TUSLA

An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Office of the Director of Services and Integration

Strategic Plan for Residential Care Services for Children and Young People 2022-2025

Foreword:

I am very pleased to publish the Tusla Strategic Plan for Residential Care Services for Children and Young People 2022-2025.

This plan is the initial phase of the Agency's overall approach to improve Alternative Care Services, across the continuum of care, for children and young people who cannot live at home for a period of their lives, and for those transitioning into Aftercare Services.

Tusla has experienced an increased demand for services in recent years. Many of the children and young people in our care have had traumatic life experiences, including exposure to significant neglect, abuse, domestic violence, substance misuse, and educational disadvantage. This increased demand, together with the complex needs of the children and young people because of their experiences, has challenged the Agency to respond in an appropriate way.

The evidence is increasingly clear that for a small but increasing cohort of young people we are not adequately meeting their needs, with more reactive approaches, an overreliance on private residential placements and a significant increase in the number of local, non-procured, emergency residential care arrangements.

It is clear from our data, that to better respond to the needs of these children and young people, we must increase our preventative and early intervention services, strengthen our foster care and residential care services, and better support young people as they transition to Aftercare services.

We acknowledge that private provision in alternative care, like other care groups in health and social care services, will continue to be part of the Agency's response into the future. However, it is evident that our current dependency on private residential care, 60:40 private:public provision, is unsustainable and carries several risks.

Our ambition over the next three years, as detailed in this plan is to incrementally reverse our disproportionate dependency on private residential care, increasing our public residential capacity by an additional 104 beds, to achieve 50:50 private:public provision by 2025.

We also know that an increase in additional public capacity alone will not improve the experience of, and outcomes for, children and young people in our care. This plan also includes a series of recommendations for reform in practice, structure and culture across community and residential care services.

I would like to thank the young people in our care, our staff, and external stakeholders for their invaluable contributions to the development of this plan.

We look forward to working with all stakeholders to implement the recommendations (through the associated Service Improvement Plan) to ensure that children, young people, their families, and extended support networks have a more positive experience of our services, achieve better outcomes and that our staff feel valued and supported in their roles.

Kate Duggan

National Director of Service and Integration

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Executive Summary:

Tusla, the Child & Family Agency has statutory responsibility to protect children and promote their welfare under both the Child Care Act, 1991 (3) and the Child and Family Act 2013 (8).

Tusla is currently structured to deliver services across 17 service areas, located within six regions. The Agency is committed to ensuring that where they are safe, children and young people are supported to live at home with their families, close to their friends, their school and within their own communities.

In 2021, the Agency received 72,762 referrals to child protection and welfare, at the end of December 2021, there were 5,862 children in the care of the State. Almost 90% of these children (5,265) are in Foster Care, with 8% (506) in Residential Care and the remaining 2% (91) in other placements such as Supported Lodgings, a Disability Service, or a Detention Centre. This measures favourably by European Standards, a 2021 Survey of 27 European Countries found that Ireland had the lowest number of children and young people in Residential Care. Our challenge is to sustain and strengthen Foster Care Services, to ensure an appropriately balanced care continuum.

The Agency provides and commissions three types of residential care services (1) Mainstream Residential Care Services (2) Specialised Residential Care Services and (3) Special Care (See Appendix 1 for detailed description of services).

Across Ireland, there are currently 177 Residential Care Centres, comprising Tusla owned Centres, Community & Voluntary Centres, and Private Centres. These Centres are a mix of domestic style homes in housing estates, in villages, in towns, in cities, and in rural areas across Ireland. The Centres typically have between 2 to 6 children/ young people being cared for and where possible they attend local schools and are supported to take part in local sporting and community activities.

Residential Care costs represent approximately 25% (214.10m) of the total expenditure by Tusla in 2021 (867.10m). From 2015, the cost of Private Provision has risen by 21% (increase of 15.36m). Special Care services and Tusla provision have also increased by 17% (increase of 2.17 million) and 25% (increase of 10.23 million) respectively.

In 2021, the number of staff in Tusla Children's Residential Services represented 17% of the total headcount in Tusla. Retention rates in Children's Residential Services have met the target for staff retention (94.6%) outlined in the 2021-2023 Corporate plan in four of the past six years. However, absenteeism rates remain a significant challenge e.g., on average 27% of staff in the months of December each year have had some form of sick leave, approximately 10% of the total available staff hours in the month of December.

Recruitment of staff is increasingly challenging, job satisfaction is described is low, with an increase in the number of incidents of violence, harassment and aggression against other children/young people and staff.

The purpose of this Plan is to:

- Ensure an Agency wide understanding of the current trends in Residential Care Services and the factors contributing to same.
- Understand the needs of children and young people being referred to, or, accessing Residential Care and the current challenges in meeting these needs.
- Identify key recommendations to shape the future of service delivery and provide a roadmap for the changes required.

This plan has been developed through a process of internal and external consultation, hearing the lived experiences of those accessing and providing our services, trend and data analysis, and literature review.

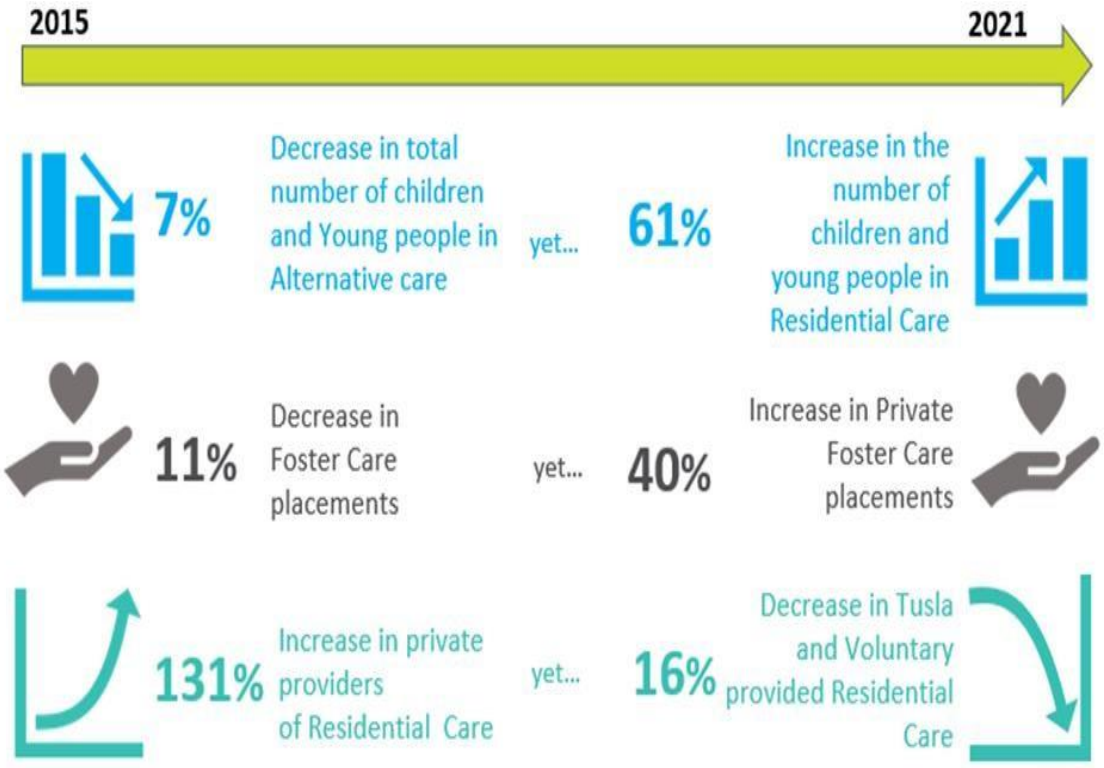
Key Trends in the Provision of Residential Care:

Overall trends in relation to children in care highlight that since 2015, while the total number of children in care is decreasing, the total of children entering residential care is increasing and the distance children are from their family/community is increasing.

The age profile of children entering residential care is typically 16+ years, however, since 2019 there has been an increase in the number of children between 7-10 years requiring residential placement and the duration of time children are spending in residential care is increasing.

A significantly increasing proportion of children leaving residential care are moving into independent living where the level of informal network and connections are likely to be poor.

Diagram 1: key trends in Residential Care Provision.



The reasons for a young person requiring admission to residential care are many and varied, including, an inability to access a foster care placement, a young person may have experienced foster care placement disruption(s), or residential care may be deemed the most appropriate alternative care setting for them. Many young people have positive experiences of residential care, where the setting exploits their potential to overcome adversity and supports them to achieve better outcomes and transition to an independent life.

For others, the trauma they have experienced can lead to behavioural manifestations, which limits their ability to engage with staff in the services and other professionals are challenged to establish a therapeutic relationship with the young person.

There is also an increasing trend in the number of young people coming into the care system for the first time as teens, directly from their community. This can be a very difficult experience for these young people and for many this can be further compounded by their social context. This can include experience of intra and extra familial abuse, which can lead to addiction issues, impact their mental wellbeing, and leave them open to criminal influence and exploitation.

The current model of Residential Care, particularly our increased over reliance on private provision is not designed to effectively provide the best local support to children and their families. There is inadequate capacity to meet the demand for placements across the country, with significant challenges sourcing appropriate placements for children and young people, particularly those with complex presentations, younger children, or those in an emergency. There is a corresponding decrease in the availability of suitable foster care placements.

The challenges in the provision of Residential Care must be seen in the overall context of the continuum of care. In the short-medium term, the Agency needs to focus on strengthening preventative and intervention services, enhancing foster care services, implementing new models of service and ensuring access to appropriate care planning and therapeutic supports.

In the medium to long term, we must be ambitious, designing a service that enables more children and young people to live in a family structure, where they are supported to thrive, that access to Residential Care for most is only a short term arrangement, for a period of respite, shared care, or stabilisation, For those that do require longer term Residential Care, that they receive this in their local area, with a network of supports, and experience holistic care, that meets their physical, social and emotional needs.

Whilst recognising the positive contribution of many private residential care providers, the Agency must reverse our disproportionate dependency on private residential care, incrementally increasing our public residential capacity by an additional 104 beds, to reduce our dependency on residential care from our current position of 60:40 private:public provision, to a ratio of 50: 50 public: private provision by 2025.

To achieve this, assuming private expenditure remains constant, an investment of €67.5m in capital and revenue funding (capital and recruitment of an additional 284 WTE +10% for attrition) will be required, a significant dependency on government funding.

The longer term ambition will be to reduce the spend of private provision, and rebalance reliance on private provision in favour of public provision to a ratio of 60:40, public:private by 2027.

Recommendations for the Provision of Residential Care Services 2022-2025

The Agency acknowledges the very significant challenges it has if it is to improve the provision of Residential Care Services. Changes will be required in Practice, Structure, Culture across the continuum of Preventative and Early Intervention Services, Child Protection & Welfare Services and Alternative Care Services.

This Strategic Plan (2022-2025) for the future of Residential Care Services for Children and Young People identifies 12 Recommendations, supported by a detailed workplan, to achieve our vision to strengthen statutory capacity, implement new models of service and ensure access to appropriate care planning and therapeutic supports.

Recommendation 1: Increase supports across the continuum of Preventative/Early Intervention and Foster Care Services to reduce the number of children/young people that require a Residential Care Placement.

Recommendation 2: Increase capacity across Tulsa & Community & Voluntary Residential Care Services, including the implementation of semi-independent living arrangements.

Recommendation 3: Implement Recommendations of Special Care Task Force Report 2022 (integrated access and egress pathways, standard business processes and Step-down placements).

Recommendation 4: Improve governance, accountability and integrated decision making for Residential Care placements (including Special Care placements).

Recommendation 5: Implement a standardised, evidence-based model of care in all Residential and Special Care centres, with a specific focus on integrated care planning and permanency planning.

Recommendation 6: Improve access to therapeutic support for children in Alternative Care.

Recommendation 7: Strengthen Recruitment and Retention of Residential Care Staff.

Recommendation 8: Promote consistent external regulation of all Residential Care Centres (HIQA).

Recommendation 9: Promote longitudinal research and follow-up of children and young adults discharged from Residential and Special Care.

Recommendation 10: Develop and implement cross agency Tusla initiatives to support the participation and retention of children and young people in Residential Care in education.

Recommendation 11: Improve data collection, validation, monitoring and reporting on key metrics in Residential and Special Care.

Recommendation 12: Develop and implement integrated ICT systems and infrastructure across Children's Residential Services.

1. Introduction:

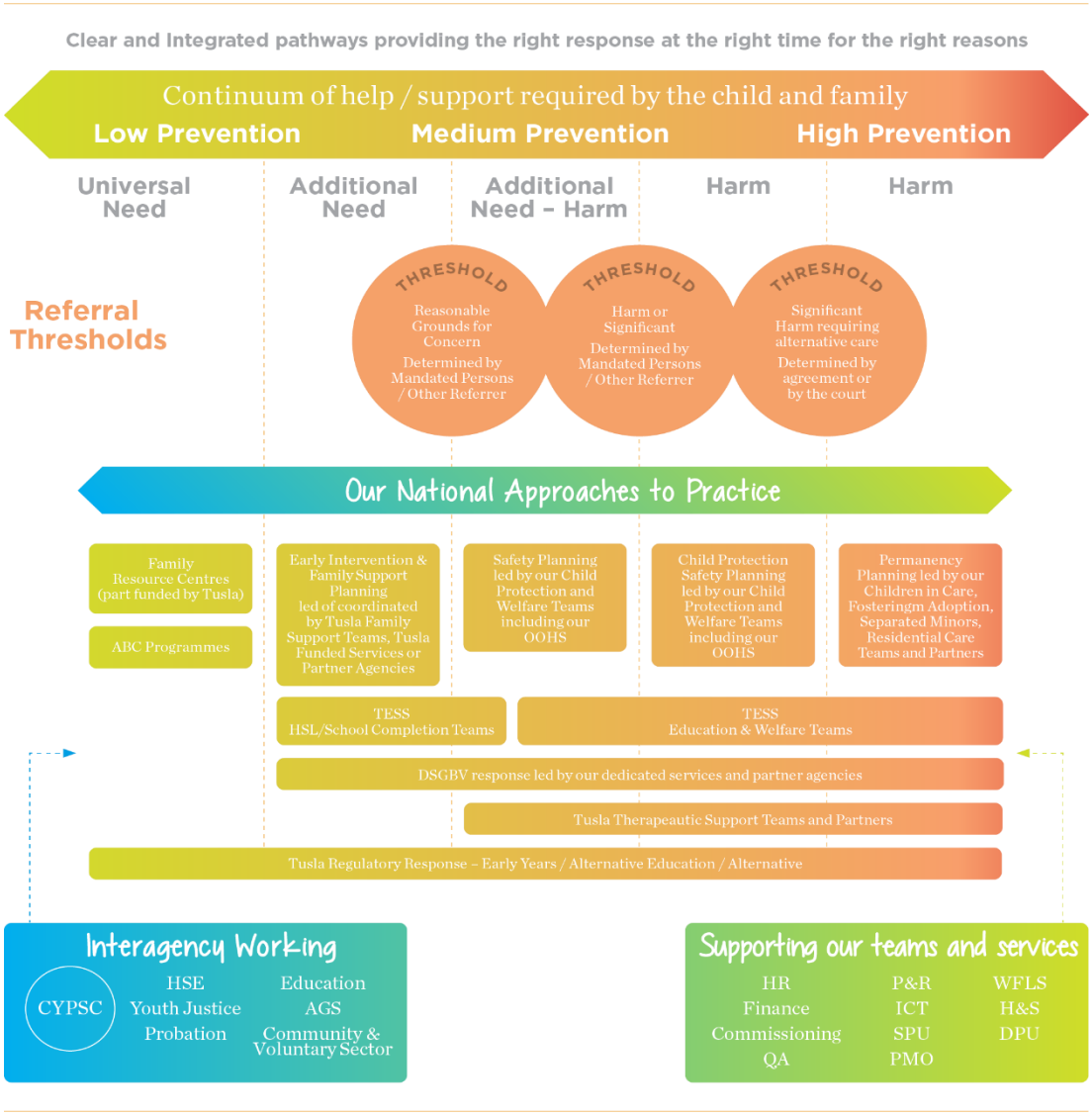
Tusla – The Child & Family Agency has statutory responsibility to protect children and promote their welfare under both the Child Care Act, 1991 (3) and the Child and Family Act 2013 (8).

The Agency currently provides the following range of services across 6 Regions, comprising 17 Service Areas.

Diagram 2: The range of services delivered across the Child and Family Agency, Tusla.

