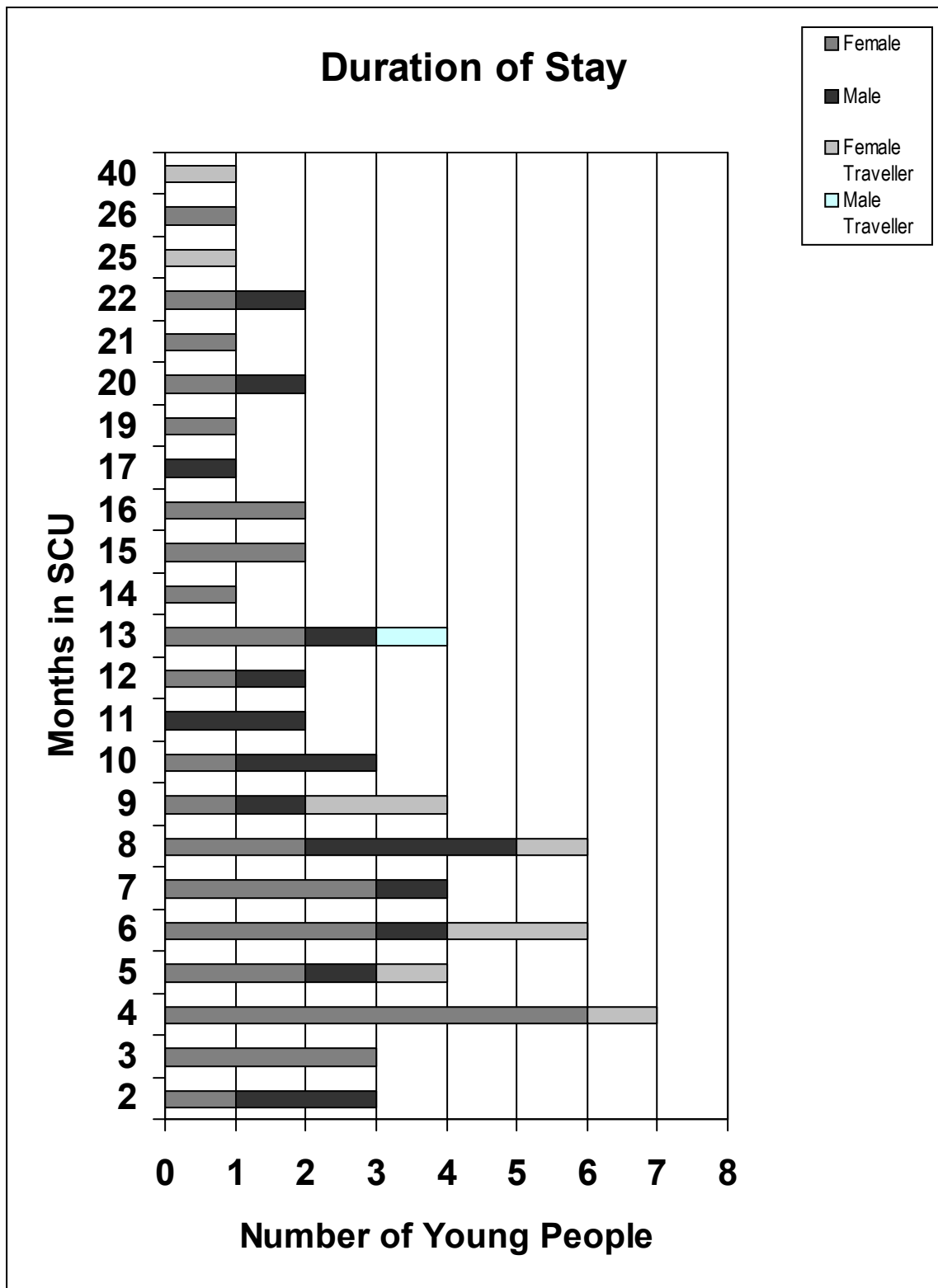
Figure 5.1 Duration of Stay

Figure 5.2: Duration of Stay: Gender / Traveller Background

6.2.2 Placement and care planning

Preparing and supporting young people to move on from special care was identified as an essential aspect of work undertaken. Many professional respondents linked transition difficulties to poor care plan management, which were often exacerbated by a lack of external resources. Care planning practices were considered inadequate by many professional respondents with regard to ensuring the wellbeing of young people on leaving Special Care. A significant difficulty was identified as the absence of sufficient placement resources to facilitate effective discharge practices. The importance of putting exit strategies in place was emphasised.