The Agency responds to children, families, and communities across a continuum of response pathways, which are designed to promote consistent and integrated responses, to ensure that children, young people, and families receive the right response, at the right time in the right place from the right service. The integrated pathways across the continuum of care are illustrated in the diagram below.

Diagram 3: Existing Integrated pathways across the continuum of care.



In 2021, Tusla received 72,762 contacts from people concerned about a child, at the end of December 2021, there were 21,248 Child Protection & Welfare cases open to Tusla Social Workers.

Our Preventative/Family Support & Child Protection Services, in partnership with our commissioned services, are committed to supporting families to ensure that children and young people can continue to live at home with their families, close to their friends, their school and within their own communities.

However, there are times when it is no longer safe for a child or young person to stay living at home and they are taken into the care of the state (Alternative Care).

1.1 Alternative Care:

Alternative Care is the term used to describe state provision for children and young people who cannot remain in the care of their parents. Alternative Care is any arrangement, formal or informal, temporary, or permanent, for a child who is living away from his or her parents. Children who require admission to care are accommodated through placement in General Foster Care, Relative Foster Care or Residential Care.

Tusla has a statutory responsibility to provide Alternative Care Services under the provision of the Child Care Act, 1991, the Children Act, 2001 and the Child Care (Amendment) Act, 2007. The Conventions of the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities and the UN Guidelines for the Alternative Care of Children all recognize that the ideal setting for a child or young person to grow up in to fulfil their potential and participate as full citizens, is within a family environment that provides a nurturing and loving atmosphere.

Tusla will only receive children and young people into care when it has formed the view that at least for the time being, their health, development or wellbeing cannot otherwise be ensured. There are several reasons why a child or young person may be placed in care. The child or young person's family may be unable to provide a suitable level of care and protection for the child or young person or the child or young person has been subject to physical, sexual, emotional abuse and/or neglect.

In Ireland, the decision to place a child or young person in care may be agreed on a voluntary basis with the child or young person's parents/guardians or by order of the courts.

Overall trends in relation to children in care highlight that from 2015 - 2021, the number of children and young people in care have decreased, but the number of children and young people needing Residential Care has increased. In the same period, there has been a steady increase in the number of children and young people being cared for in Private Residential Care Centres, with a reduction in the number being cared for in a Tusla, or Community & Voluntary Residential Care Centres.

It is evident that the increased demand for residential services is driven by the increasing complexity of need of the children and young people who require services, and inadequate investment in statutory provision over many years, with a subsequent an overreliance on Private Residential Care Services.

It is in this context that the need for a ***Strategic Plan (2022-2025) for the future of Residential Care Services for Children and Young People*** was identified.

2. Tusla Residential Care Services Strategic Plan (2022-2025):

2.1 Purpose of the Residential Care Strategic Plan (2022-2025):

The purpose of this Strategic Plan is to:

- Ensure an Agency wide understanding of the current trends in Residential Care Services and the factors contributing to same.
- Understand the needs of children and young people being referred to or accessing Residential Care and the current challenges in meeting these needs.
- Identify key recommendations to shape the future of service delivery and provide a roadmap for the changes required.

2.2 Informing the Residential Care Strategic Plan (2022 2025):

The development of this plan was underpinned by a robust engagement and broad consultation with key internal and external stakeholders.

In November 2021, a series of face to face/virtual engagements were conducted with Tusla staff across all grades, from both community and residential services, at national and regional level to understand:

1. *What is working well in Residential Care Services?*
2. *What are the key challenges in Residential Care Services?*
3. *What did stakeholders identify as the key solutions for improving Residentials Care Services?*

In December 2021, a survey was issued to all Tusla Staff (via newscast) to provide them with the opportunity to provide written feedback on the same three questions.

From November 2021-December 2021, a series of virtual engagements were separately conducted with key external stakeholders including Department of Children, Equality, Disability, Integration and Youth; Health Information and Quality Authority (HIQA) and Advocacy Group EPIC.

2.3 The analysis of key data/metrics to inform future planning and recommendations:

Numerous data sources were used to inform the review, including:

- Tusla Performance Reports.
- National Childcare Information System.
- Children's Residential Services Operational data.
- Regional Operational data.
- Financial Data relevant to Children's Residential Services.
- Human Resources data relevant to Children's Residential Services.
- Organisational Structure of Service Provision.
- Operational Business Processes/Pathways.

2.4 Review of Relevant Literature/Published Documents to inform analysis and decision making:

Research suggests that long term outcomes for children and young people in the care system are best when they return home relatively quickly or are provided with a long-term permanent option.

It is emphasised that, generally, it is not good practice for a child or young person to be in full-term Residential Care for five years or more. Research suggests that the age of entry and the speed of action to either return the child or young person home, or find long term permanency options, are critical in achieving optimal outcomes for children and young people in the care system.

Internationally, countries operate a wide range of Residential Care models, in terms of the type of settings, the way they are staffed and the needs of the children and young people that are placed in Residential Care. Many countries still lack accurate statistics on the number, characteristics and well-being of children and young people living in Residential Care centres. A lack of reliable data and no consensus on the different terminology used to describe Alternative Care makes it impossible to determine the exact number of children and young people in Alternative Care in the EU. The Eurochild & UNICEF report technical report, "Better Data for Better Child Protection in Europe, 2021", highlights that the percentage of children and young people in Residential Care in Ireland, as a share of the total number of children and young people in Alternative Care, is 8.8%. Of the 27 countries surveyed and reported on in Europe, Ireland has the lowest number of children and young people in Residential Care.

The UNICEF White Paper "The role of small-scale residential care (SSRC) for children in the transition from institutional to community based care and in the continuum of care in the European and Central Asia Region July 1st 2020" states that the objective of a Residential Care placement 'should be to contribute actively to the child's reintegration within their family or, where this is not possible or in the best interests of the child, to secure their safe, stable, and nurturing care in an alternative, family-based care arrangement through family or extended family reunification, adoption, or through supported independent living as young people make the transition to adulthood.

Engagement in education is a significant protective factor against negative health and social outcomes and a proven route out of poverty. This is particularly important for children and young people in care as research in Ireland and internationally points to poorer educational outcomes for young people who have Alternative care experiences, especially Residential Care, when compared with their peers.

The factors identified that impact on educational attainment for children and young people in care include (1) frequent care placement and school moves, (2) trauma experienced prior to coming into care, (3) low expectations and stigma associated with being in care. It is critical therefore, that children and young people in Alternative Care are supported in education to help overcome the challenges they experience and to ensure they have the best opportunities possible to achieve in education and training. Positive participation in an appropriate educational setting can have a positive impact on the overall success of a care placement.

2.4.1 Children's Experience of Residential Care Services

In its annual overview report on the inspection and regulation of children's services, 2021, the Health Information and Quality Authority (HIQA), published the results of their engagement with children and young people across several services.

Children were largely complementary about the services provided by Tusla. The majority said that they benefited from being involved with these services and that their lives had changed for the better because of them. Many said that they felt respected, nurtured, and cared for. They enjoyed their placements and were fond of the people who provided their care. Importantly, children understood why they were not living at home and or why social work services were involved with them and their families. The children said that they felt listened to and that their views and wishes were respected. Most children had an allocated social worker, they valued their social worker and needed their support.

However, some children did not like their placement as it was not their own home, and although they had good contact with their families, they wished to return to their family home. However, most children were happy that their family was welcomed into their placement to visit and spend time with them and looked forward to these visits.

Children described mixed experiences of being placed with other children. The majority got on well with their peers in care and considered them friends. However, several children talked about witnessing aggressive and assaulting behaviour by other children in their placement, and they said that they found this distressing. In some of these cases, the children said that they felt less engaged or connected to the staff team as a result.

They had also experienced multiple changes to their social worker, and this was difficult for them. Over the course of HIQA inspections, children were asked about what kind of improvements they would like to see, which would enhance their experiences of the services they were in receipt of. These improvements included:

- More frequent contact with an allocated social worker.
- Stability and consistency in social work allocation.
- Social Workers could take action quicker.
- Rules for children should be stricter.
- Always explain to children what is happening.
- Listen more to children.
- Keep in contact with children who are no longer part of the service if they want you to.
- Better planning for children leaving care.

3. Provision of Alternative Care Services:

A child or young person's care status profoundly affects his or her health, developmental outcomes, and general well-being, both during childhood and later in life. For most children and young people, a placement in Foster Care is possible and meets their care needs at that point in time. However, for many children or young people placement in Residential Care Services is beneficial, necessary and in the child/young person's best interests.

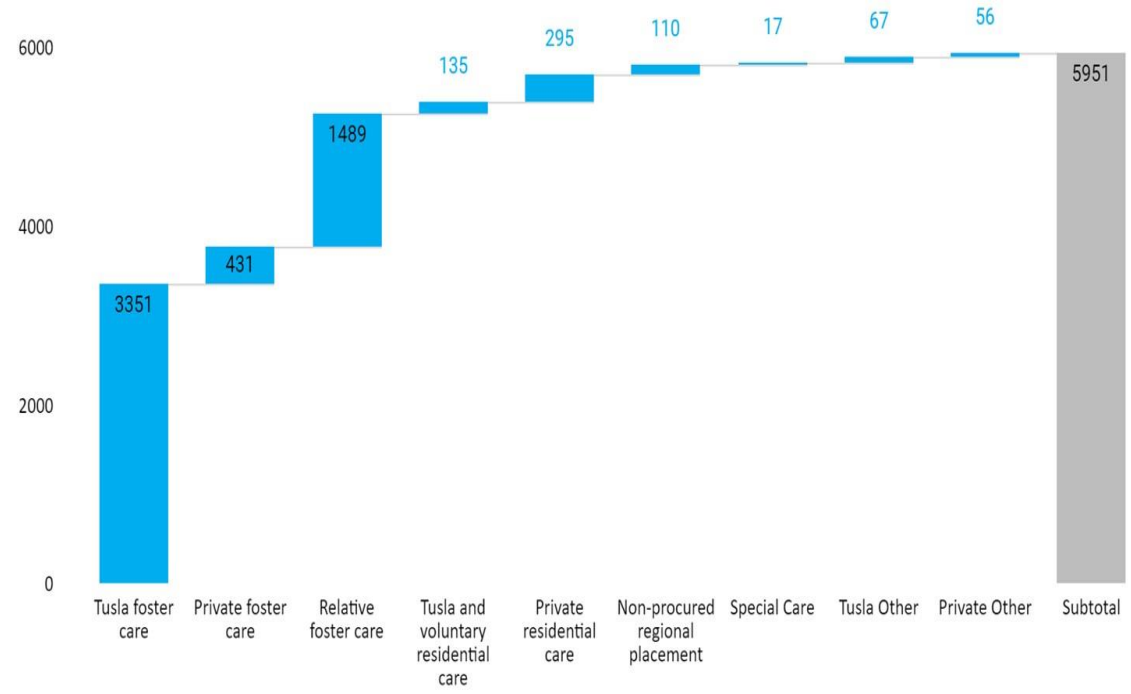
Earlier in report, most recent data from December 2021 is referenced. For this section, data from September 2021 is used for purpose of analysis.

3.1 Children and Young People in Alternative Care in Ireland:

Children who require admission to Alternative Care are accommodated through placement in General Foster Care, Relative Foster Care or Residential Care.

As of September 2021, there were 5,951 children/young people in care (excluding 14 children or young people receiving care Out of State). Most of these children and young people (56%) were in General Foster Care, followed by Relative Foster Care (25%).

Diagram 4: Numbers of children and young people in alternative care placements, Sept. 2021.



Data Source: Tusla Dashboard / Private Residential and Private Fostering Sept 2021 Final (excel)

Since 2015, the overall numbers of children and young people in care have decreased by 7% (6,384 in 2015 to 5,951 in September 2021).

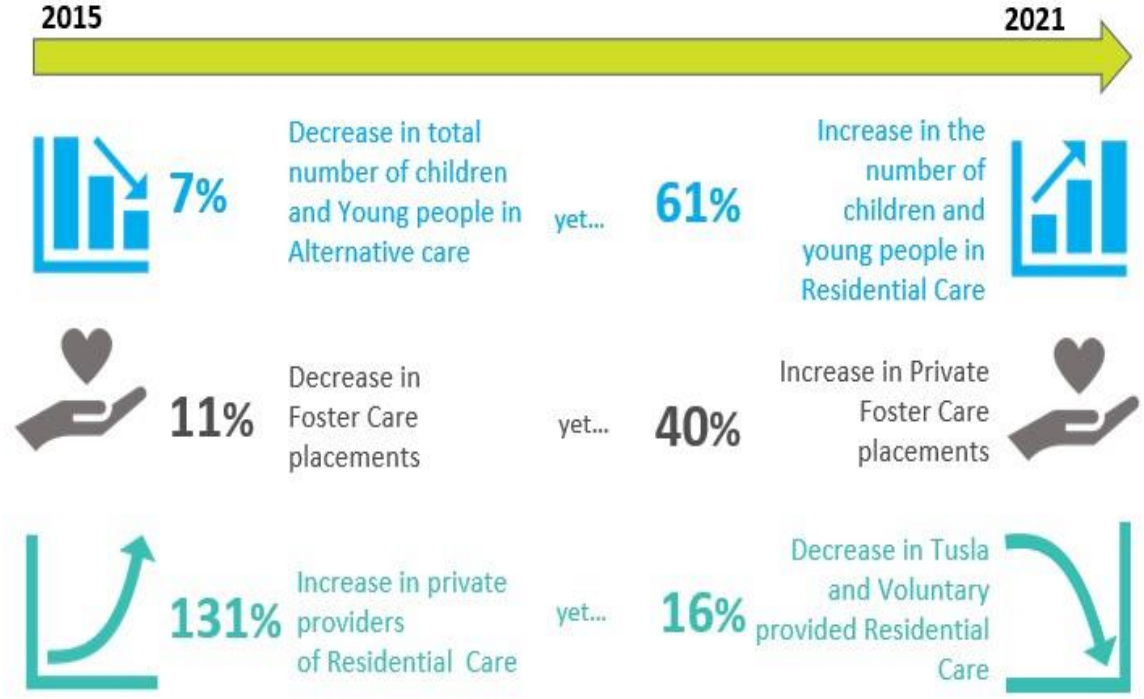
In the same period, the number of children and young people needing Residential Care (excluding 'Other' and Special Care) has increased by 61% (from 335 in 2015 to 540 in September 2021).

As a percentage of the total children and young people in Alternative Care, those in Residential Care (excluding 'Other' and Special Care) has increased from 5% in 2015 to 9% in September 2021.

'Other', includes children and young people in supported lodgings, at home under a care order, in a detention school/centre and other residential centre (e.g., disability unit or drug and alcohol rehabilitation centre) and has increased by 15%.

Key trends related to the changes in demand for services and changes in the provision of care by provider is highlighted in the infographic here.

Diagram 5: Key trends related to the changes in demand for services and changes in the provision of care by provider.



3.2 Provision of Foster Care Services:

Foster care is full-time or part-time substitute care of children and young people outside their own home, by people other than their biological / adoptive parents or legal guardians. Foster Care generally is where a child or young person in state care is placed with an approved General Foster Carer or Relative Foster Carer.

A General Foster Carer is a person approved by the Child and Family Agency, who has completed a process of assessment and has been placed on the panel of approved Foster Carers.

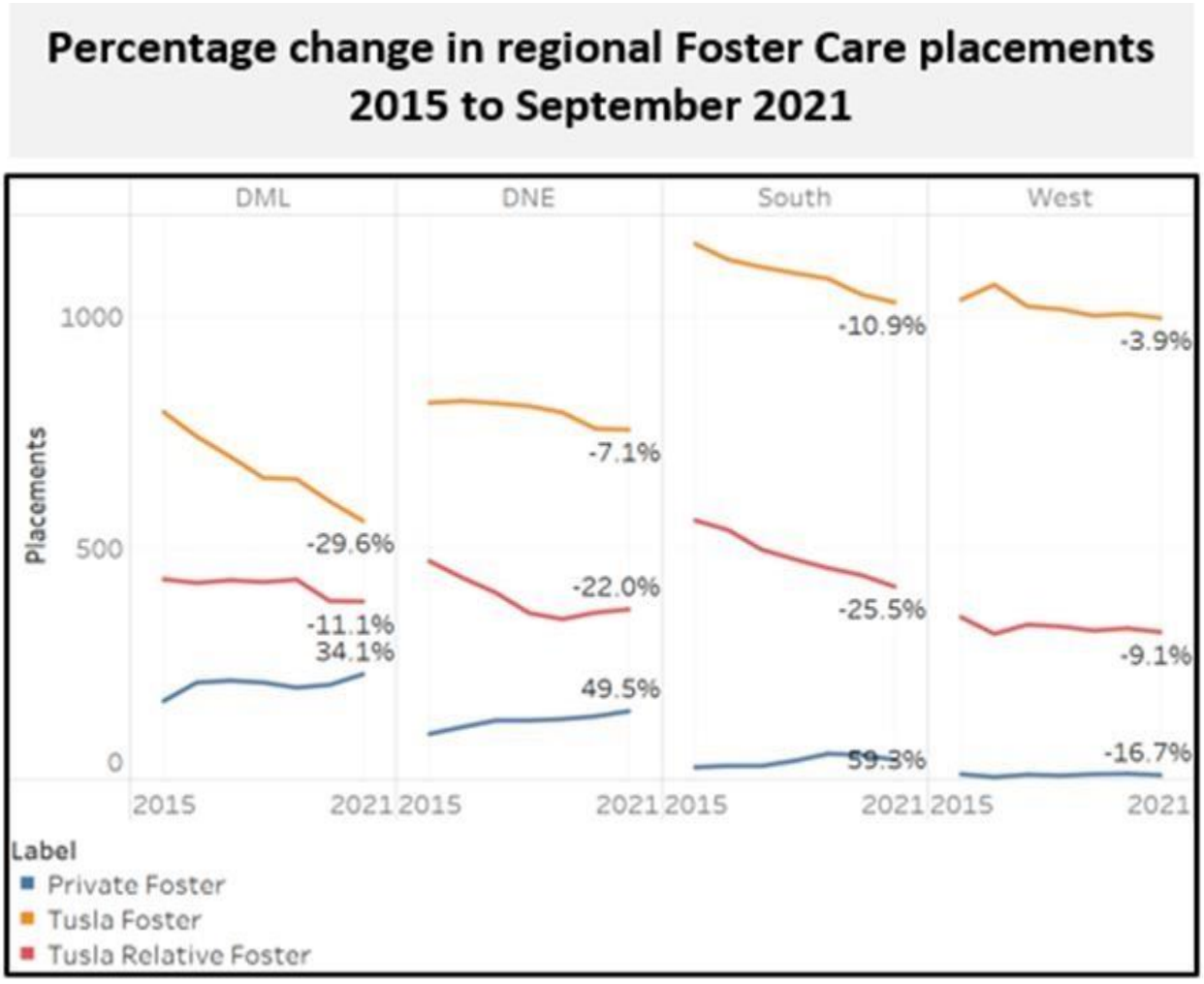
Relative Foster Care is Foster Care provided by a relative or friend of a child or young person who has completed a process of assessment and approval and is placed on the panel of approved Relative Foster Carers. It also includes those who have agreed to undergo such a process. The approval is specific to the individual child or young person, and the Relative Foster Carer is a person with whom the child / child's family has had a relationship prior to the child or young person's admission to care. This can include a friend, neighbour or relative.

Foster Care Services ensure children and young people's needs are met in their foster homes through the allocation of Social Workers, care planning and review processes, and by providing training and support to Foster Carers.

3.2.1 Trends in Foster Placements 2015 – September 2021:

Since 2015, nationally the number of children and young people in Foster Care has decreased in all Regions by 11 % (from 5926 in 2015 to 5271 in 2021), with the largest decrease in the Dublin Mid-Leinster (DML) Region, where there has been a 30% decrease. Similarly, Relative Foster Care Placements have decreased in all Regions, with the largest decrease in the South, a decrease of 26%. Private Foster Care Placements has increased in all Regions, except the West, in the same period.

Diagram 6: percentage change in regional foster care placements 2015 to September 2021.



3.3 Provision of Residential Care Services:

Residential Care costs represent approximately 25% (214.10m) of the total expenditure by Tusla in 2021 (867.10m). From 2015, the cost of Private Provision has risen by 21% (increase of 15.36m). Special Care services and Tusla provision have also increased by 17% (increase of 2.17 million) and 25% (increase of 10.23 million) respectively. Expenditure by provider type for 2021 is outlined in table 1 below.

Table 1: Expenditure in 2021 by provider type

Costs	**2021 Expenditure**
Statutory Costs (including Special Care)	61.4m
Pay	56.6m
Non-Pay	4.8m
Community & Voluntary Costs	23m
Third Party Providers (Private) Costs	129.7m

*Figures do not include €5.5m income received re Disability costs in 2021

3.3.1 Structure of Tusla Children's Residential Service:

Children's Residential Services (CRS) was established as a National Service by Tusla in 2015, its Statement of Purpose is that *"Children are placed in residential care in order to provide a safe, nurturing environment for them when they cannot live at home or in an alternative family environment such as foster care".*

Tusla CRS currently employs 884 staff (763 WTEs and 121 agency staff) and has 34 statutory Residential Care centres and 3 Special Care centres nationwide (**data valid at January 2021*).

The Services are managed by a National Team who oversee the:

1) Operational functioning and delivery of Statutory Residential Care Services.
2) Commissioning of voluntary and community residential Care Services.
3) Commissioning of private residential care services.
4) Operational management and delivery of Special Care Services.

The Service Director CRS is supported by:

- 4 x Regional Managers.
- 2 x Directors of Special Care Units.
- National Private Placement Team.
- Business Support Team (Quality & Risk, Business Support, Professional support, Project Management and Court Liaison.

The CRS Team do not have responsibility for the commissioning, provision, or oversight of Regional Bespoke Placements, or Disability Placements. The Regional Chief Officer, through the relevant local Area is responsible for the commissioning, provision, and oversight of these placements, when the National Private Placement Team, or CRS cannot identify an appropriate placement. This is a significant risk for the Agency in terms of quality, equity, and consistency.

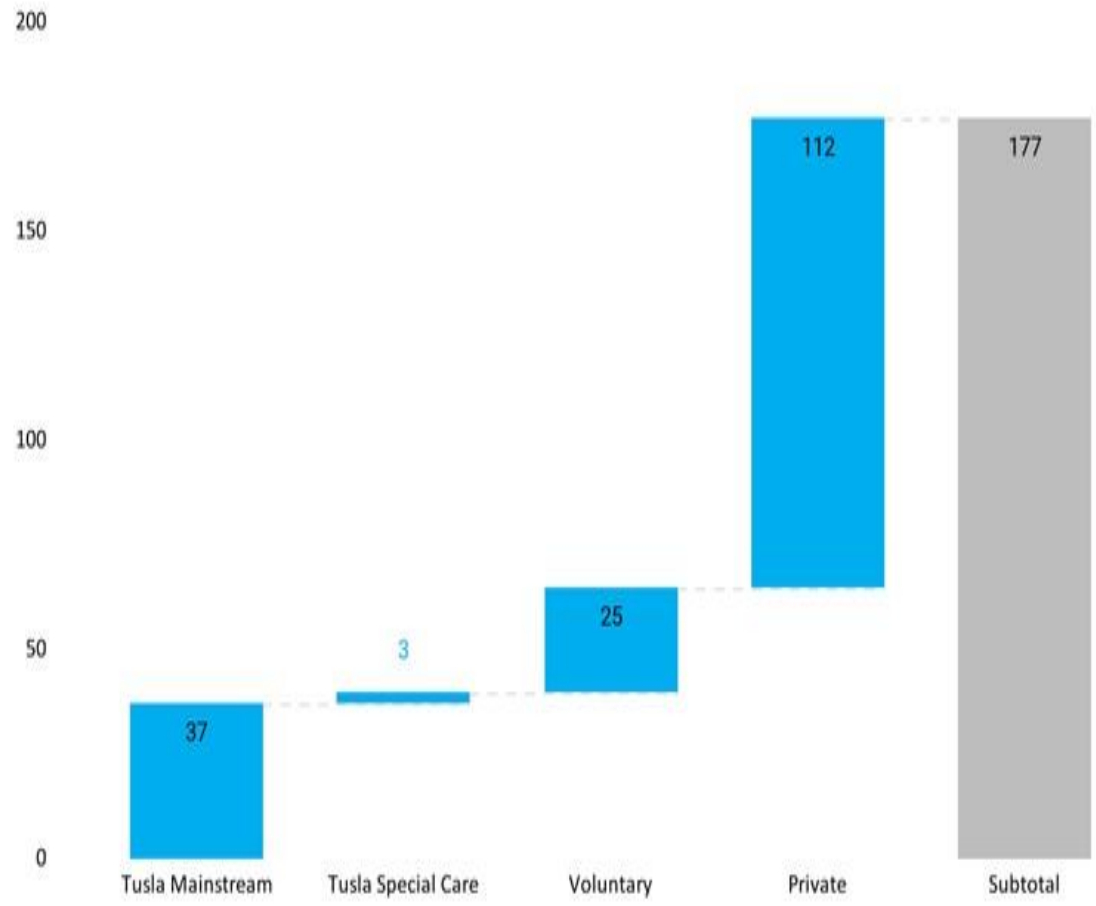
3.3.2 Residential Care Centres:

Residential care is a demand-led service characterized by the complex needs of the vulnerable children and young people (aged 18 and under) it serves. The children and young people in Residential Care require a high level of professional care giving and supervision, they have an allocated a Key Worker and friends and family are free to visit in line with their care plan.

The Agency provides and commissions three types of residential care services (1) Mainstream Residential Care Services (2) Specialised Residential Care Services and (3) Special Care (See Appendix 1 for detailed description of services).

Across Ireland, there are currently 177 Residential Care Centres, comprising Tusla owned Centres, Community & Voluntary Centres, and Private Centres. These Centres are a mix of domestic style homes in housing estates, in villages, in towns, in cities, and in rural areas across Ireland. The Centres typically have between 2 to 6 children/ young people being cared for and where possible they attend local schools and are supported to take part in local sporting and community activities.

Diagram 7: Provision and breakdown of expenditure of types of residential care services by provider type.

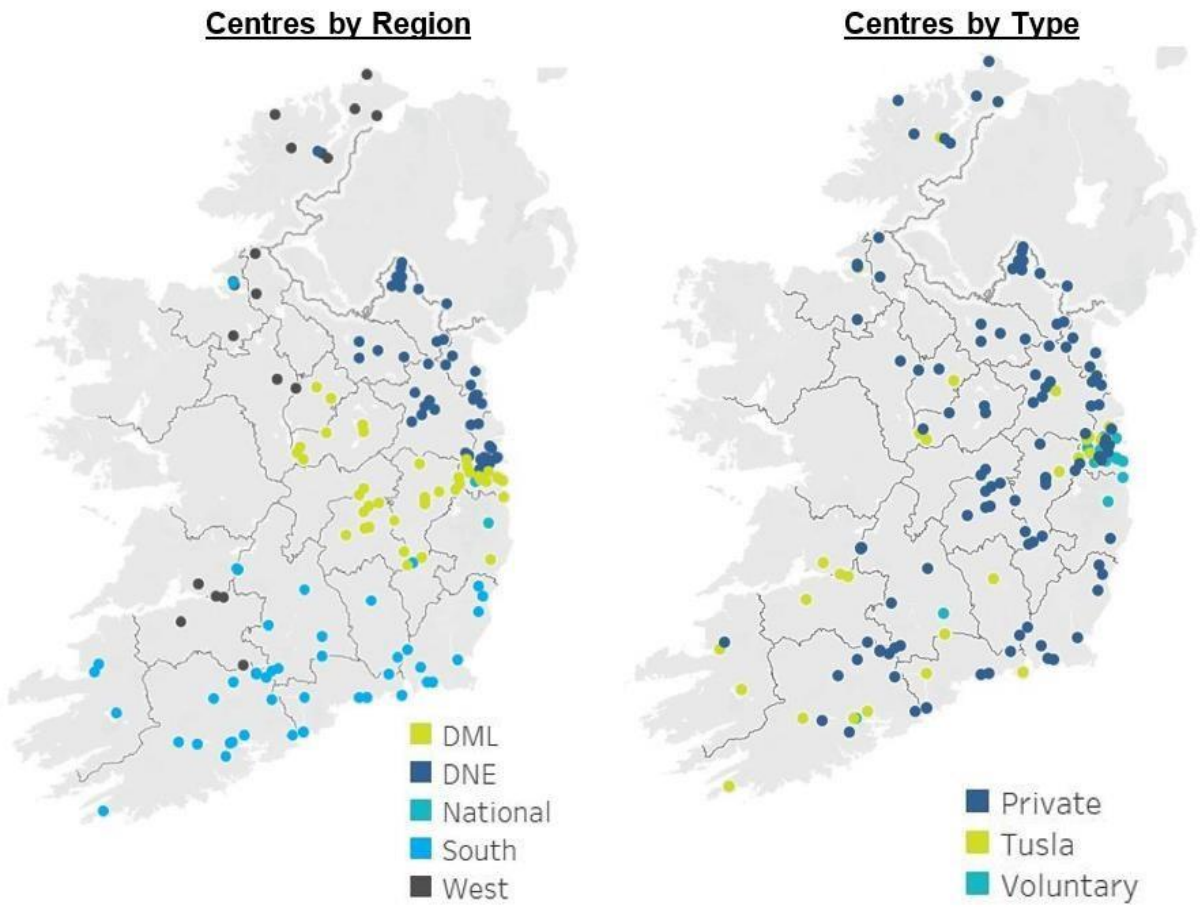


Data Source: Children's Residential Services Strategic Planning 2021-2024, spending review 2020: Tusla Residential Care costs

3.3.3: Geographical Overview of Residential Care Centre (Types and Providers):

There is currently a significant geographic disparity in the location of Residential Care Centres, with a dearth of centres in the West of Ireland, which is contributing to the increased use of Private Placements by the Region and the placement of children/young people in centres significantly distant from their local community.

Diagram 8: Geographical distribution of residential care services by region and provider type.



3.3.4 Types of Residential Care Services provided by different sectors:

The following table outlines the types of residential care services provided and highlights which services are provided by Tusla, Community & Voluntary Providers and Private Providers.

Table 2: Types of residential care services provided by statutory, community and voluntary and private providers.

Type of Service	TUSLA	Community & Voluntary Provider	Private Provider:
Mainstream Residential Service	✓	✓	✓
Specialist Services			
Separated Children Seeking International Protection/Irish Refugee Protection Programme	✓	✓	✓
Enhanced Placements (Therapeutic Services included)	✗	✓	✓
Emergency Short Term Placements	✗	✓	✓
Respite	✓	✗	✗
Residential Disability Services	✗	✓	✓
Out of State Care	✗	✗	✓
Children from other Jurisdictions	✗	✗	✓
Non-procured regional placements	✗	✗	✓
!2 Years and under	✗	✓	✓
Preparation for leaving care	✓	✓	✗
Sexualised behaviour unit	✓	✗	✗
Special Care	✓	✗	✗

3.3.5 Reasons for Referral to Residential Care Services:

The reasons for a young person requiring admission to residential care are many and varied, including, an inability to access a foster care placement, a young person may have experienced foster care placement disruption(s), or residential care may be deemed the most appropriate alternative care setting for them.

For some, the trauma they have experienced can lead to behavioural manifestations, which limits their ability to engage with staff in the services and other professionals are challenged to establish a therapeutic relationship with the young person.

There is also an increasing trend in the number of young people coming into the care system for the first time as teens, directly from their community.

This is very difficult experience for these young people and for many this can be further compounded by their social context.

This can include experience of intra and extra familial abuse, which can lead to addiction issues, impact their mental wellbeing, and leave them open to criminal influence and exploitation.

Many young people have positive experiences of residential care, where the setting exploits their potential to overcome adversity and supports them to achieve better outcomes and transition to an independent life.

4. Key Trends in Provision of Residential Care Services:

4.1 Increase in provision of Private Residential Care Services:

From 2015 to 2021, there has been a 131% increase in the number of Private Residential Care Services in all Regions (excluding 'Other', Special Care and SCSIP) during this period. In the same period, Tusla and Community & Voluntary provided Residential placements has decreased by 16%.

All Tusla Regions have an increased dependency on Private Residential Services, highest in the West, where 92% of Residential Care services are privately provided. Across all regions the percentage of total Residential Care privately provided is between 64-92%.

Expenditure on private residential care services has increased incrementally in line with consistent with the growing reliance on private services. In 2019, total expenditure for private residential care services amounted to €106.778m, in 2020 €117.628m and in 2021 €129.716m. In 2021, 76% of all Residential Care Services were privately provided. Key trends in the provision of residential care services are presented in table 3 below.