Respondents also raised a lack of accommodation services and suitable alternative placements for the young people generally as the principal reason for extended lengths of stay in the Special Care Units. Extending the length of stay beyond minimum periods may be considered to impact negatively on all aspects of wellbeing, although especially on emotional wellbeing. Ironically it was found to be more difficult for young people to move on if they had been there a long time. In addition, where young people were labelled as 'troublesome' or overly 'troubled' it was often more difficult to secure a placement.

The challenge to services is to ensure that discharge placements are established and available in a timely manner. Because of some of the placement difficulties experienced around discharge in the past, the suggestion was made that perhaps what Special Care Units should be attempting to do is take young people for a short period of time as a specific behavioural intervention, to '*support them through the crisi*s' and then return the young person to their placement.

6.2.3 Supporting transition and aftercare

The key-worker questionnaire sample (15) identified that there were aftercare plans in place for 9 young people. Inadequate preparation for moving on to the new environment emerged as a significant factor in placement breakdown and poor outcomes. This included the inadequacy of aftercare services to support the young person with the move. Respondents endorsed the need to develop step-down and transition facilities and services that would ease the task of transition for the young people. Care workers felt that transition should be carefully planned and managed.

Some care workers noted that even the 'restricted' freedom of high support can be too demanding for some young people if they have been in special care for a long time or if their behaviour has not stabilised sufficiently. The freedom of being able to walk out of the unit and/or off the premises was substantial for some young people and this pointed to a greater need to manage the transition very carefully through the use of a highly structured transition programme.

Some staff felt that there should be an onus to pre-empt difficulties that might arise for the young person, and in some way to prepare for them. For instance, some workers talked about the crucial need for contingency plans to be put in place and to form part of the care planning process, given the fact that a number of placements do break down. Difficulties were also discussed in relation to the lack of staff time available to carry out aftercare work. Some care workers advocated the position of a permanent aftercare worker being created, along with the establishment of a range of aftercare placements, designed specifically for the particular needs of young people leaving special care.

6.3 Aspects of Wellbeing

6.3.1 Physical wellbeing

Unfortunately, no information was available with regard to the physical wellbeing of young people after they leave the Special Care Units. It was generally considered that the quality of physical wellbeing was dependent on the level of supports the young people received when they left the Unit, as well as the type of accommodation and care that they were provided with.

6.3.2 Environmental wellbeing

The care and accommodation status of young people after they left the Special Care Units was associated with overall poor wellbeing outcomes. Detailed information about the accommodation and care status of young people after they leave was again not available. However, the most serious risk to environmental wellbeing was

identified as the risk of homelessness and its associated difficulties for young people who left. One young person gave the following comment:

'They sent me to a hostel in town, and I left the next day. I had no intentions of going there in the first place, it is just one way of getting the High Court order lifted to have some accommodation arranged. So I just agreed to go there to get out because I didn't want to be in (Special Care Unit). They let me out to the hostel and the next day I left and was on the streets. I was on and off the streets and I still am'.

This example clearly highlights the need for aftercare services and the provision of a range of accommodation options for these young people.

6.3.3 Emotional wellbeing

As findings in the previous section show, the transition process of moving from a very controlled and secure environment to a less secure one demonstrated that some young people tended to become dependent on the support and actions provided by the Special Care Unit. Respondents mentioned a number of factors that they felt contributed to the experience of dependency. Care workers described those young people that are in special care for a very long period of time as 'institutionalised' and the level of dependency was seen to increase the longer young people were detained. Leaving a safe and secure environment combined with the anxiety about returning to families or other accommodation were additional factors.