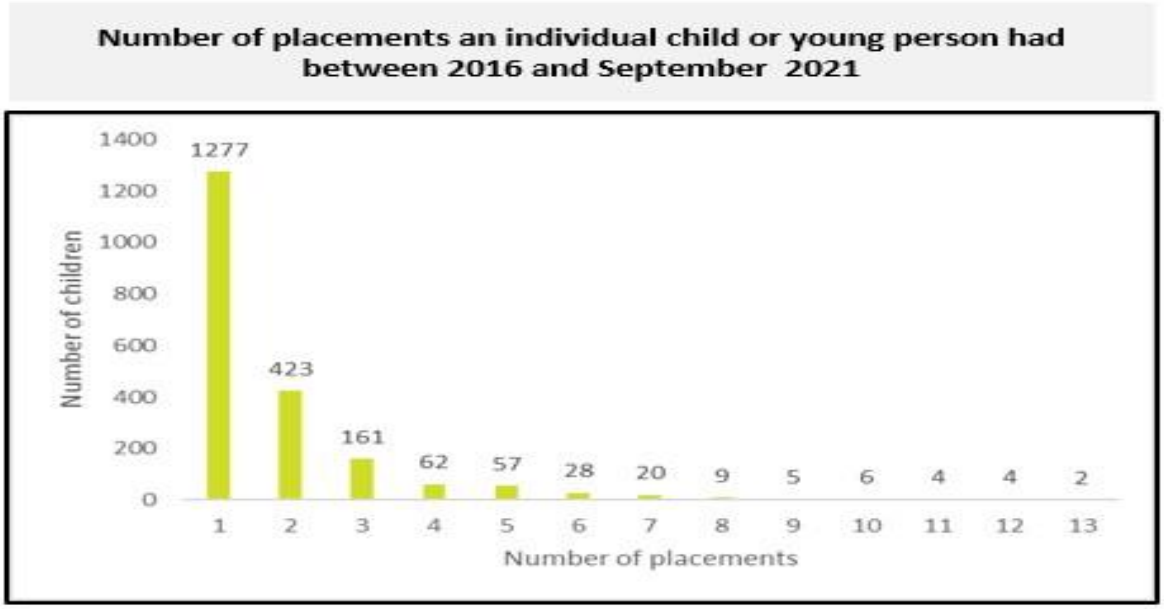
Table 3: Key trends in the provision of residential care services, by region, year and provider type.

Region	Provider	2015 (%)	2016 (%)	2017 (%)	2018 (%)	2019	2020	2021
DML	Private	66 (54%)	55 (55%)	49 (49%)	55 (56%)	101 (69%)	103 (70%)	125 (71%)
	Tusla	57 (46%)	45 (45%)	52 (51%)	44 (44%)	46 (31%)	44 (30%)	51 (29%)
DNE	Private	39 (41%)	40 (46%)	34 (47%)	32 (44%)	49 (52%)	62 (61%)	68 (64%)
	Tusla	56 (59%)	47 (54%)	39 (53%)	41 (56%)	45 (48%)	40 (39%)	38 (36%)
South	Private	59 (66%)	50 (60%)	64 (71%)	77 (72%)	91 (73%)	108 (77%)	107 (78%)
	Tusla	30 (34%)	33 (40%)	26 (29%)	30 (28%)	33 (27%)	32 (23%)	31 (22%)
West	Private	11 (39%)	23 (62%)	20 (43%)	40 (75%)	63 (90%)	72 (94%)	73 (92%)
	Tusla	17 (61%)	14 (38%)	27 (57%)	13 (25%)	7 (10%)	5 (6%)	6 (8%)

4.2. Increase in the number of children/young people that have experienced more than one Residential Care Placement:

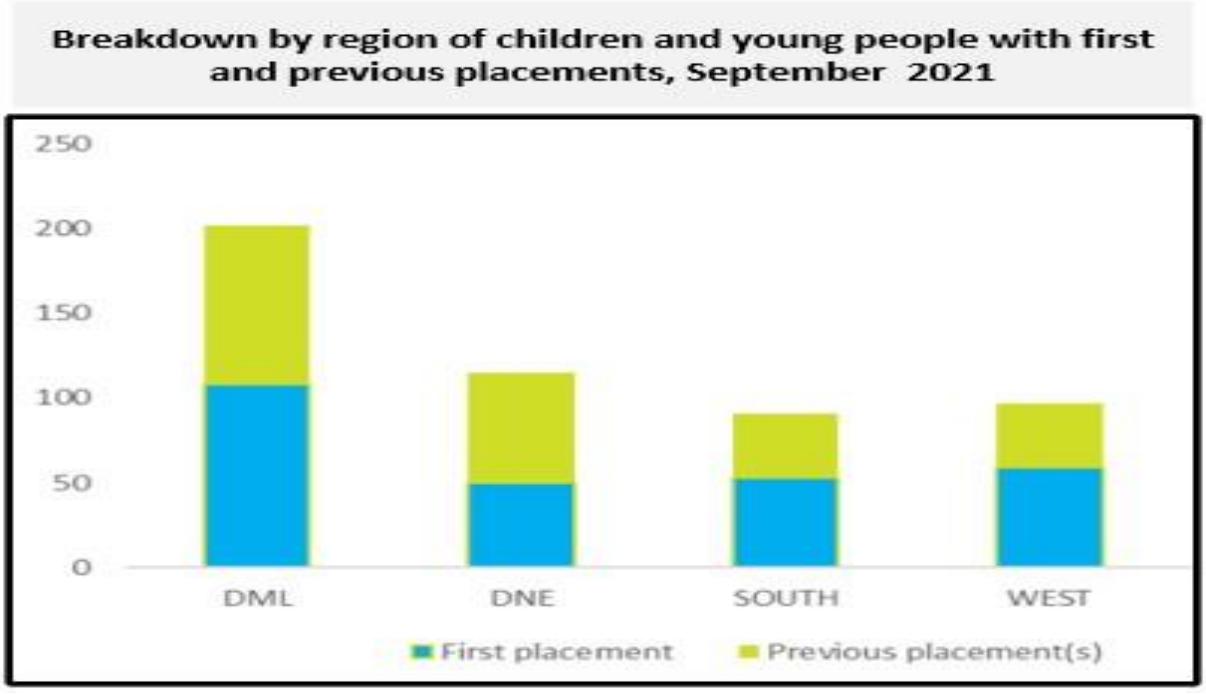
Of the children and young people in care between 2016 and September 2021, 62% had no history of previous placements. Of the 38% of that had previous placements, the number of placements ranged from 2 to 13.

Diagram 9: The number of placements an individual child or young person had between 2016 September 2021.



In September 2021, there were 506 children and young people in Residential Care. 47% had a previous placement, with the highest percentage of children and young people with a previous placement in Dublin Mid Leinster.

Diagram 10: A breakdown by region of children and young people with first and previous placements September 2021.



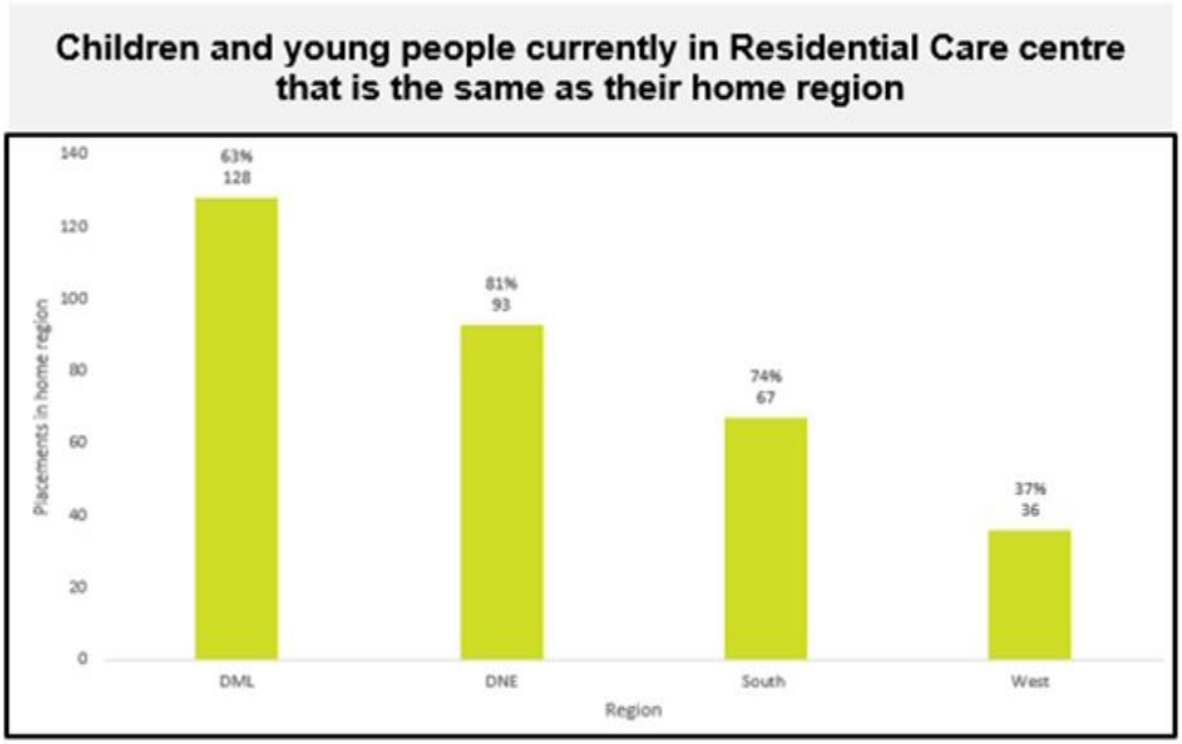
Currently the data available does not follow the journey of an individual child or young person. Therefore, in addition to multiple Residential Care placements, children or young people could also have had Foster Care placements during this period or an admission to Oberstown Detention Centre. Further analysis is required to better understand the factors contributing to single placement experiences and to explore models of support to sustain placements and reduce the number of placements a child/young person might experience.

4.3 Increase in the number of children and young people in Residential Care outside of their home region:

Due to a lack of local placements, a significant number of children and young people are placed in Residential Care away from their local communities and support networks. This can be very disruptive for the children and young people and challenging for Social Workers to maintain relationships with them when they must travel significant distances to meet them.

Of the children and young people currently in care, 36% are in a Region that is different from their home region. For example, a child or young person from the West of Ireland may be in a Residential Care centre in the Dublin Mid-Leinster Region. Across the regions there is variation in the percentage of children and young people that are placed in a Residential Care Centre that is the same as their region of origin. As of September 2021, 63% of children in the Dublin Mid-Leinster Region, 81% in Dublin North East, 74% in the South and 37% in the West respectively, were placed within their home regions. This data highlights some of the key challenges in terms of geographical disparity of available residential care placements across each of the geographical regions. Moreover, this does not paint a complete picture as the child or young person, whilst placed within their region, may still be geographically distant from their family, friends, school, and communities.

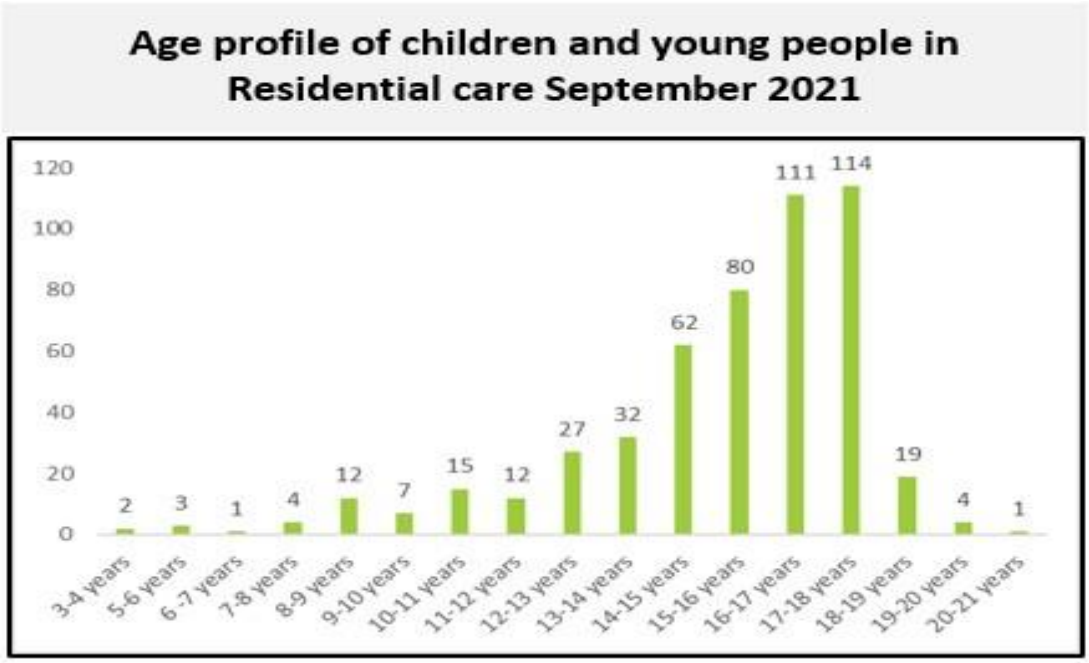
Diagram 11: The number of children and young people currently in a Residential Care Centre in the home region.



4.4 Increase in younger children (12 years and under) in Residential Care:

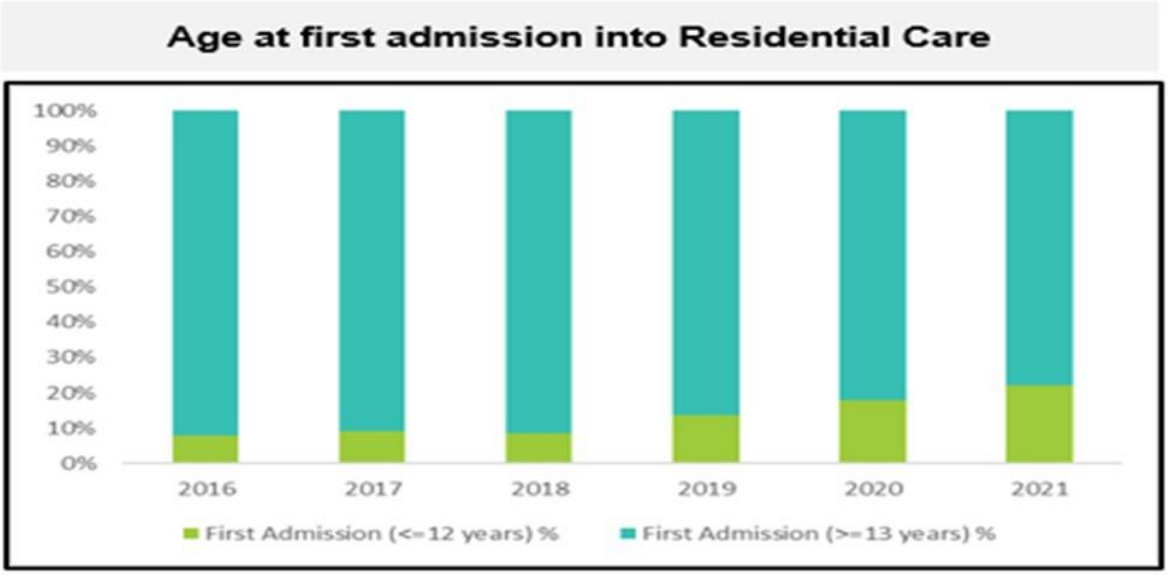
The age profile of children and young people in care as of September 2021 ranges from 3 to 21 years (excludes disability, OOS and Special Care). Of the total number of children and young people in care, 27% are aged 17 and older but 11% are under 12 years of age.

Diagram 12: The age profile of children and young people in a Residential Care Setting 2021.



From 2016 to September 2021, an increasing proportion of children younger than 12 years are being admitted to Residential Care. Children younger than 12 years accounted for 8% of admissions in 2016, this figure has increased to 22% of new admissions in 2021.Due to a lack of specific placements for younger children, they may be placed in centres with older children, including young people who have been involved in high risk or anti-social behaviour.

Diagram 13: The age of first admission of the children into a Residential Care Service by year.



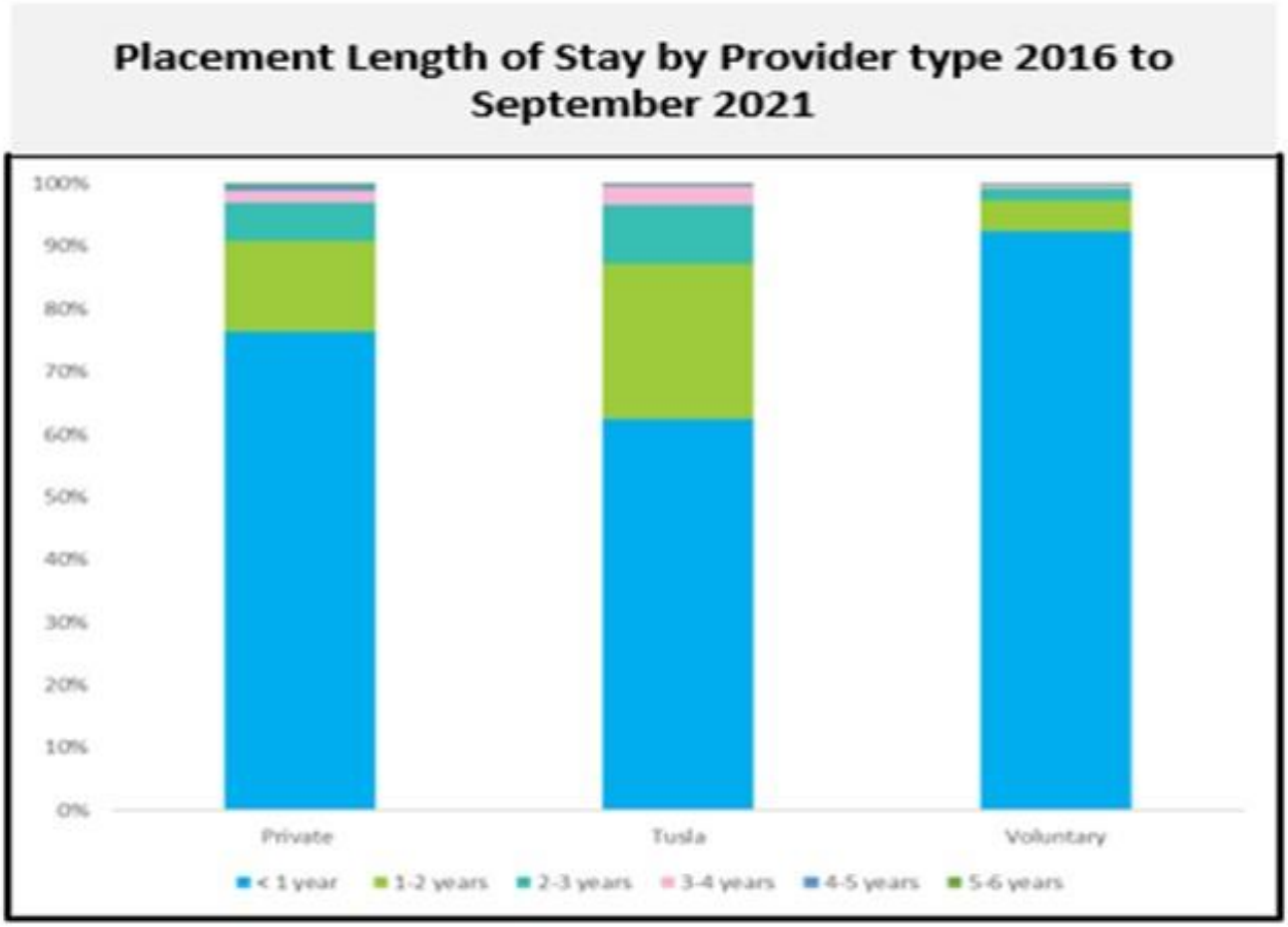
4.5 Increase in length of stay of children and young people in Residential Care:

Between 2016 and September 2021, 80% of placements were reported as under 1 year in duration, 12% were between 1 and 2 years, with the remaining 8% being over 2 years in duration. However, this does not capture the total length of time a child or young person may spend in Residential Care.

When the data is analysed from the perspective of an individual child or young person, the number of children and young people who have spent less than a year in Residential Care reduces to 63%, with 19% having spent between 1 and 2 years in care and the remainder 18% having spent over 2 years in care.

There is considerable variation in the length of stay of placements by provider type, 92% of Community & Voluntary Centre admissions have a length of stay of placements of 1 year, in contrast to 76% for Private Centres and 63% for Tusla Centres. However further data and analysis is required to determine if lengths of stay correlate to higher rates of placement breakdown, or more proactive care planning or both.

Diagram 14: Placement length of stay by provider type 2016-September 2021.



4.6 Increase in the number of non-procured Regional Bespoke Placements:

Where an appropriate placement cannot be identified in a Tusla, Voluntary or Private Residential Centre, the local Area has no option but to provide a local bespoke solution, in what is described as a 'non-procured Regional Bespoke Placement'.

The children and young people cared for in this type of arrangement are often complex in their presentation and may have had several placement breakdowns. These placements are not commissioned through the standardised tendering and procurement processes. They often consist of a physical location such as an apartment, with staff provided on site, and are not subject to the same inspection and monitoring as either a Tusla, Voluntary or formally procured Private Residential Care service.

Data on these types of placements is only available from December 2019. Since December 2019 there has been a 53% increase in the number of these placements, with an increase in all regions except the West. The South has seen the most significant increase in the use of these placements, whilst overall DML has the highest number of these type of placements.

Table 4: Number of Regional Placements by region from December 2018-September 2021.

Number of 'Regional' placements by region from December 2019 to September 2021

Region	Dec 2019	Dec 2020	Sept 2021	CAGR
DML	31	30	42	16.4%
DNE	17	25	24	18.8%
South	10	24	31	76.1%
West	14	16	13	-3.6%
Total	72	95	110	23.6%

The review of this structure is critical in the planning and co-design of Structure Part 2 of the Agency's Reform Programme. The current arrangements are concerning from a quality, cost, equity and governance perspective.

5. Analysis of Current Service Provision:

5.1 Strengths of Current Provision of Residential Care:

In Ireland, a high proportion of children are currently kept at home safely, or safely reunified home from care, which supports our vision and mission and which we know leads to better outcomes.

Where a child/young person needs to come into care as a protective measure, almost 90% are placed within a family setting, with dedicated Foster Carers meeting their needs every day. Additional supports are provided to Foster Carers if required, enhancing their capacity to sustain placements even when a child/young person has more complex needs. A high proportion of children in care have an allocated Key Worker, either a Social Worker, or another professional.

Residential Care Provision has evolved to provide a wider range of specialised services in Tusla owned, Community & Voluntary and Private Services to keep children safe from harm and seek to meet their physical, social, and emotional needs daily.

HIQA Inspections of Tusla Residential Centres in 2020/2021 indicate and we have a work force that are hard-working, dedicated and highly motivated to care for, encourage and nurture the children and young people in their care. They highlighted the issue of staff vacancies but overall found that the vast majority of children received good quality care in a safe and nurturing environment. Children and young people's rights were promoted, and their health and educational needs were being met.

It was evident that these centres were working collaboratively with social work departments and specialist services, to plan and deliver care to children, which provided them with opportunities to reach their full potential, either as children or as young adults.

5.2 Challenges in Current Provision of Residential Care:

5.2.1 Concerning Trends:

While the total number of children in care is decreasing, the total number of children entering Residential Care is increasing and the distance children are from the family/community is increasing. There has also been an increase in the number of children aged between 7-10 years requiring residential placement, with an increased risk of very young children not growing up in a family type setting and longer terms outcome being poorer.

At the other ender of the spectrum, 27% are aged 17 and older, the duration of time children/young people are spending in Residential Care is also increasing A high significantly increasing proportion of children leaving are moving into independent living where the level of informal network and connections are likely to be poor.

5.2.2 Increased Costs in Service Provision:

The cost of delivering Residential Care has increased year on year from 2015 to 2021. The cost of Private Residential Care Services has risen by 21% (increase of 15.36m). Tusla Special Care Services and Residential Care Services have also increased by 17% (increase of 2.17 million) and 25% (increase of 10.23 million) respectively.

A spending report published in 2020 (DPER Spending Review 2020 Tusla Residential Care Costs) found that Residential Care has become a significant cost demand for Tusla in recent years. This report identified two dominant trends in the provision of Residential Care, and both have had a significant impact on expenses (1) an increased number of children and young people in Residential Care and (2) an increased cost of placements.

5.2.3 Increased Reliance on Private Residential Care Services:

All stakeholders acknowledge that there has been an increased reliance on the private sector to provide both mainstream and more specialised residential care placements, including non-procured private regional placements in recent years (60% of provision currently).

This has occurred due a number of factors, i.e., lack of multi-annual budgets to enable strategic planning, inadequate investment in capital infrastructure, challenges in recruiting Social Care and Social Work Staff and a lack of specialist therapeutic residential services in the statutory sector.

This over reliance on private providers increases risk from the perspective of value for money, but also sustainability, the risk that private providers can exit the market, causing significant disruption to children and young people and leaving significant capacity gaps.

In the short term, there are also significant challenges to maintaining the existing number of Tusla Residential Centres, or marginally increasing same, in terms of:

- Requirement for on-going minor capital/availability of contractors to maintain and keep existing centres operational and compliant with HIQA standards
- Process of obtaining approval of major capital funding can lead to delays which can impede the process of purchasing properties
- Local community objections can result in failed attempts at acquiring new properties (encountered recently in Galway)
- Recruiting and retaining an appropriate workforce for each centre.

5.2.4 Insufficient supply of Residential Care Placements to meet demand Mainstream Placements

The governance and accountability for statutory placements lies with Children's Residential Services. A referral panel for the co-ordination and management of residential care placements is in place in each region, it is co-ordinated by the respective CRS Regional Managers. In two regions, Dublin Mid-Leinster and Dublin Northeast, the referral panels oversee both statutory and community & voluntary provider placements. In the South the voluntary providers oversee their own referral panels.

When seeking a mainstream residential placement for a child/young person, the allocated Social Worker refers directly to the relevant regional panel. If a statutory or voluntary placement is not available, the allocated social worker can make a referral to the National Private Placement Team. It is the responsibility of the allocated social worker to secure an appropriate alternative care placement for the child/young person.

As of 31st January 2022, there was a total of 126 children and young people nationally, who were assessed as requiring a residential care placement. Due to lack of capacity, these young people were placed on a waiting list until a suitable residential care placement is available. Separate waiting lists are in place for residential care placements by provider type; that is statutory, voluntary & community and private residential care services.

Of the children and young people on the waiting lists, in January 2022, 24 were on the waiting list for statutory, community services in the Dublin Midlands Region, 22 were on a waiting list for statutory, community services in Dublin Northeast and 80 from across the country were awaiting a placement in a private residential care service.

5.2.5 Increase in demand for Emergency Placements:

At times, children and young people may require an emergency placement, which is normally sourced through the National Out of Hours Service. The primary response from the Agency where possible, is to place the child or young person with other family/friends or, facilitating the child or young person to return home through mediating between parties where a breakdown in family relations has occurred. However, in some cases this is not possible, and the child or young person will require an emergency foster care or residential placement.

There are currently 26 Emergency Care Beds, 6 are provided by Private Providers and the remaining 20 are provided by Community & Voluntary Providers. Throughout 2021, all 26 Emergency Beds were filled each night and there was inadequate capacity to meet demand.

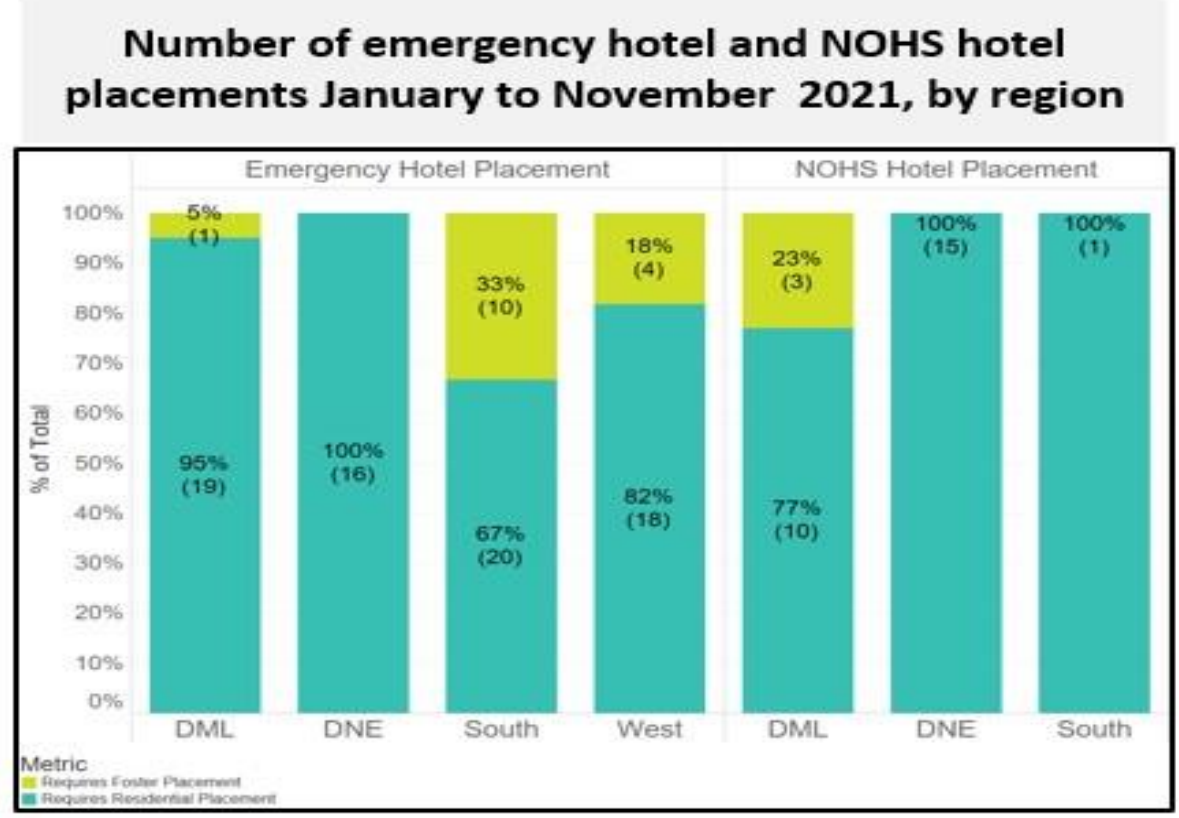
Unfortunately, this resulted in children and young people being placed and cared for in hotel rooms, or holiday accommodation with staff on-site to provide care and support.

Securing these placements and the staff required to safely support them is extremely challenging and time consuming for social workers. In 2021, a governance framework was developed to promote consistency in sourcing of these placements and the governance of same.

The average length of stay in emergency placements should ideally be no longer than 7-14 days, with a maximum number of 21 days. Although data is not readily available at a national level, it is acknowledged that children and young people spend considerably longer periods of time in emergency placements. This is due to challenges in both finding an appropriate placement and ensuring proactive, timely planning for more permanent placements occurs.

The number of children and young people in hotel or holiday home type arrangements varies daily, and by region. From January to November 2021 there were 117 placements of children and young people in emergency hotel accommodation (excluding Separated Children Seeking International Protection).

Diagram 15: The number of emergency hotel and NOHS hotel placements, January - November 2021 by region.



It is not possible to determine how many children and young people these placements relate to as the same child or young person could have been placed in a hotel by the National Out of Hours Service and then transferred over to the regions to continue their stay in the hotel, hence the same child or young person could be captured twice in the available dataset.

The South and Dublin Mid-Leinster Area have the highest reliance on hotel placements. 15% of children and young people were placed in emergency hotel accommodation due to lack of an available foster/residential care placement. There has been an increasing trend in the monthly requirement for emergency hotel placements since January 2021.

For both Regional and National Out of Hours Emergency Hotel Placements, 72%, of placements were for young people aged 15 to 17 years. However, the National Out of Hours Service had to place 2 children aged <4 years in hotel accommodation between January to November 2021.

5.2.6 Insufficient Respite Placements:

Nationally, there are currently 5 Respite Units, each unit has 4 beds with a total national capacity of 20 beds.

Respite Services are used as a crisis intervention service to either; (1) prevent the breakdown of existing placements or; (2) prevent the need for children and young people to come into care. Currently, we are unable to provide Respite Services as a temporary break for families or Foster Carers prior to crisis escalation, or, as a preventative measure to support families and help reduce the risk of them becoming overwhelmed.

At present there is inadequate capacity to provide traditional Respite services as a break for families, however local arrangements are made on a case-by-case basis to try address this need either through access to other social care services or Respite with Foster Care families.

Across regions there is variability in the way in which data for Respite Services is collected and waiting lists are managed. Therefore, there is no standardised national approach to data collection, waiting list management and outcome measurement.