The majority of respondents suggested that the duration of stay in the Special Care Unit should be as short as possible. Staff at the Units generally agreed that 3 months was the minimum period necessary in which to stabilise the young person's behaviour. There was less agreement between some unit staff and some social work respondents about a maximum duration of stay. Social workers were more cautious about specifying a duration and were more likely to emphasise that the duration of the placement should be long enough to facilitate sufficient therapeutic work for some young people.

Some care workers believed that there was an anomaly with the task of developing attachments with young people whilst having an objective to make the stay in the special care environment as short as possible. Some respondents emphasised the possibility of developing attachments with young people over the short-term and that

attachment work could be carried on to another service by developing relationships with new carers. It was believed that this should be a central element of throughcare/ aftercare work and was believed by staff at both units to have enormous potential.

6.3.4 Educational wellbeing

In theory young people leaving Special Care Units can go on to a variety of educational programmes or employment training (e.g. FÁS, Youthreach). The responses to the key-worker questionnaires identified that 10 (67%) young people had educational, employment or training plans in place for leaving the Special Care Unit. Some care workers in one of the Units noted that most of the young people that go through the unit will progress to Youthreach or other training courses rather than full-time education, although there was a greater chance of younger children returning to school.

A significant difficulty identified was finding a school placement for young people when they leave the Special Care Unit. Similar to difficulties experienced in trying to find a residential placement for young people when they leave it was suggested that many mainstream schools do no want to enrol pupils if they have been in a Special Care Unit because they are labelled as *'troublesome'*. This issue raises serious questions about the rights of young people to education and the enforcement or protection of those rights.

The majority of young people interviewed expressed very negative views about education and training, describing education as *'boring', 'time-wasting' and 'useless'*. One young person said that he preferred to do nothing when he left the Unit, but suggested that if he had to make a choice he would choose to do a FÁS course. He felt that the most significant thing that the staff could do to help him was with regard to getting him a job or an apprenticeship.

6.3.5 Social wellbeing

Problems of homelessness, emotional issues and educational difficulties all impact on the social wellbeing of young people when they leave. Care workers spoke negatively about the wellbeing prospects for young people after they had left the units, particularly as it was felt that many young people would be returning to the same

communities and social circles where they were at risk. They believed that the temptation to get involved in the same behaviour that they would have been in before was very high. Both staff and family members suggested that many young people would quickly end up back on the streets after leaving if a similar level of support that they had experienced in special care did not continue in some form or if an effective placement was not identified.

The difficulty that some young people experience making lasting friendships is also a wellbeing concern. While the young people were resident in the Special Care Unit they talked positively about their friendships and some young people described these relationships as a source of ongoing support. However, of the past residents none believed that they made lasting friendships with the other young people that they had met in the Special Care Unit.

6.3.6 Family wellbeing and leaving

Burford and Casson (1989), citing evidence from outcome studies, maintain that parents should be helped to prepare for their children leaving if the wellbeing gains of residential care are to be maintained. Professional respondents have suggested that this requires training and time allocation for care workers if they are to engage in this task. Families require supervision and support when a young person returns home after they are discharged from care (O'Higgins, 1996). Respondents in this study identified this as a significant issue for families. Six of the family members interviewed wanted their children to return to live with them.

Two of them suggested that they required support services in order to prepare for this and some family members were very anxious about the prospect of the young person returning home to live with them without any preparation. Some parents had experiences of their other children being in care and were conscious of the difficulties they encountered when the young person was discharged. For example:

'We were looking at what was going to happen when she would come back into the house. What things would be different? This was on the basis that (young person) was not going to be hugely different after she comes out of the Unit. The health board had nothing to offer'.

They reflected that the lack of support, preparation and services available were important contributory factors in the breakdown of any new arrangements. A particular difficulty identified was that many of the educational and recreational activities available in the units were not available once the young people came out. The fears of family members appeared to be based on previous experiences and for some genuinely grounded concerns. Consequently, family members were often very anxious about future care arrangements and feared that they would break down. For some family members this anxiety began as soon as the young person was admitted to the Unit.