5.2.7 Residential Placements for Young People at 18:

In September 2021, there were 138 Residential Care beds occupied by young people aged 17 – 21 years, 24 of whom were over 18 years and still in Residential Care. This is due to several factors including the lack of availability of age-appropriate placements and inadequate proactive permanency planning. Although every individual circumstance is unique there are instances where young people could have transitioned sooner to independent /semi-independent living arrangements if alternative options were available, creating capacity for children/young people in need of a placement. Staff have highlighted the need to '*offer accommodation within the community that a young person can transition to while completing education and/or be able to come back to Residential Care for weekends or holidays where the residential team could still support them while they are also learning the skills for independence in a supported environment.*'

5.2.8 Increase in complexity of children and young people requiring Residential Placement:

There is a growing trend reported in the number of children and young people with complex presentations such as disability, mental health issues or those involved with the criminal justice system. As stated during a workshop; '*Children and young people are presenting with more challenging and complex behaviours with difficulty establishing relationships and engaging in high-risk situations*.

The profile of children/young people that have entered Residential Care from home or, Foster Care, describes young people with complex harmful behaviours arising from early life trauma that require active, ongoing, and collaborative safety planning with everyone naturally connected to the young person. Residential care is often seen as the place where the child is placed to be 'fixed' or 'secured'.

The data clearly indicates that a high proportion of these placements break down, there are significant levels of children missing or absent, significant levels of serious incidents within the care setting and placements are being continually lengthened not always to the benefit of the child. As a result, there are many children and young people who have had multiple placements in different Residential Care centres.

As a result of children and young people's complex presentations, there is an increasing demand for single and dual occupancy placements to provide the appropriate care environment to meet the needs of these children and young people. This has a direct impact on available capacity as 4 to 6 bed centres need to be reduced to single or dual occupancy centres.

5.2.9 Inefficient & Fragmented Referral, Prioritisation, Allocation & Discharge Processes:

Currently, referrals for Residential Care are paper based, managed locally and have different referral processes to Tusla, Community & Voluntary/Private Residential Care Centres. This is inefficient, resulting in significant duplication of work for Social Workers.

Residential staff do not have access to NCCIS (National Child Care Information System), so there are no shared data platforms across services to enable information sharing and facilitate stronger integration.

If a placement cannot be allocated in a Tusla, Community & Voluntary or procured Private Provider, it is the responsibility of the child or young person's designated Social Worker to find a placement either on an emergency basis in a hotel/holiday rental etc.

These placements are commissioned outside of the formal tendering process for private placements, are not monitored, inspected, or regulated in line with Tusla, Community & Voluntary or Private Placements and are significantly more expensive.

Stakeholders have identified the need to rebalance the relationship and expectations between Community and Residential Services through better integration at all levels of the agency.

In relation to discharge from a Residential Centre, if a child or young person's placement in a Private Centre breaks down, the Residential Centre should discharge that child in line with their contractual obligations.

However, there is evidence of discharges occurring outside of contractual obligation e.g., in 2021, there were 40 unplanned discharges from private providers where less than 2 weeks' notice was given.

If an alternative placement is not identified, it is the responsibility of the allocated Social Worker in the community to secure a placement for the child or young person.

As such, there is not an integrated referral pathway, or a collective and shared responsibility for securing appropriate safe placements for all children and young people that require a residential placement.

5.2.10 Inadequate access to Therapeutic Services:

One of the key challenges expressed by staff in all regions was the limited access to therapies for both assessment and intervention such as speech and language therapy, psychology, and occupational therapy. It is widely acknowledged that multidisciplinary assessments at the point of admission to care provides key information to inform care planning and services for children/young people.

The 'Joint Protocol for Interagency Collaboration between the Health Service Executive and Tusla- Child and Family Agency to Promote the Best Interests of Children and Families' sets out the respective roles, duties and legal requirements of the HSE and Tusla in relation to children and young people with a disability and/or mental health issues and accessing services from both Agencies.

The protocol states that where children and young people in care or children and young people known to Child Protection Services that need Disability Services or Child and Adolescent Mental Health Services (CAMHS), they will be appropriately prioritised having regard to clinical need, and additional vulnerability status.

However, despite the protocol being in place, staff report consistent challenges accessing services with long waiting lists. In addition, children and young people with significant mental health issues who do not meet the criteria for accessing CAMHS services, fall outside of the protocol and Tusla staff struggle to find the appropriate therapeutic services to meet their needs.

The Tusla Assessment Consultation Therapy Service (ACTS) is a small specialised national clinical service that provides multidisciplinary consultation, assessment and focused interventions to young people who have high risk behaviours associated with complex clinical needs. This service is primarily focussed on working with children and young people in or at risk of entering special care or detention and is not available across the full spectrum of Residential Care.

Therapeutic intervention directly with the child are essential but only when the child is more stable and secure and where we have a strong network or formal and informal people around the young person who are also being supported. Trauma informed care staff and trauma informed models of residential care can support carers and children to achieve greater stability and enhance relationship building, however, this is not a consistent approach/model in current residential care.

5.2.11 Inadequate Permanency Planning:

Children and young people, especially those aged 14-15 years, are spending longer periods of time in Residential Care due to challenges in permanency planning and the lack of Foster Care placements.

It is evident from the data available, including the HIQA inspections reports, that children and young people in Residential Care have a care plan in place. However, there are indications that care planning should be more integrated and robust, with a significant focus on permanency planning i.e., to plan for the child or young person to transition to a family environment, either back to their own family, after appropriate support and intervention is provided to the families to enable safe re-unification, or to a Foster Care placement.

For most children/young people residential placements should be seen as a short-term intervention and proactive permanency planning is needed to ensure no child or young person spends longer than is needed, based on their care needs.

5.2.12 Lack of real-time visibility of occupancy and available capacity in Residential Care Centres:

Data on occupancy levels, available beds and waiting list are collated by the Children's Residential Services on the 10th date of each month based on the previous month's data.

This information is not live, or, collated on a daily or weekly basis to inform decision making. There are no defined Key Performance Indicators (KPIs) on targets for bed occupancy and waiting lists. Therefore, there is no 'real time' visibility or performance measurements of capacity and demand to help inform and plan decision making around placements.

According to the Residential Care Providers Metrics Definitions, where a bed is allocated to a named child or young person, but the child or young person may not be formally admitted or discharged from the unit the bed is deemed as on hold and not available to another child or young person. As of September 2021, 13% of the total available bed capacity was on hold.

5.2.13 Inconsistent Models of Care across Provider Type:

In 2019, Tusla adopted the 'Well Tree Outcomes Framework' in all Tusla statutory Residential Centres. This model of care has six key outcomes for children and young people (1) active and healthy, physical, and mental wellbeing, (2) achieving full potential in all areas of learning and development, (3) safe and nurtured, (4) economic opportunity and life skills, (5) connected, respected, and contributing to their world and (5) hope goal setting and planning for the future.

Staff broadly support that the framework has worked well in Tusla settings. However, the framework is not uniformly implemented in Private and Voluntary Centres and currently there is not an agreed, standardised model of care in all Residential Care Centres.

5.2.14 Variation in external regulation of Residential Care Centres:

HIQA is authorised by the Minister for Children, Equality, Disability, Integration and Youth under Section 69 of the Child Care Act, 1991, as amended by Section 26 of the Child Care (Amendment) Act 2011, to inspect children and young people's Residential Care services provided by the Child and Family Agency (Tusla). HIQA monitors Tusla's performance against the National Standards for Children's Residential Centres and reports on its findings to the Minister.

Community & Voluntary and Private Sector Centres are not inspected HIQA, but by the Tusla Alternative Care Inspection & Monitoring Service (ACIMS). There is a shared view, between all internal and external stakeholders that the same external regulation that applies to the Tusla Residential Care Centres should apply across the Private and Community & Voluntary Residential Care Centres.

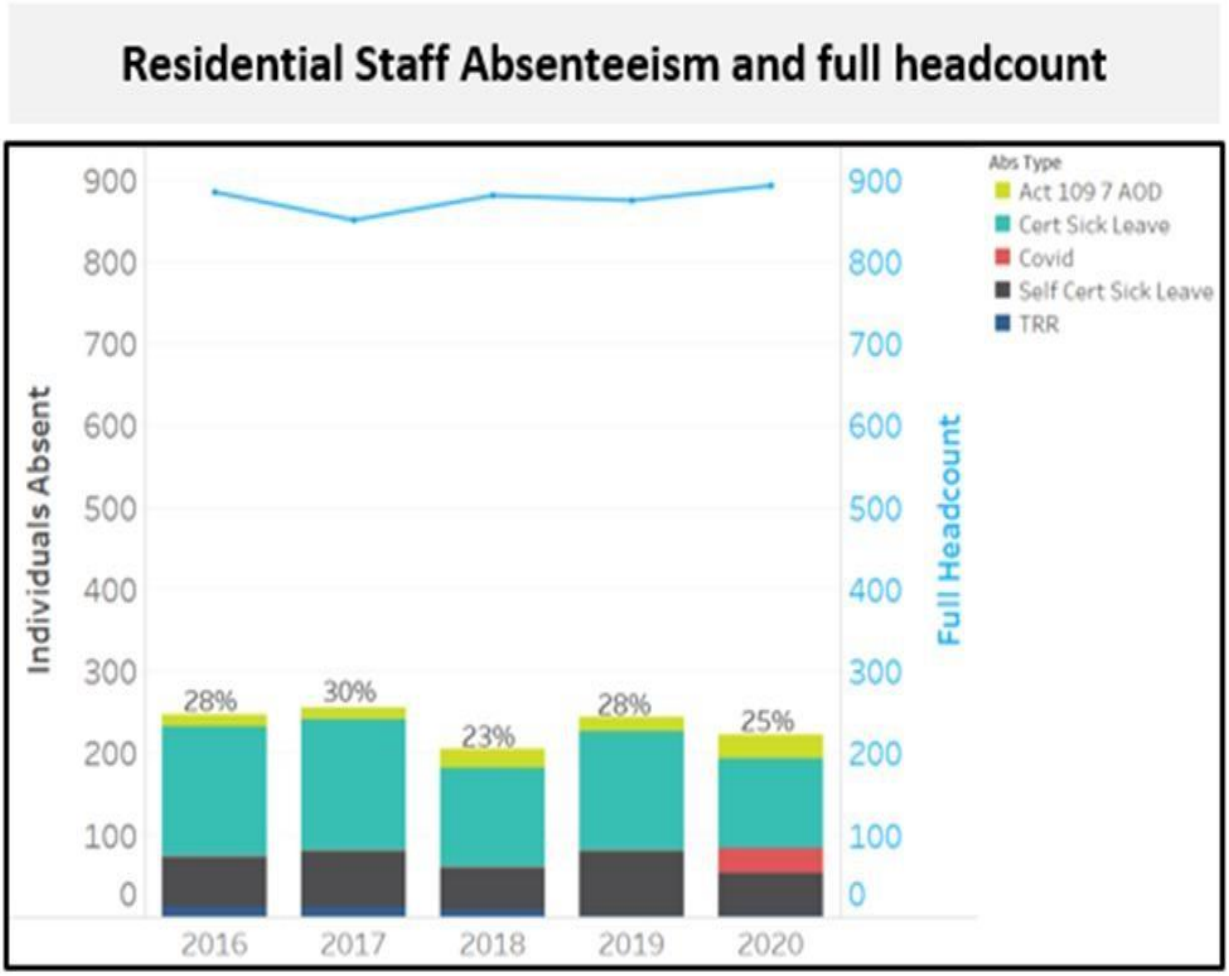
5.2.15 Staff Recruitment & Retention:

It is widely acknowledged that staff working to support children and young people in Residential Care have an extremely challenging and critical role, working with the most vulnerable children and young people, many of whom have complex care needs, traumatic backgrounds and challenging and sometimes aggressive behaviour.

Staff can be exposed to occupational hazards, in particular violence, harassment, and aggression in the workplace. In 2021, there were 1038 incidence reports of Violence, Harassment and Aggression relating to staff in Residential Care.

Retention rates in Children's Residential Services have met the target for staff retention (94.6%) outlined in the 2021-2023 Corporate plan in four of the past six years. However, the absenteeism rate for Residential Care staff has remained consistently high over the last 5 years, despite several targeted interventions.

Diagram 16: Residential staff absenteeism and full headcount.



Data was only available for the month of December in each year. On average 27% of staff in the months of December have had some form of sick leave, this represents on average approximately 10% of the total available staff hours in the months of December. No data is available for absenteeism in Community & Voluntary or Private Residential Care Services.

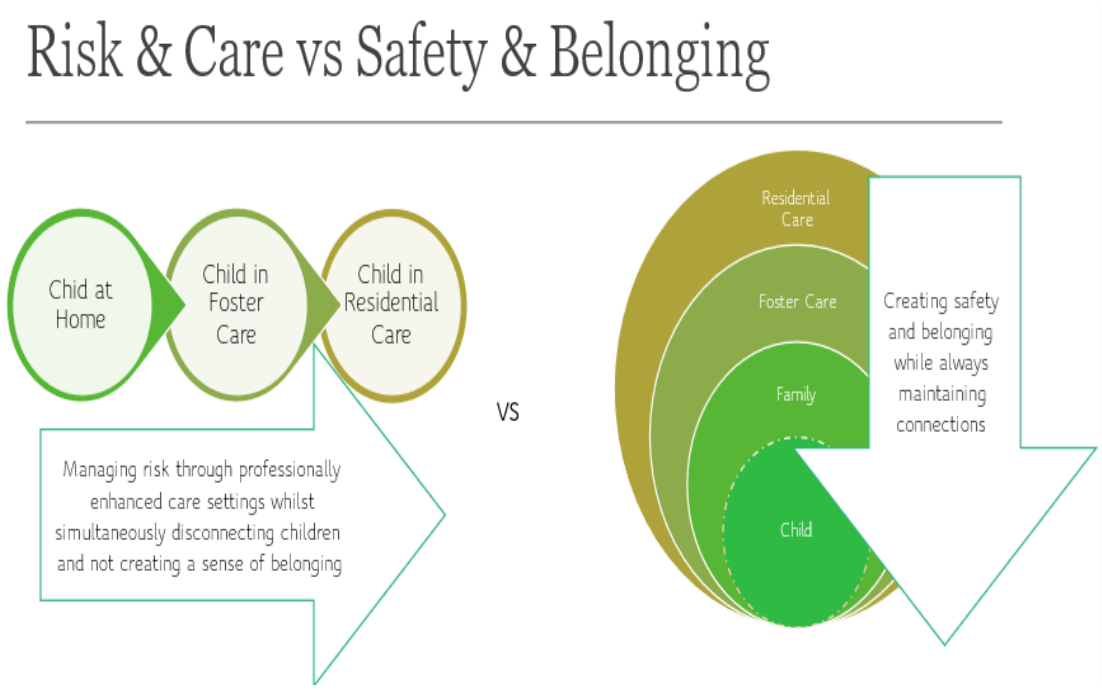
6. Future Vision for Residential Care:

As an Agency, Tusla believes that children and young people have the right to grow up in a family environment where they are loved, respected, and cared for. The Agency seeks to be a world leader in demonstrating that with the right interventions, supports and preventative actions it is possible to further decrease the need for residential placements for children and young people.

If required, Residential Care needs to provide children and young people with a safe and nurturing environment that resembles as close as possible some of the attributes of a family home or unit. It should be viewed as a short-medium term intervention service which meets the needs of an individual child or young person during a particular time and is always underpinned by robust care and future permanency planning.

As an Agency we seek to strike a better balance between managing risk, through referral to a Residential Care Service, often causing a child to be disconnected, and not maintaining a sense of belonging, but rather to always ensure that we create safety and belonging for children whilst always maintaining connections.

Diagram 17: Tusla Approach Risk management and Care versus Safety and Belonging.

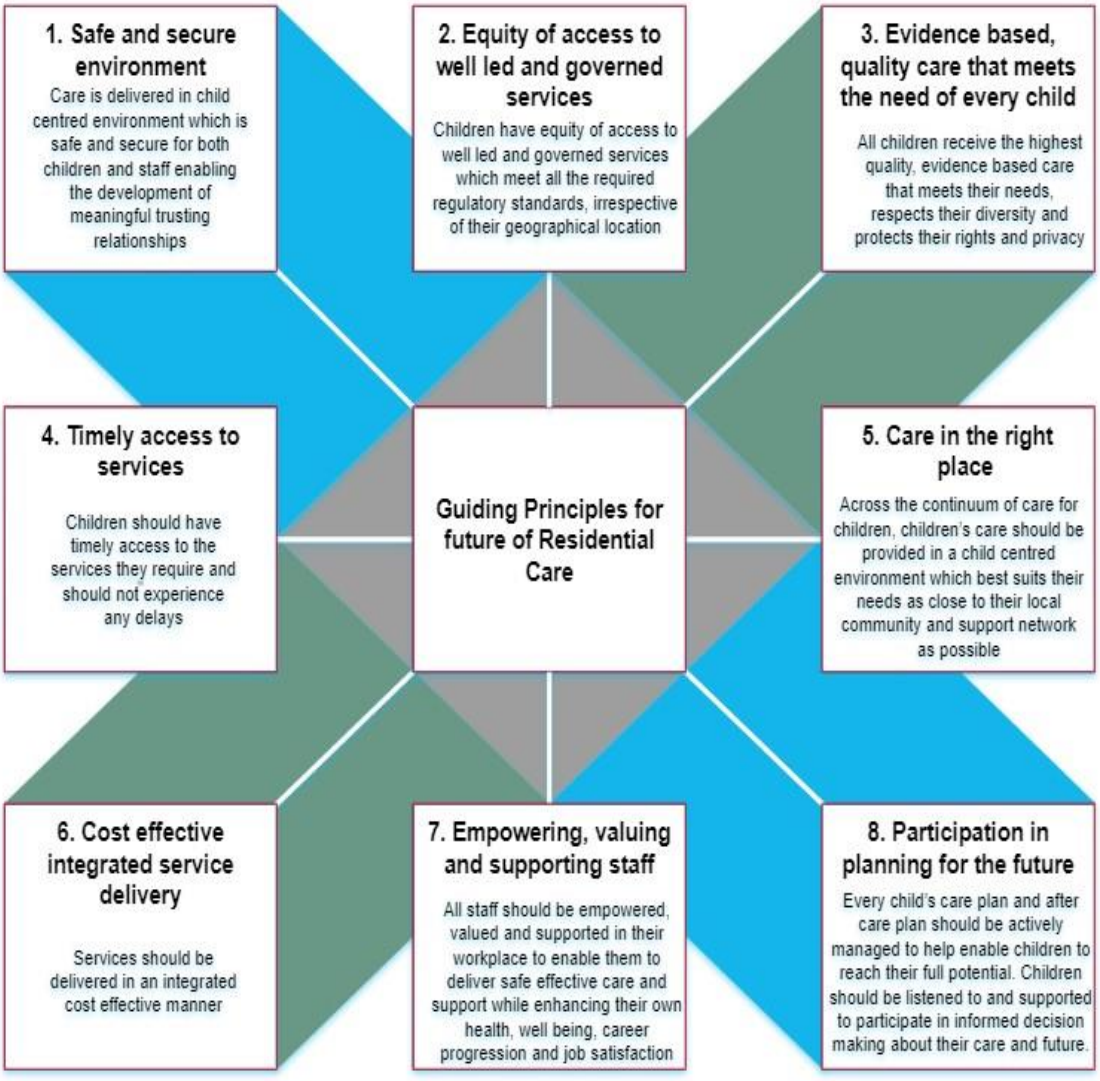


The current model of Residential Care, including the expansion of Private Residential Care is not designed to effectively provide the best local support to children and their families. The first day in Residential Care should be the first day of the plan to get the child to transition to a family structure, either parents, extended family, or foster/adoptive family, thus enabling every child to grow and flourish in the safety of a family environment and experience the sense of belonging that comes with being part of a family.

6.1 Guiding Principles for the future of Residential Care:

The following Guiding Principles for the future of Residential Care Services, have informed the approach adopted to improve residential care services and the recommendations in this report.

Diagram 18: The Guiding Principles for the future of Residential Care Services.



7. Key Recommendations for the future of Residential Care Services:

Recommendation 1: Increase supports across the continuum of Preventative/Early Intervention and Foster Care Services to reduce the number of children/young people that require a Residential Care Placement.

For most children/young people, Residential Care should be viewed as a short-term flexible interventional service, which meets the needs of an individual child or young person for a specific period and is underpinned by permanency planning.

Reducing the number of children and young people requiring Residential Care placements necessitates an enhancement of all supports and interventions across the continuum of care needs. This includes enhancing preventative and early intervention services, sustaining & increasing number of Foster Care placements, promoting permanency planning (reunification or adoption) and providing alternative shared care arrangements to reduce the amount of time a child or young person may need to spend in Residential Care.

1.1: Implement all relevant actions in Business Plan 2022 & Corporate Plan 2021-2024 (Q1-Q4 2022).

1.2: Increase 2022 Budget for Tusla commissioned Preventative and Early Intervention services by 4% (Q1 2022).

1.3: Enhance our current response to children/young people categorised as low harm/high need, through a focused review of current responses in 5 identified areas and the recruitment of a diversly skilled team to provide a sustainable response (Q2 2022).

1.4: Design a model for a shared care approach with Families/ Foster Carers to reduce the time a child or young person spends in Residential Care, supporting the child/young person to spend increasing time at home/ Foster Care to gradually transition out of Residential Care (Q3 2022).

1.5: Pilot the introduction of a Regional Outreach Team to provide support to Families/Foster Carers when placements are at risk of breakdown (Q4 2022).

1.6: Review Tusla National Cost Benefit Analysis of Creative Community Alternatives to assess learning and inform decision making for further investment (Q3 2022).

1.7: Develop Tusla Strategic Plan for Foster Care Services 2022-2025 to ensure Agency better recruits, supports and retains Foster Carers (Q2 2022).

Recommendation 2: Increase capacity across Tulsa & Community & Voluntary Residential Care Services, including the implementation of semi-independent living arrangements.

2.1: Increase Residential Capacity by 110 beds from 2022-2025 (Appendix 2):

2022 Residential Care Capacity:
Proposed Increase in Residential Care Beds in 2022 - 13 Beds (including 6 private beds).

- Refurbishment of Residential Care - Additional 4 Beds
- Proposed New Residential Centre(s) - Additional 9 Beds
- 4 beds -Tusla Provided
- 3 beds - Community & Voluntary Provided
- 6 beds - Private Provided
- Reduce delays in discharge from Special Care
- Total Revenue & Capital Required: €4.060m/ Total WTE Required:16

2023 Residential Care Capacity:
Proposed Increase in Residential Care Beds in 2023 - 32 Beds

- Refurbishment of Residential Care Centre - Additional 3 Beds
- Proposed New Residential Centre(s) - Additional 29 Beds
- 4 beds - Tusla Provided
- 28 beds - Community & Voluntary Provided
- Total Revenue & Capital Required: €12.950m/ Total WTE Required: 16 WTE

2024 Residential Care Capacity:
Proposed Increase in Residential Care Beds in 2024 – 35 Beds

- Refurbishment of Residential Care Centre - Additional Beds 11 Beds
- Proposed New Residential Care Centre(s) - Additional Beds 24 Beds
- 35 beds Tusla Provided
- Total Revenue & Capital Required: €24.540m/ Total WTE Required:136

2025 Residential Care Capacity:
Proposed Increase in Residential Care Beds in 2025 - 30 Beds

- Refurbishment of Residential Care Centre - Additional 2 Beds
- Proposed New Residential Care Centre(s) – Additional 28 Beds
- 30 beds Tusla Provided
- Total Revenue & Capital Required: €26.100m
- Total WTE Required:116

- **Total Additional Capacity 2022- 2025 - 110**
  (104 public, community and voluntary and 6 private beds) additional beds.
  - Grand Total WTE =284
  - Grand Total Investment = €67.650m

2.2: Agree model of care for semi-independent living for young people aged 16-18 years that are not suitable for placement in traditional Residential Care Services (Q2 2022)

2.3: Engage with Tusla Alternative Care Inspection & Monitoring Service (ACIMS) to agree approach to monitoring and inspecting these facilities (Q1 2022).

2.4: Commence the Pilot of 1 Semi-independent Living Placements in 2022 (Q4 2022)

Recommendation 3: Implement Recommendations of Special Care Task Force Report 2022.

It has been identified as part of this process that there are specific challenges in the provision of Special Care.

A Task Force was established in November 2021 to explore these challenges and make recommendations for service improvement. The Task Force Report and Recommendations will be complete in April 2022.

3.1: Implement the Recommendation of the Special Care Task Force (2022 – 2025).

Recommendation 4: Improved governance, accountability and integrated decision making for Residential Care placements (including Special Care placements).

More integrated decision making around Residential and Special Care placements should:

- Reduce delays in children and young people accessing appropriate placements in a timely manner.
- Ensure collective prioritisation of placements.
- Reduce the number of children and young people being placed in emergency hotel accommodation.
- Reduce the number of children being discharged from a Private Residential Placement outside contractual obligations.
- Maximise bed usage across Service Providers.
- Reduce delays in discharge from Special Care.

4.1: As part of Structure Part 2, serious consideration is given to explore the potential for all Residential Services (Tusla, Community and Voluntary, Private (including Emergency/Bespoke Placements) to be managed under a single governance structure and ensure better integration at National/ Regional and Area Level (Q4 2022).

4.2: Engage Business Process Consultant to support the development and implementation of a single standardised referral process for all referrals to Residential Care, regardless of provider type (Q2 2022).

4.3: Establishment of Integrated Forum (Service Director CRS, Private Placement Team Lead and 6 Regional Chief Officers) on a weekly basis to collectively prioritise and allocate residential care placement and referral to Special Care (Q1 2022).

4.4: As part of Structure Part 2, explore how Community and Residential Services can be better integrated at regional/area level (Q4 2022).

Recommendation 5: Implement a standardised, evidence-based model of care in all Residential and Special Care centres, with a specific focus on integrated care planning and permanency planning.

The development and implementation of a standardised, evidence-based model of care in all Residential and Special Care centres is required. The model should define the different levels of care to be provided in each care centre type, how care will be delivered, the staffing and skill mix requirements, including training requirements.

The model of care should specifically address our ethos that the first day in Residential Care should be the first day of the plan to get the child home to their family whether that be parents, extended family or foster/adoptive family.

5.1: Engage with all relevant stakeholders to agree Model of Care for all Residential Care Centres (Q4 2022).

Recommendation 6: Improved access to therapeutic support for children in Alternative Care**.**

Currently there is limited access to therapeutic assessment and intervention for children and young people in care, negatively impacting the Agency's ability to ensure children and young people receive the right care in the right place at the right time.

There is a need to invest in internal multidisciplinary teams for all children living in care, not just children and young people on the brink of admission to Special Care.

6.1: Design Tusla Therapeutic Framework for the provision of trauma informed therapeutic services for children and young people in care (Q3 2022).

6.2: Recruit Tusla Therapeutic Teams to provide trauma informed assessment and intervention, initially for all new children that come into care (6 Regional Teams by Q4 2022).

6.3: From 2022 – 2025, increase provision (in line with Structural Reform Part 2), to ensure there will be a Therapeutic Team in each Service Area, responsible for the provision of appropriate trauma informed therapeutic services for all children and young people in care in the Area.

6.4: Continue to engage with the HSE to ensure implementation of the 'Joint protocol for Interagency Collaboration' for those children requiring access to HSE Specialist Services (On-going)

6.5: Jointly commission with the HSE an Audit of Compliance with the Joint Protocol and Independent Review of 5 cases where compliance was not evident, to understand factors contributing to non-compliance and ensure shared learning for the future (Q2 2022).

Recommendation 7: Strengthen Recruitment of, Support to, and Retention of Residential Care Staff.

Recruitment of Residential Care Staff is challenging, particularly in Special Care. Whilst retention rates are in line with Agency Targets, there is a significant issue with absenteeism levels, largely driven by the number of incidents of violence, harassment, and aggression. There is a requirement to promote recruitment, better support, develop and train staff at all stages in their career, strengthen leadership capabilities and promote positive attendance management.

7.1 Fund additional post in HR Recruitment Team to increase capacity for recruitment of skilled workforce in Residential Services (Q1 2022).

7.2 Director of People & Change to oversee the development of a 2022 Graduate Recruitment Programme for Residential Care, including Special Care (Q2 2022).

7.3 Implement all relevant recommendations of the National Violence, Harassment & Aggression Steering Group (Q1-Q4 2022).

7.4 Initiate a robust and targeted Positive Attendance Management Programme in Residential Services (Q2 2022)

7.5 Engage with relevant stakeholders to review the staffing skill mix and staffing ratios in all Tusla, Community & Voluntary and Private Residential Care Services (Q2 2022).

7.6 Ensure the specific requirements of Residential Services will be included in the Tusla People Strategy (Q2 2022).

Recommendation 8: Promote consistent external regulation of all Residential Care Centres**.**

It is agreed by all stakeholders that all Residential Care Centres should be inspected by the same independent authority and have the requirement to meet the same standards. Therefore, Private Centres & Community & Voluntary Centres should also be inspected and monitored by HIQA

8.1 The National Director of Services & Integration will continue to seek to influence both the Department of Children, Equality, Disability, Integration and Youth and HIQA to progress the implementation of this recommendations (Q1 2022).

8.2 In the interim, the Tusla Registration & Inspection Unit will strengthen their monitoring and inspection regime in accordance with the regulatory framework against which inspections are carried out and the criteria against which centres' structures and care practices are examined (The Child Care (Standards in Children's Residential Centres) Regulations, 1996) (Q1 2022)

Recommendation 9: Promote longitudinal research and follow-up of children and young adults discharged from Residential and Special Care to inform evidence based future care planning and provision.

The Department of Children, Equality, Disability, Youth & Integration have recently announced their commitment to conduct longitudinal research into outcomes for children and young people in care. This project is the largest research and data project into Ireland's Care System, an extensive overview of the experience of children in care and their long-term outcomes.

9.1 Continue to work in partnership with the Department of Children, Equality, Disability, Youth & Integration to scope, advance and progress, the recently announced longitudinal research into outcomes for children and young people in care (Q1 2022) and progress any recommendations within defined timelines.

Recommendation 10. Develop and implement cross agency Tusla initiatives to support the participation and retention of children and young people in Residential Care in education.

Holding statutory responsibility for both children in care and school attendance, Tusla has a particular opportunity to support the participation and retention of children in care in education.

10.1: Develop a proposal to Department of Education for a dedicated Educational Welfare Officer for Children in Residential Care (Q3 2022).

10.2: Implement a pilot iScoil (on-line learning) programme for 5 young people in residential care who are out of mainstream education. (Q3 2022)

10.3: Complete Scoping exercise on integrating Tusla's data across Alternative Care and TESS (Tusla Education Support Service) (Q2 2022).

10.4: In partnership with children and young people, develop standardised information about the educational needs and experiences of children in alternative care. This information will be shared with education partners and providers via their newsletters/magazines/websites. (Q4 2022).

Recommendation 11. Improve data collection, validation, monitoring and reporting on key metrics in Residential and Special Care.

There is evidence of inconsistency and variation in data collection for residential services in the Agency. There is duplication in effort and discrepancies in the reporting of data by different directorates.

In addition, key data on Emergency and Respite data is not routinely collated nationally. At present, it is not possible to map the journey of an individual child or young person in Alternative Care. Therefore, there are missed opportunities to use the data to inform care planning and delivery.

There is an urgent need to dramatically improve consistency and timeliness of data collection, including data validation, monitoring and reporting on key metrics in Residential and Special Care.

11.1: Engage with Director of Quality & Regulation and Chief Information Officer to design and implement a live dashboard of real time placements (occupancy levels, expected discharge dates and vacancies) to inform capacity and demand planning (Q3 2022).

11.2: Agree the collation of key data points and performance targets and the process for validation, monitoring and reporting (Q4 2022).

Key data measurements should include:

- Number of admissions and reason for admission.
- Waiting Lists for all Residential Placements.
- Number of placement breakdowns and reason for breakdown.
- Geographic distance of placements from a child or young person's home and community.
- Length of stay in Residential Care.

Recommendation 12. Develop and implement integrated ICT systems and infrastructure across Children's Residential Services.

12.1: Upgrade all Residential Care Centres and support offices to high quality network connectivity and complete a technology refresh programme to upgrade all ICT devices used by staff such as laptops, phones and printers (Q4 2022). Special Care locations-prioritised/ completed in 2023 (Q4 2023).

12.2: Extend the Tusla Portal to enable residential care centres to submit Significant Event Notifications online (Q2 2023).

12.3: Implement a form on the proposed new Tusla Case Management System (NCCIS2) to enable Social Workers to submit referrals electronically to Residential Care services (Q4 2023)

12.4: Implement the Tusla Case Management System (TCM) to digitise the recording of all case notes and forms in Residential Care Centres. The first release will be implemented by Q4 2022 covering the daily log forms. The system will be extended throughout 2023 with the aim of having all case file record keeping digitised (Q4 2023).