Some family members also voiced concern about the throughcare placement arrangements often reflecting many of their concerns that they had when the young person was entering special care, such as would the placement be effective, would it be suitable, would it keep the young person safe?

Some family members also felt that what was needed was practical daily support and advice such as helping to get the young person to school and back and to help manage behavioural issues as they arise. For example:

'We need somebody to come in here every day and be responsible to take her to school.. and bring her home from school… [young person] must see that there are changes and we would like the regime of the Special Care Unit to continue in this house. Unfortunately we won't have the sanctions that the Unit have….Our difficulty really is she gets defiant, she says she won't go to school. You call her in the morning and she says she won't go to school, 'make me'. This is a lot of the problem, really how the whole thing came to a head'.

Some family members also commented on the need for access to ongoing therapeutic services for their children after that placement ended.

6.4 Overview

The data presented in this section highlights the numerous difficulties associated with leaving the care of Special Care placements. The difficulties involved in moving young people on are evident. Effective care planning needs placements to support it but also regulation that guarantees that young people's rights are safeguarded.

For the young people it is not sufficient to say that there are no placements available and in many ways where a young person is left for too long in these situations it invalidates the justification for the detention in the first instance as behaviour has been shown to deteriorate.

The same is true for educational services and support services. The bottom line is that young people who are assessed as needing special care detention also need intensive support when they come out. Their need does not disappear when the more damaging of their behaviour has been mitigated. All efforts should be targeted to ensure that young people are fully supported following their Special Care placement. The main points from this section have been outlined below.

KEY FINDINGS

- Many respondents acknowledged that it was possible to identify tangible wellbeing outcomes for young people who had been resident in Special Care. It was believed that the objective of enabling young people to move on to less secure environments could be effectively delivered if adequate resources and structures were put in place;
- Preparing and supporting young people to move on from Special Care was identified as an essential aspect of work undertaken;
- Care planning practices were considered inadequate by many respondents with regard to ensuring the wellbeing of young people on leaving Special Care. A significant difficulty was identified as the absence of sufficient placement resources to facilitate effective discharge practices. The importance of putting exit strategies in place was emphasised;
- Problems of homelessness, emotional issues and educational difficulties all impact on the social wellbeing of the young people when they leave Special Care. Care workers spoke negatively about the wellbeing prospects of young people after they leave the units, particularly as it was felt that many young people would be returning to the same communities and social circles where they were at risk;
- Family members reflected on the lack of support, preparation and services, which they felt were important contributory factors in the breakdown of any new arrangements. A particular difficulty identified was that many of the educational and recreational activities available in the units were not available to the young people once they had left.

SECTION SEVEN
Key Findings and Recommendations

7.1 Introduction

The aim of this final section is to highlight the key issues emerging from the research, and to make recommendations relevant to the research findings.

The broad aim of this study was to examine the impact of placement in Special Care Unit settings on the wellbeing of young people and their families. Relatively little is known about the impact that Special Care Units have on the young people who are placed there. Special Care Units are a somewhat innovative and controversial secure intervention, within the residential child care sector in Ireland. This research examined the concept of children's wellbeing and concluded that the notion of 'wellbeing' is complex and multifaceted. A framework was devised which would aim to take account of the multidimensional nature of the notion of wellbeing and was used to structure the report.

The dimensions of wellbeing focused on in this research are physical, environmental, emotional, educational, social and family. An appreciation of the complexity of measuring the inputs or components to wellbeing must acknowledge the importance of multiple factors such the influence of early family experiences, ongoing interpersonal and social relationships, the cumulative impact of poverty, educational disadvantage, emotional difficulties, and so on. It is also important to note that it can be difficult to discern to what extent special care placements enhance or negatively affect wellbeing outcomes. For instance, this research has shown, above all, that there is a risk that the shortcomings of this type of intervention can be confused with the shortcomings of wider state interventions. In other words, the quality of the special care placement does not preclude the child's and family's wellbeing being positively or negatively affected by wider social service provision.

The research findings have been considered in light of these six dimensions of wellbeing and key findings have been summarised below.

7.2 Key Research Findings

7.2.1 Physical wellbeing

- There were no serious concerns with regard to the physical wellbeing of the young people in the sample, particularly with regard to serious illnesses, etc. However, staff at the Units were very concerned about the lack of sexual health and education awareness amongst the young people generally;

- Regarding sexual health and education, there was a sense that staff felt under-skilled and also restricted in the type and amount of information that they could convey to the young people particularly regarding issues such as contraception and options about crisis pregnancy;

- On admission to the Special Care Units there were a number of significant factors identified, which were deemed to have a potential negative effect on the physical wellbeing of the young people. These included drug and alcohol use, injury (both self injury and injury inflicted by others), involvement in prostitution and witnessing or experiencing violence in the home;

- The majority of young people in the sample were known to smoke. The right to smoke emerged as an issue for the young people, particularly because of the fact that smoking was prohibited in the Units for all those under the age of 16 years;

- Exercise facilities differed significantly between the two units. Most significantly, it appeared in both of the units that the activities and the facilities of the units did not adequately cater for the needs of girls;

- Although pregnancy was not cited as a reason for admission, in total 5 young people in the sample were pregnant on admission to the Special Care Unit. Of concern is the ability of Special Care Units to provide an appropriate environment and cater for young people when they are pregnant;

- The majority of young people in the sample felt that their placement in the Special Care Unit had a positive impact on their physical health and wellbeing;

- Whilst there was very little substantive information available regarding the physical wellbeing of the young people when they leave the Special Care Placement, staff generally felt that the young people's wellbeing was at considerable risk if appropriate placements were not secured and maintained.

7.2.2 Environmental wellbeing

- The quality of the building and facilities was an important factor that influenced the attitude of the young people to their placement;

- The value of establishing routines and structure and providing for basic needs was held as paramount by staff;

- While it was clear that most of the young people felt cared for they were simultaneously distrustful and hostile to aspects of their care and of being detained. Nonetheless it was also evident from the majority of the young people that they also felt respected by the staff and felt that they were well treated;

- Another important factor was the ability of the care environment to deal with issues of boredom for young people and this was cited as one reason for absconding behaviour and general frustration felt by the young people;

- There were mixed opinions about the psychological affect of being detained in Special Care Units. Overall young people did appear to perceive the placement as punishment for bad behaviour.

7.2.3 Emotional wellbeing

- Staff were of the view that one of the central strengths of the Special Care Units was that they afforded young people the possibility to 'stop and think', providing respite from the demands and responsibilities of their immediate social, behavioural and emotional difficulties within a protected and safe environment;

- The research findings were ambiguous in relation to emotional and behavioural outcomes. Many respondents believed that Special Care Units were successful at delivering the desired amount of control necessary and that they had a strong role to play in stabilising some of the challenging behaviour of young people;

- As with mainstream residential care the Special Care Units endorsed the spectrum of group work practices. Differences in the use of various interventions and therapeutic methodologies were evident from respondents although there appeared to be greater emphasis given to perspectives that considered the underlying causes and cognitive approaches to behaviour. For instance, those that used the life Space Interview (LSI) technique were generally favourable;

- There were substantial difficulties associated with accessing specialist therapeutic services for young peoples including psychiatric, psychological and counselling services and neither of the two units had mutli-disciplinary teams at their disposal;

- Many respondents felt that there needed to be higher staff to young people ratios if therapeutic and family work was to be developed;

- There appeared to be a lack of clear purpose and understanding among referral agencies. Professionals (particularly social workers and care workers) seemed to have different understandings about what special care could and should deliver. For example, social workers considered that providing stability was an insufficient outcome for special care and thought that the units needed to make greater therapeutic advances. Whereas, care staff tended to emphasise both the limit on what could be achieved with 3 to 6 months and the negative consequences of continuing the placement beyond that time.

7.2.4 Educational wellbeing

- The majority of the young people in the sample scored in the 'below average' range in terms of educational abilities, with many experiencing specific learning difficulties;

- Information was sparse about the educational history of the young people before they were admitted. It was evident however that the young people had substantial disrupted experiences of formal schooling. In the past a number of the young people could clearly not cope in mainstream schools and required more individualised attention;

- The centrality and importance of providing a structured education programme within the Special Care environment was evident from the research. Many respondents commented on the positive impact that the school (in Unit B) had on the young people by giving them structured support and tasks with which they could develop a sense of accomplishment. The school also helped to give the young people a break from the residential unit. It was clear that young people were benefiting from small class sizes, one-to-one attention, the quality of the classroom environment, the quality of the facilities (Unit B) and the routines, structure and consistency provided by the school;

- Serious concerns were raised with regard to the educational wellbeing of the young people once they leave the Special Care placement. Two concerns were noted. The first was related to the difficulty of ensuring suitable educational/training placements for the young people and second was the general

lack of supports available to the young people in maintaining their participation in education/training.

7.2.5 Social Wellbeing

▪ Care worker and young people relationships were of the utmost importance not just with regard to achieving therapeutic objectives but also for the quality of life of the young person. Care staff tended to emphasise that these relationships were generally of a high quality and data identified that more than half of the young people got on well with the care staff. Factors that appeared to be important to the young people in their relationship with care staff included levels of trust, the quality of listening, the amount of time that the staff spent with residents both individually and collectively and issues around creating a feeling of safety;

▪ The challenges presented with regard to managing behaviour arising from the internal dynamic of the group was highlighted as both a challenge to the care workers and as an issue that impacted on the wellbeing of the young people. Where destructive hierarchies form within the group these were seen to hamper group care and therapeutic objectives and were difficult to intervene and alter;

▪ Young people identified the importance to them of developing positive relationships with others. The data highlighted that a number of the young people had no contact with a significant adult in their life, besides the professionals they were involved with. Problems for some of forming and sustaining relationships were also evident;

▪ The research highlighted the importance of external relationships for the young people with peers and with their communities.

7.2.6 Family wellbeing

▪ Family members expressed a mix of emotions and reactions when faced with the admission of the young person to the Special Care Unit. All parents acknowledged that they needed some support and that some kind of significant intervention was necessary for the young person. A number of family members were supportive of special care provision and had sought this type of placement for some time. However, at the outset some family members were less supportive of this type of care. Parents tended to be confronted with ambiguous feelings

about admission, ranging from a relief that the young person was safe, to concern and anxiety about their overall wellbeing;

- Family relationships were extremely important to the young people and they often missed their families considerably. Respondents highlighted the importance of maintaining family contact and levels and quality of involvement. There was evidence that for more than one third of the sample the placement in special care had resulted in qualitative improvements in family relationships. Family members experienced less stress because they knew that the young person was safe;

- In the same way that specialist therapeutic interventions were difficult to access for young people, family therapy or treatment was also difficult to access for families. In terms of special care outcomes, professionals identified the desirability of integrating a family care model perspective into the overall operation of the Special Care Units;

- The majority of parents/family members felt that they were kept adequately informed of their child's wellbeing and of the care they were receiving. However, a number of issues were identified with regard to contact and involvement issues. These included the consistency of staff involved with the young person and the family (both social workers and care workers), levels of co-operation, the time available for staff to engage with families, and the overall skills of the workers;

- While a number of family members felt that they had good relationships with social workers, others felt unsupported by social workers and talked about being more comfortable dealing directly with the Units themselves;

- Family members found the experience of visiting young people, especially at the outset, to be a very emotional experience and they identified the fact that parents needed help and support to encourage them. In some cases, such feelings would prevent visits by family members to the detriment of the young people;

- The research demonstrated that there were significant difficulties associated with leaving Special Care Units, including the absence of an adequate system of aftercare and the facilities needed to support this. Families wanted to be able to access ongoing therapeutic services, as well as continuing practical support and advice.

7.3 Overview of Key Findings

The research findings suggest that placement in Special Care Units for young people has a positive effect on wellbeing. This is related to a number of key factors. These include the importance of focused interventions for short periods of time, the provision of highly supportive educational and care environments and the provision of high quality educational facilities and programmes. The Special Care Unit was also seen to be meeting many of the needs of some of the young people for the first time in many years.

Special Care Units have enormous potential as focussed intensive therapeutic interventions for young people. They can provide young people with respite from the responsibilities of problematic family and community environments, containment for risk and harm and provide purposeful care and education. They have the potential to equip the young people with social skills, coping strategies and educational qualifications. They also have the potential to adequately assess the young people's future needs and connect them to the appropriate follow through services.

There are a number of key areas identified in the research, which Special Care Units need to build on in order to enhance their effectiveness. For instance, work with families is a key area, which requires substantial investment in order that the focus of the work of the units can be on the sustained support of the family. This is a crucial factor if the wellbeing of the young people in the long term is to be effected. In addition, Special Care Units have an essential role to play in informing mainstream residential and community services with regard to the needs of this group of young people and to work in co-operation with such services in developing appropriate throughcare and aftercare approaches. Special Care Units also have a vital role to play in building on and developing models of best practice on 'what works best' with this group of young people.

The research has also raised a number of issues of concern. These relate to ensuring that the young person remains in Special Care only for a planned and an appropriate amount of time. However, this requires that a continuum of support services are available to the young people once they leave the Unit. In order for Special Care

interventions, or any other specialist care interventions to work for young people and their families, services need to work in co-operation with one another in identifying how they can collectively meet the needs of particular groups of young people.

Leaving Special Care Units was identified as particularly problematic for young people. The effectiveness and potentially positive impact of the Special Care Unit on the wellbeing of the young people was impacted on by the general lack of support services that the young people could access when they left. This was evidenced with young people who had left and who had not been able to cope adequately with life after leaving the very controlled and supportive environment of the Unit. Given that Special Care Units invest so much in a young person it is wrong that the young people should leave without there being a high level of support put in place. The continuum of supports required might include residential services, community services, educational services, therapy, counselling and family support.

7.4 Recommendations

- *Admission and discharge to Special Care Units needs to be tightly regulated. Mechanisms need to be established to ensure that young people stay as short a time as possible in detention. Best practice needs to be implemented with regard to admissions and discharge procedures and this requires an adequately resourced system of care;*

- *The particular needs of girls in Special Care need to be considered. Programme activities need to be gender proofed;*

- *The particular needs of young people from Traveller background or other ethnic minorities also need to be carefully considered in the context of the programme for care that is provided by Special Care Unit;*

- *The educational needs and rights of young people should be met on an ongoing basis. This means that young people should have access to intensive ongoing educational support after they leave the Unit;*

- *Families with children in Special Care require intensive and ongoing support. Families need to be meaningfully involved, empowered and consulted in relation to all aspects of their children's care;*

- *Families need to be able to access ongoing therapeutic services for their children once they leave the Special Care Unit. Families must also be provided with continuing practical support and advice;*

- *The establishment of mutli-disciplinary teams operating within Special Care Units is required in order that young people are provided with appropriate therapeutic environments;*

- *There is an urgent need for a designated aftercare post/service to be developed, aimed exclusively at young people leaving Special Care. Overall, a throughcare approach needs to be adopted. The current lack of throughcare and aftercare services is seriously undermining the work of the units.*

- *Information seminars need to held on a regular basis with regard to the work of Special Care Units. The broad aim of these seminars would be to inform the childcare sector generally about the work of the Units, to share knowledge and information and to create important networks and links with appropriate services;*

- *Research is urgently required into the outcomes for young people of placement in Special Care Units. The reality of the situation for young people and their families once they leave Special Care needs to be documented.*

- *Determining the impact and effectiveness of Special Care interventions in the medium to long-term requires that Units develop their own monitoring and tracking systems. There needs to a greater onus placed on Units to provide*

comprehensive, standardised and up to date information on all young people in their care.

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