12.5: Establish a Centre Management ICT software solution to enable the capturing and reporting of all data pertaining to the centre inclusive of centre characteristics and staffing professional biographical details (Q4 2023)

12.6: Establishment of a File Share solution enabling the storage, management and access to the files and documents of staff within residential services (Q4 2023).

Appendix 1

Types of Residential Care Services

Mainstream Residential Care Services

Mainstream Residential Centres are a mix of domestic homes in housing estates, in villages, towns and cities, and occasionally in rural areas. The centres typically have between 2 to 6 children or young people. The children or young people attend local schools and take part in local sporting and community activities. Children and young people in Residential Care require a high level of supervision and professional caregiving. Each young person is allocated a key worker and friends and family are free to visit in line with the child/young person's care plan.

Specialised Residential Care Services:

Separated Children Seeking International Protection (SCSIP): Unaccompanied Minors who present themselves at ports of entry into Ireland are taken into the care of Tusla, some are immediately reunified with family members. The service provided to these children and young people is demand-led. Between 2016 and 2018, 274 such young people were received into the care of Tusla. Most children and young people taken into care at ports of entry are placed initially in an intake residential unit before moving on to Foster Care, however some are placed in long term Residential Care, dependent on their assessed needs. Residential services for separated children are provided by Tusla and also by private and voluntary services. As of 31st January 2022, there were 50 children who are described as SCSIP being cared for in a residential care service. There are currently 95 SCSIP in care and over 150 in receipt of aftercare services, including 63 active family reunification cases.

Irish Refugee Protection Programme: Tusla works alongside the IRPP to relocate children and young people from refugee camps in Europe. This is now overseen by the European Commission by way of Standard Operating Procedures. In 2018 Ireland committed to accepting 36 such young people from refugee camps in Greece. On arrival these young people are placed in intake residential units before being moved to longer term placements either in group homes or with families. In 2021 Ireland fulfilled its commitment to relocating 36 SCSIP, an additional baby was also relocated for adoption by a Tusla dual-approved foster/adoptive carers.

Emergency Short-term Placements: (Eight days) are used when there has been (1) a breakdown in the family home or foster care placement (2) Gardai have invoked a Section 12 Care Order (3) the young person is experiencing homelessness (4) there has been a place of safety/social hospital admission or (5) when unaccompanied minors first arrive in Ireland.

Respite: is a short-term measure whereby a child or young person, in response to an identified risk of placement breakdown or children and young people at risk of coming into care, is placed in a respite centre away from their identified placement or home for a defined period of time. Following a period of respite, they return to their identified placement or home.

Enhanced Services: Residential Care Services that offer integrated psychological, therapeutic, and educational supports.

Other: Children and young people in supported lodgings, at home under a care order, in a detention school/centre, or other residential centres (e.g., disability unit or drug and alcohol rehabilitation centre).

Specialised services within mainstream continued

Children from other jurisdictions: Under the Hague convention (1996) there are children from Northern Ireland in residential care in the Republic. As of September 2021, there were 14 children from other jurisdictions in residential care across the republic of Ireland. In addition, there are eight children (5 from England and 3 from Northern Ireland) in foster care placements in the Republic.

Non-procured Regional Placements: Non-procured Regional Placements are private residential placements procured outside of the Children's Residential Centres (CRS) governance structures.

Most of these placements relate to children and young people with significantly complex needs e.g., behavioural, mental health issues, substance abuse, or engagement with criminal justice system. When a suitable placement is not available through CRS or the National Private Placement Team (NPPT).

Family Placements: Residential placements for young parents.

Children's Placements: Residential placements for children aged 12 and under with significant needs.

Preparation for Leaving Care: Residential placements for young people preparing to leave care.

Sexualised Behaviour Unit: For young males who have harmful sexual behaviour. This programme is run jointly with NIAPP (National Inter-Agency Prevention Programme).

Special care

Special Care units are secure, residential facilities for children and young people in care aged between 11 and 17 years. They are detained under a High Court care order for a short-term period of stabilisation when their behaviour poses a real and substantial risk of harm to their life, health, safety, development, or welfare.

Children and young people reside in a Special Care unit where placement in such a unit is considered necessary for their care and welfare. The Child Care (Amendment) Act 2011 establishes Special Care on a statutory basis and defines special care as the provision of care to a child or young person which addresses (1) his or her behaviour and the risk of harm it poses to his or her life, (2) health, safety, development, or welfare and (3) his or her care requirements and includes medical and psychiatric assessment, examination and treatment and educational supervision.

Appendix 2

Capacity and investment plan for Residential Care Services; presented by region (pgs. 50-56).

Increasing Capacity of Residential Care Services across the West North West Region								
Service area/ type		**Total bed capacity by service**	**Status of Property**	**Tusla staffing requirements (WTE)**	**Funding**	**Timeline**	**Risk and dependency**	**Increase in capacity / additional beds**
Galway /Roscommon	New mainstream Statutory Residential Service.	4	Sale agreed.	Full staff team of 16 WTEs required.	€1.5m (Staffing & Operating Costs) + €1.0m capital.	Q1 2024	Ability to close the sale of the property and seek funding for recruiting staff.	4
Location to be determined	New mainstream Statutory Residential Service.	4	Building to be acquired.	Full staff team of 16 WTEs required.	€1.5m (Staffing & Operating Costs) + €1.3m capital.	Q3 2025	Funding for the purchase of a building and staffing to be sourced.	4
Galway /Roscommon	New mainstream Respite Service.	4	Building to be acquired.	Full staff team of 16 WTEs required.	€1.5m (Staffing & Operating Costs) + €1.3m capital.	Q4 2024	Funding for the purchase of a building and staffing to be sourced.	4
Location to be determined	New Preparation for independent living apartments C&V* Services.	3	Community & Voluntary Sector.	Staff provided by the C&V sector.	€0.810m.	Q3 2023	Funding to be sourced.	3
Total funding required, = €8.910m ***Community and Voluntary**						**Q2 2023– Q3 2025**	**Number of beds increased 15**	

Increasing Capacity of Residential Care Services across the Mid West Region								
Service area/ type		**Total bed capacity by service**	**Status of Property**	**Tusla staffing requirements (WTE)**	**Funding**	**Timeline**	**Risk and dependency**	**Increase in capacity / additional beds**
Limerick	New mainstream statutory transition unit.	4	Building to be acquired.	Full staff team of 16 WTEs required.	Full Year Cost €1.5m (staffing and operating costs) €1.300m CAP.	Q4 2024	Funding for the purchase of a building and staffing to be sourced.	4
Location in Mid West to be determined	New Preparation for independent living apartments C&V* Services.	3	Community and Voluntary Sector.	Staff provided by the C&V* sector.	€0.810m.	Q3 2023	Funding to be sourced.	3
Limerick	New mainstream Statutory Residential Service.	4	Building to be acquired.	Full staff team of 16 WTEs required.	Full Year Cost €1.5m (€0.375m secured in 2022) + €1.3m capital.	Q3 2025	Funding for the purchase of a building and staffing to be sourced.	4
Limerick-Quilty	Step-down Special Care (to be repurposed as a respite service long-term.	4	Refurbishment of existing property.	Full staff team of 16 WTEs required.	€1.5m (Staffing and Operating Costs) + €250k Capital.	Q4 2022	Funding secured. Relocating SW staff and occupants from Limerick to Quilty.	4
Limerick St. Oliver's	Mainstream Residential Care.	3	Refurbishment of existing property.	Full staff team of 16 WTEs required.	€1.5m (Staffing and Operating Costs) + €500k Capital.	Q3 2023	Funding for the purchase of a building and staffing to be sourced.	3
Coovagh House Limerick	Special Care.	6	Major refurbishment and rebuild of existing property.	4 WTEs required.	€0.300m (Staffing & Operating Costs) + €5m Capital cost.	Q4 2025	Funding and planning permission required.	2
Total funding required in Mid-West Region = €15.450m *** Community and Voluntary**						**Q2 2023– Q3 2025**	**Number of beds increased=20**	

Increasing Capacity of Residential Care Services across the South East Region								
Region **Service or area**	**Service type**	**Total bed capacity by service**	**Status of Property**	**Tusla staffing requirements (WTE)**	**Funding**	**Timeline**	**Risk and dependency**	**Increase in capacity / additional beds**
Location to be determined in the Region	New Preparation for independent living apartments C&V* Services.	3	Community and Voluntary Sector.	Staff provided by the C&V* sector.	€0.810m.	Q3 2023	Funding to be sourced.	3
Location to be determined in the Region	New mainstream Statutory Residential Service.	4	Building to be acquired.	Full staff team of 16 WTEs required.	€1.5m (Staffing and Operating Costs + €1.3m capital.	Q3 2025	Funding for the purchase of a building and staff to be sourced.	4
Kilkenny	Refurbishment of mainstream Statutory Residential Service.	4	Building needs to be sourced and renovated.	Staff team already in situ.	No revenue cost. €1.3m capital cost.	Q2 2024	Capital costs required.	0
Bansha, Tipperary	New Mainstream Statutory Residential Service.	4	Funding for the purchase of a building and staff to be sourced.	Staff already in situ.	€1.0m capital.	Q1 2024	Funding for the purchase of a building and staff to be sourced.	0
Clonmel, Tipperary	Refurbishment of vacant mainstream Statutory Residential Respite Service.	4	Building to be refurbished.	11 staff required.	€1.1m (Staffing & Operating Costs) + €800k capital cost.	Q4 2024	Capital cost required. Recruitment and refurbishment timeline.	4
Wexford	Mainstream Statutory Residential Respite Service.	4	Minor renovations.	3 additional staff required.	€0.190m (Staffing Operating Costs) + €350k Capital.	Q1 2024	Engagements with unions to implement 7-day roster (from 5-day).	2
Total funding required for the South East Region= €8.350m *Community and Voluntary						**Q2 2023– Q3 2025**	**Number of beds increased**	

Increasing Capacity of Residential Care Services across the South West Region								
Service or area	**Service type**	**Total bed capacity by service**	**Status of Property**	**Tusla staffing requirements (WTE)**	**Funding**	**Timeline**	**Risk and dependency**	**Increase in capacity / additional beds**
Location to be determined	New mainstream Statutory Residential Service.	4	Building to be acquired.	Full staff team of 16 WTEs required.	€1.5m (Staffing and Operating Costs + €1.3m Capital.	Q3 2025	Funding for the purchase of a building and staff to be sourced.	4
Location to be determined	New Preparation for independent living apartments C&V* services.	3	Community and Voluntary Sector.	Staff provided by the C&V* sector.	€0.810m.	Q3 2023	Funding to be sourced.	3
Tralee	Mainstream Statutory Residential Service.	4	New purchase required to replace an unacceptable building.	Staff team already in situ.	No revenue cost €1.1m Capital.	Q4 2023	Capital funding required. Ability to source a suitable property.	Addition of 1 bed
Tusla Property Relocation of service to Castletown Roache	Mainstream Statutory Residential Service.	4	Building to be refurbished.	Staff team already in situ.	No revenue cost. €1.0m Capital.	Q2 2023	Refurbishment timeline.	0
Tralee premises to refurbish	Refurbishment of an existing mainstream into semi-independent living statutory service.	2	Refurbishment of existing property and convert to semi-independent living.	Full staff team of 10 WTEs required.	€0.850m (Staffing & Operating Costs) + €500k Capital cost.	Q3 2024	Completing renovation in time and sourcing capital costs.	2
Cork	Refurbishment of an existing mainstream Statutory Residential Respite Service.	4	Renovation to replace an unacceptable building.	Staff in place.	No revenue cost. €500k Capital cost.	Q1 2023	Completing renovation in time and sourcing capital costs.	0
South West **Total funding required: = €7.560m** ***Community and Voluntary**						**Q3 2025**	**Number of beds increased 10**	

Increasing Capacity of Residential Care Services across the Dublin Mid Leinster Region								
Service or area	**Service type**	**Total bed capacity by service**	**Status of Property**	**Tusla staffing requirements (WTE)**	**Funding**	**Timeline**	**Risk and dependency**	**Increase in capacity / additional beds**
Location to be determined within the region	New mainstream Statutory Residential Service.	4	Building to be acquired.	Full staff team of 16 WTEs required.	€1.5m (Staffing and Operating Costs) + €1.3m capital.	Q3 2025	Funding for the purchase of a building and staff to be sourced.	4
Location to be determined within the region	New mainstream Statutory Residential Service.	4	Building to be acquired.	Full staff team of 16 WTEs required.	€1.5m (Staffing and Operating Costs) + €1.3m capital.	Q2 2024	Funding for the purchase of a building and staff to be sourced.	4
Kildare/Wicklow	New mainstream Statutory Residential Service-Respite.	4	New Build on Tusla Site.	Full staff team of 16 WTEs required.	Full Year Cost €1.5m (Staffing and Operating Costs) €0.375m secured in 2022 + €1.5m capital.	Q2 2025	Capital costs, planning permission and building works required.	4
Location to be determined within the region	New mainstream Statutory Residential Service.	4	Building to be identified and purchased.	Full staff team of 16 WTEs required.	€1.5m (Staffing and Operating Costs) €1.1m Capital.	Q2 2024	Capital costs required.	4
Private facility	SCSIP.	6	In operation.	N/A	€1.5m.	In operation Q1 2022	Staffing to be sourced.	6
Location to be determined within the region	New Preparation for independent living apartments, C&V* Services.	3	Community and Voluntary Sector.	Staff provided by the C&V sector.	€0.810m.	Q4 2022	Funding to be sourced.	3
Lucan	Step down Special Care.	3	Refurbishment of existing property.	Full staff team of 16 WTEs required.	Full Year Cost €1.5m (Staffing and Operating Costs) €1.125m secured in 2022 + €750k capital.	Q4 2024	Capital costs for refurbishment required Relocate existing ACTS teams from	3

							SC building and recruitment of new staff.	
Longford/Westmeath	Mainstream Statutory Residential Service.	4	Refurbishment of existing property.	Staff already in place.	No revenue cost €600k Capital.	Q3 2025	This initiative is dependent upon the purchasing of additional property and Renovation of Auburn Lodge.	0
Dublin Mid Leinster Dublin Voluntary Centre	Existing Covid isolation centre to be repurposed.	3	Covid isolation centre to be repurposed once possible to short-term emergency.	Staff provided by voluntary service.	€1.3 m funding.	Q2 2023	Additional funding required and Covid restrictions lifted.	3
Dublin Mid Leinster **Total funding required = €17.660m** ***Community and Voluntary**						**Q4 2022 – Q3 2025**	**Number of beds increased** **31**	

Increasing Capacity of Residential Care Services across the Dublin North East Region								
Region Service or area	**Service type**	**Total bed capacity by service**	**Status of Property**	**Tusla staffing requirements (WTE)**	**Funding**	**Timeline**	**Risk and dependency**	**Increase in capacity / additional beds**
Location to be determined	Separated Children Seeking International Protection C&V*.	6	Building to be acquired.	N/A	€1.5m Revenue.	Q1 2023	Staffing to be redeployed to another service.	6
Swords	New mainstream Statutory Residential Respite Service.	4	New build on an existing site.	Full staff team of 16 staff to be recruited.	€1.5m (Staffing and Operating Costs). €1.7m capital.	Q4 2025	Planning, building and team to be put in place.	4
Location to be determined	New Preparation for independent living apartments C&V* Services.	3	Community and Voluntary Sector.	Staff provided by the C&V sector.	€0.810m.	Q3 2023	Funding to be sourced.	3
Cavan Monaghan	New mainstream Statutory Residential Service.	4	Building to be acquired.	Full staff team of 16 staff to be recruited.	€1.5m (Staffing and Operating Costs) €1.2m Capital.	Q2 2024	Funding for the purchase of a building and staff to be sourced.	4
Location to be determined	Residential Care Service with a specialism in addiction treatment-C&V* Service.	4	Building identified and provided by C&V Service.	Staff provided by voluntary service.	€1.5m (Staffing and Operating Costs) Part-funding in place for 2022 €750,000.	Q2 2023	Funding to be sourced for this initiative.	4
Drogheda	Mainstream respite.	4	Existing already in situ.	Existing team already in situ.	Funding in place.	Q4 2023	Completion of purchase of new acquisition and renovation of property.	0
Swords	12 years and under.	4	Repurposing an existing service to specialise 12yrs and under.	Existing team already in situ.	Funding in place.	Q2 2022	Contingencies addressed.	0
Dublin North East Total funding required = €9.71m ***Community and Voluntary**						**Q1 2023 – Q4 2025**	**Number of beds increased 21**	

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An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency