The Mental Health Needs of Young People in a Residential Care Setting

Demonstration Practice Project

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"Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has"

Margaret Mead

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Abstract

In a systematic review of children in care, McCann, James, Wilson and Dunn (1996) found that 96% of children in residential care had clinical needs relating to their mental health. The aim of this study is to establish whether the mental health needs of children in a residential care setting are identified in their Statutory Care Plans. It has been proposed that children in residential care present with greater mental health difficulties than those in the greater population, with Nicol *et al* (2000) finding that 75% of children in residential care had mental ill-health. There are a number of factors that affect a child's access to mental health services, however it is widely acknowledged that children in care under-utilise these services despite their increased need for same (Villagrana, 2010; Kerker and Dore, 2006; Burns et al, 2004).

A qualitative approach using documentary analysis was chosen for this research. The sample was a convenience sample of the 20 most recent admissions to the residential care service. Documentary analysis of Statutory Care Plans was undertaken in order to examine the documented needs of the sample. All of the children represented in the study presented with at least one mental health need and the majority (17) presented with more than five. Three children in the sample were currently accessing mental health services, out of the 10 who had been referred. The majority of children were presented as having 'challenging behaviour' with fewer references to environmental factors which may have led to these behaviours. It is important for practitioners to reflect on how children are depicted in documentation and particularly in documents to which they are entitled access. Recommendations relating to future research, professional practice and service development are made.

Introduction

The aim of this study is to establish whether the mental health needs of children in a residential care setting are identified in Statutory Care Plans. In order to complete this, the following objectives were set:

1. Review the literature relating to the mental health of children in residential care
2. Review 20 Statutory Care Plans to ascertain whether mental health needs of the children in one residential care setting are identified
3. Make recommendations for improved service delivery based on the information gathered.

Residential care is the provision of accommodation and professional care to children who are noted to be challenging or at risk (Gilligan, 2009). Under the Child Care Act (Government of Ireland, 1991), children may be taken into care due to an inability of parents or guardians to provide for their care. Mental health refers to the subjective well-being of a person, sense of autonomy and ability to fulfil one's potential (Government of Ireland, 2006). The Statutory Care Plan is the document used to identify the care needs of children in care. The document also identifies how a child's welfare needs will be met through the services that will be obtained for the child (Department of Health and Children, 2001).

The National Standards for Children's Residential Centres provide a guide for the functioning of statutory and non-statutory residential centres under the Child Care Act 1991. The Standards outline the role of the Statutory Care Plan for children in residential care in providing for the *"welfare, education, interests and health needs of the young people and addresses their emotional and psychological needs"* (Department of Health and Children, 2001: 15). This document is completed by the child's social worker, in consultation with the young person, his/her parents and significant others (Department of Health and Children, 2001).

This study will review 20 Statutory Care Plans to investigate whether mental health needs of young people are identified or referrals to services are recommended. An assessment tool will be applied to each care plan via documentary analysis. This tool was adapted from a previous study on the mental health needs of children in residential care (Stanley, Riordan and Alaszewski, 2005).

Previous research regarding the mental health needs of young people in residential care will be investigated. Conclusions will be drawn from the literature that will guide the research

process. The ‘Agency Context’ will describe the residential care service involved in the study. This will include the organisational structures of the service and interactions with clinical services and external statutory bodies. An outline of the policy context in which the care and clinical service functions will also be provided. The ‘Methodology’ chapter will outline the application of the assessment tool to Statutory Care Plans in this research. The ‘Findings and Analysis’ chapter will communicate the information drawn from the investigation. Finally, the ‘Discussion’ chapter will extract conclusions from the findings of the study, considered in the context of previous research. Recommendations will be made regarding future research, practice implications and service development.

Literature Review

This chapter will outline the prevalence of mental health need of children in residential care and investigate some theories and research relating to how these needs are viewed and addressed. Environmental factors relating to child welfare will be considered using application of Ecological Systems Theory (Bronfenbrenner, 1994). Finally, issues around access to services and supports and barriers to same will be discussed.

The mental health of children in care

The prevalence of mental health needs among children in residential care is well-researched, however the resulting data has been inconclusive (Ward, 2006). This, according to Tarren-Sweeney (2008) is due to the variability of study designs and lack of definition of what exactly constitutes a mental health need. It has been proposed that children in residential care present with greater mental health difficulties than those in foster care (Hukkanen, Sourander, Bergroth and Piha, 1999), with Nicol *et al* (2000) finding that 75% of children in residential care had mental ill-health and Nicholas, Roberts and Wurr (2003) finding this to be at 64%. Nicol *et al's* study was of a larger scale and gathered information on defined symptomatology of mental health need while Nicholas, Roberts and Wurr (2003) collected information on children who were already accessing services. The latter study may have missed children who had not been referred to services but may be presenting with mental health difficulties. Ward (2006) suggests that there are a number of children in care who present with mental health needs that go undiagnosed and untreated.

There has been some debate in the literature around the pathologising of children who are already burdened with the stigma of being in care. Ward (2006) suggests that the welfare system is doing children more harm than good by failing to recognise their mental health needs. He notes that the lack of recognition of need leads to the false creation of a 'normal' home environment for children in care, which, as outlined by Trist (2003), serves the system better than the child. It may be too difficult and also too expensive to recognise that children in care need additional supports (Trist, 2003).

Environmental factors influencing development

Ecological Systems Theory is acknowledged as best practice in how child protection and welfare practitioners view the child (Cuthbert and Stanley, 2012). Bronfenbrenner's (1994) theory of ecological systems argues that in order to understand the person, we must understand the complex interaction between that person and the environment.

The majority of children who come into care are admitted due to maltreatment (Coman and Deveney, 2011). There have been some relationships found between types of maltreatment and outcomes for children in the literature (Johnson-Reid, Kohl and Drake, 2012; Nanni, Uher and Danese, 2012). The greater the extent and variety of abuse experienced by a child, the greater risk of emotional and behavioural difficulties (Renner, 2012; Kim and Cichetti, 2010). Less frequently documented forms of maltreatment have also been noted to result in emotional and behavioural difficulties, including exposure to domestic violence (Johnson and Lieberman, 2007), physical abuse of siblings (Renner, 2012) and poor parental attachment (Kim and Cichetti, 2010).

The influence of the environment on mental health is emphasised by Eisenberg and Belfer (2009). With so many external factors influencing the psychological development of the child, the researchers question whether the medicalization of child mental health need is helpful at all. This is further highlighted in the literature investigating the influence of factors such as socioeconomic status, sense of safety, parental mental health and stress on the mental health of a child (Butler, Kowalkowski, Jones and Raphael, 2012; Curtis and Cichetti, 2007; Xue, Leventhal, Brooks-Gunn and Earls, 2005). Additionally, it is suggested that it is not the type of adversity suffered by a child, but the presence of multiple adversities which affect mental health (Miller-Lewis et al, 2013; Mistry et al, 2010; Sameroff and Rosenblum, 2006). There is also some limited evidence for protective factors against adverse circumstances that may lead to mental health difficulties in children (Miller-Lewis et al, 2013). These include internal attributes such as self-esteem and external influences such as positive parent-child relationships, access to community resources and presence of positive role models such as teachers (Miller-Lewis et al, 2013).

Accessing an appropriate service

Children in residential care made up 4.8% of the Community Child and Adolescent Mental Health Services (CAMHS) caseload in Ireland in 2011 (Health Services Executive (HSE), 2012). Considering that there were 458 children in residential care at the time (HSE, 2011), this equates to 17% of the group. While these figures are likely to vary as time passes, there is an indication from international research that the need might be much greater than the number of children actually accessing services. There are a number of factors that affect a child's access to mental health services, however it is widely acknowledged that children in care under-utilise these services despite their increased need for same (Villagrana, 2010; Kerker and Dore, 2006). Children are more likely to be referred to services if they have experienced multiple types of abuse (Villagrana, 2010) and less likely if there is solely neglect (Petrenko, Culhane, Garrido and Taussig, 2011). Children with externalising

emotional and behavioural difficulties are more likely to be referred to services than others (Petrenko Culhane, Garrido and Taussig, 2011; Timmer, Sedlar and Urquiza, 2004), however in Villagrana's study (2010), no statistical significance was found between groups that were referred and groups that were not. Children are at least twice as likely to engage with mental health services if a need is identified by professionals and a referral is made (Petrenko Culhane, Garrido and Taussig, 2011; Villagrana, 2010). A range of reasons for not identifying needs are noted in the literature, including limited knowledge around how to access services, poor attitudes towards help-seeking, stigma (Petrenko, Culhane, Garrido and Taussig, 2011), transportation difficulties and limited availability of specialist mental health practitioners (Smithgall et al, 2004). Bai, Wells and Hillemeier (2009) argue that service utilisation is also affected by quality of inter-agency collaboration and economic resources.

A number of references have been made in the literature relating to the need for greater inter-agency collaboration between the social services and CAMHS. Guglani, Rushton and Ford (2008) found that families were more likely to approach the social services for assistance with coping with their child's behavioural and emotional difficulties and these were likely to be termed 'welfare' cases. There was a potential noted here for Social Workers to act as gatekeepers to mental health services, however the likelihood of Social Workers to refer to these services depended on his/her level of experience with children with mental health difficulties (Guglani, Rushton and Ford, 2008). This view was also expressed by Pentecost and Wood (2002), who specifically studied the capacity of Social Workers to intervene with children with Attention Deficit Hyperactivity Disorder. Here it was found that Social Workers with greater experience and greater knowledge of community-based services for children with such difficulties were more likely to refer children to them. In contrast to Pentecost and Wood's (2002) view that the inadequacy was on the side of the Social Worker, Guglani, Rushton and Ford (2008) noted that referrals from Social Work to CAMHS were negatively affected by ineffective CAMHS intervention practices and lengthy waiting lists. This was further highlighted by Phillips (1997), who suggested that Social Workers do recognise mental health needs of children, however accessing services is a difficulty.

It is often agreed that children's needs are best assessed and treated by a range of skilled professionals (Ford et al, 2007; Lindsey, 2005). Worrall-Davies, Kiernan, Anderton and Cottrell's (2004) study of multi-disciplinary team members working with children involved with Child Care Services reported that all team members recognise that inter-agency working can be difficult, however it is necessary for all individuals to work towards collaborating in the

interests of the child. Lindsey (2005) recommended that joint training and face-to-face working can improve inter-agency working, however she makes no reference to studies which assess the outcomes of such collaborations. This on-going disagreement, according to Lindsey (2005) between the negative effects of labelling children with diagnoses and the failure to recognise mental health difficulties in an already vulnerable group is one which needs to be resolved before Social Services and CAMHS can work effectively together.

Summary

Research suggests that the majority of children in residential care have mental health needs, however the acknowledgement of this can be lacking. When considering the child in the context of his/her environment and previous history, it is recognised that development is influenced by a range of factors which can contribute to mental health issues. Children in care tend to under-utilise mental health services, however it has been argued that such services may not be adequate for the needs of this client group. Best practice service-delivery for vulnerable children appears to involve inter-agency collaboration, child-centred services and education of professionals regarding the needs of this client group.

Agency Context

The sample in this study is taken from a private residential care service. There are 11 residential units spanning across Leinster and Munster which provide for the care and clinical needs of young people between the ages of 12 and 18 years. There may be up to four children residing in a unit and each unit has a House Manager, Senior Child Care Worker and a team of Social Care Workers. Each child is allocated two keyworkers from the Social Care Team. As well as the care team, there is a clinical team which can provide assessment and interventions for the children in the service. The clinical team consists of Occupational Therapy, Psychology and Psychiatry.

Each child in the service has a social worker appointed by the HSE. The social worker is responsible for assessing the needs of the young person and making plans for providing for their protection and welfare. These needs and plans are documented using the Statutory Care Plan (Department of Health and Children, 2001). If a mental health need is identified by the social worker, children may be referred to the local CAMHS service or the service from the area from which the child is from. A Vision for Change is the policy document for mental health in Ireland (Government of Ireland, 2006). According to this document, children in care are more likely than others to present with mental health needs and should have access to Community CAMHS services and receive *"the maximum support required for their needs"* (Government of Ireland, 2006: 89).

Methodology

The aim of this study is to establish whether the mental health needs of children in a residential care setting are identified in their Statutory Care Plans. In order to complete this, the following objectives were set:

1. To review the literature relating to the mental health needs of children in residential care
2. To review 20 Statutory Care Plans to ascertain whether mental health needs of the children in one residential care setting are identified
3. To make recommendations for improved service delivery based on the information gathered.

Rationale

While it is recognised that children in residential care are more likely to have mental ill-health than other children (Meltzer et al, 2003; Nicol et al, 2000), some research has shown that these children are less likely than their peers to access mental health services (Villagrana, 2010; Kerker and Dore, 2006). As Statutory Care Plans are one of the means in which a child's needs are recorded (Department of Health and Children, 2001), such documents are an important means of identifying and providing for a child's mental health needs.

Information provided by the Health Services Executive (2012) regarding the number of children in residential care who access Child and Adolescent Mental Health Services (CAMHS) indicates that there may be a discrepancy between the internationally-documented level of need (Meltzer et al, 2003; Nicol et al, 2000) and the number of children who access services. Villagrana (2010) outlines the need for research into the referral, access and utilisation of mental health services by children in care.

Professional interest

The author is employed as an Occupational Therapist as part of a multi-disciplinary team working with children in residential care. Occupational Therapy for children who have experienced maltreatment is an under-researched area (Anderson, 2005). In addition, there is much misunderstanding regarding the role of Occupational Therapy with children involved in social services (Lopes et al, 2012). The author was interested in completing this piece of research as the majority of children who have dysfunction in the area of mental health also present with occupational performance difficulties (Harrison and Forsyth, 2005).

Ethical considerations

Ethical approval for this research was obtained from Directors of the care service (See appendix A). It was observed that there was minimal ethical risk to the children involved in the service as there was no direct contact with them. There is also an agreement between the service and the Health Service Executive that permission from the HSE was not required as any documents relating to the children are accessible for approved research purposes by the service.

The author did not obtain consent from the children to whom the Statutory Care Plans referred as it was not required, however this does raise the issue regarding ownership of this information and consent to access. When a child enters into residential care in Ireland, the social worker is responsible for passing on information on the child's background to relevant professionals involved with the child (Department of Health and Children, 2001). Despite recommendations that a child should be consulted in all areas that affect his/her welfare (Department of Health and Children, 2001), there is no mention in these National Standards that allows a child to consent or refuse for approved professionals to access their information.

Research method

A qualitative approach using grounded theory methodology with a documentary analysis method was chosen for this research. Grounded theory is the exploration of phenomena through the examination of a social process (Charmaz, 2006). The researcher is required to compare similarities and differences between pieces of data in order to extract and interpret themes from information gathered (Petty, Thomson and Stew, 2012). Grounded theory methodology was chosen it allows for exploration of information without prior existence of a hypothesis (Liqurish and Seibold, 2011). As little research exists in Ireland relating to the needs of children in care (Darmody, McMahon, Banks and Gilligan, 2013) and the usefulness of statutory documents (Canavan, Coen, Dolan and Whyte, 2009), it was expected that this method would allow for exploration of a topic with little prior knowledge or assumption.

Documentary analysis is the examination of documents produced during a social practice (Wharton, 2006). This method was chosen because of on-going debates in the literature (eg. Buckley, Carr and Whelan, 2011) and the mainstream media (eg. Butler, 2011) in relation to the bureaucracy of Child Protection and Welfare practice and the tendency towards standardised procedures rather than meeting the needs of individual children (Gilligan, 2009). Documentary analysis is a useful research method because of the non-intrusive

nature of the research (Abbott, Shaw and Eltson, 2004). It is a method for evaluating whether policy guidelines have been followed through the documentation that it produces (Lewis, Wistow, Abbott and Cotterill, 1999), such as the requirement of the National Guidelines for Children's Residential Centres to produce Statutory Care Plans (Department of Health and Children, 2001). Documentary analysis therefore draws direct attention to social policy issues, as documents such as care plans are so inextricably linked to the policy process (Abbott, Shaw and Eltson, 2004). As the author did not find any published studies on the influence of Statutory Care Plans, the documentary analysis method was deemed an appropriate starting point for investigation. Finally, as a number of ethical issues arise when researching issues relating to vulnerable children (Nairn and Clarke, 2012), documentary analysis was chosen due to its non-invasive (Hodder, 1994) and non-reactive (Bryman, 1989) nature. In other words, the young people are not influenced by the data collection process (Abbott, Shaw and Eltson, 2004).

The sample was a convenience sample of the 20 most recent admissions to the residential care service. Convenience samples consist of subjects that are known or readily available to the researcher (Ozdemir, St. Louis and Topbas, 2011). Such sampling was chosen in order to assess the needs of a particular client group to which the author had access. It is hoped that this research may be used to advocate for these young people with identified mental health needs to access therapy services in the future.

Tools

An assessment tool created by Stanley, Riordan and Alaszewski (2005) was adapted for use in this study. The mental health needs of children were identified using a psychosocial model based on the clinical symptoms associated with the mental health of children and adolescents. In Stanley, Riordan and Alaszewski's research (2005), file reviews were completed assessing the level of need noted in all documents relating to children in care. Due to the smaller-scale nature of this research, it was decided that a review of Statutory Care Plans would be completed.

Stanley, Riordan and Alaszewski's (2005) assessment tool was chosen because the identified criteria for mental health need focussed on behaviours and experiences of the child rather than the presence of pathology. Due to the research relating to the impact of environmental factors on child mental health (Butler, Kowalkowski, Jones and Raphael, 2012; Curtis and Cichetti, 2007), as well as the holistic philosophy of the author's profession (Kielhofner, 2008), additions were made to the assessment tool so that environmental factors could be analysed alongside direct behaviours presented by the child. These

additions were: (a) access to services and (b) number of previous placements. This adaptation was made following review of the literature by the author, which found that both criteria have an impact on the mental health of the child (Villagrana, 2010; Unrau, Seita and Putney, 2008; Rubin, O'Reilly, Luan and Localio, 2007; Kerker and Dore, 2006).

The author applied key principles during analysis of documentation:

1. Only terms mentioned directly in the text could be included in the study
2. No other documents would be analysed alongside the care plans
3. No identifiable information would be recorded

These principles were applied in order to reduce interpretation bias and to enhance the reliability of the study (Houghton, Casey, Shaw and Murphy, 2013). Interpretation bias occurs when the researcher is free to interpret information in favour of a particular hypothesis (Indrayan, 2012). Interpretation bias can be minimised through clear definition of terms when using a documentary analysis research method (Brady et al, 2007) and using a 'content analysis' approach, which encourages the seeking out of specific words or phrases to limit the need to interpret (Abbott, Shaw and Eltson, 2004).

Limitations

A number of limitations exist in this study. Firstly, due to the small-scale nature of the study, the Statutory Care Plan was the only document which was analysed. This document is one of the many which refer to children in residential care and may not accurately depict the child's needs or access to services. It was chosen because it is a standard document issued for every child in residential care in the service studied, however it is certainly not the only document referring to any one child. Due to the small sample, which was convenient to the author, much of the information gathered is not transferable to other settings. While the study does identify scope for further research, the recommendations made from this study applied only to the setting in which the author works. Finally, there are limitations to the use of documentary analysis for research. Documentary analysis is just one means of gathering information and this research did not investigate service user views or professional opinions relating to the mental health needs of children.

Implementation

The author reviewed 20 Statutory Care Plans relating to children in one residential care service. All information was recorded (see appendix B) for analysis. Each child was assigned a letter which did not correspond to his/her name so that no subjects were identifiable. An 'X' was marked on the spread-sheet beside the criteria mentioned in the Statutory Care Plan for

each child. Following this, a number of methods were used to draw themes from the information. These included:

1. Count the number of mental health needs documented for each child
2. Count the number of children who presented with each listed need
3. List the number of children who were previously or currently accessing services
4. Take note of the types and prevalence of abuse or neglect experienced by each child
5. For each factor, find out whether there are any other related factors for all children listed under this need (eg. if there were 10 children who were noted to have self-harmed, did the same 10 have recorded anxiety difficulties?)

All of the information was analysed and notable themes were drawn from the data in relation to the objectives of the study. Subsequently, each theme was considered in the context of the wider evidence base and this will be presented in the 'Discussion' chapter.

Findings and Analysis

Themes that were drawn from the information gathered were extracted using an interpretivist approach in which the researcher acknowledges his/her biases, which may be based on personal and professional experience (Lacity and Janson, 1994) or previous analysis of literature relating to the field of study (Snowden and Martin, 2011). Data was gathered and qualitatively analysed to draw out themes for consideration in the context of this research. It must be noted that no claim is made that the information gathered is representative of the wider population of children in residential care. Despite this, some significant themes were highlighted which will be discussed in the context of the wider evidence base in the next chapter.

Information that was gathered relating to each subject was analysed under the criteria of (a) frequently-mentioned terms (b) relationships between terms and (c) correlations.

(a) Frequently-mentioned terms

A quantitative approach to data analysis was applied which enabled the researcher to examine repetition of terms and note the most frequently-mentioned terms in documents (Abeyasekera, 2005). This allowed information to be gathered on frequently-occurring symptoms or behaviours.

(b) Relationships between terms

As the author was using an ecological systems approach (Bronfenbrenner, 1994), factors referring to environmental influences were analysed. These factors were 'previous placements', 'experiences of abuse and/or neglect' and involvement with CAMHS. As only half of the sample had any reference to previous placements, it was decided that sufficient information was not available on this factor to draw conclusions. Relationships were noted between CAMHS involvement, experiences of maltreatment and other frequently-mentioned mental health symptoms.

(c) Correlations

Information gathered through analysis of the numerical data drawn from section *(a)* was further analysed to investigate whether there were any frequently-mentioned relationships between criteria. This method meets the criteria for 'correlations' in that relationships are noted between variables (Burns and Grove, 2001), however no statistical analysis was applied to establish significance.

Three main themes were drawn from the data analysis which may be summarised under the following headings:

1. Mental health needs and access to services
2. Exposure to environmental factors
3. The child depicted as 'delinquent'

Mental health needs and access to services

All of the children in the sample presented with some mental health need. 17 of the 20 had at least five different factors documented in their care plans which negatively influenced mental health. The range of negative factors for each child is depicted below:

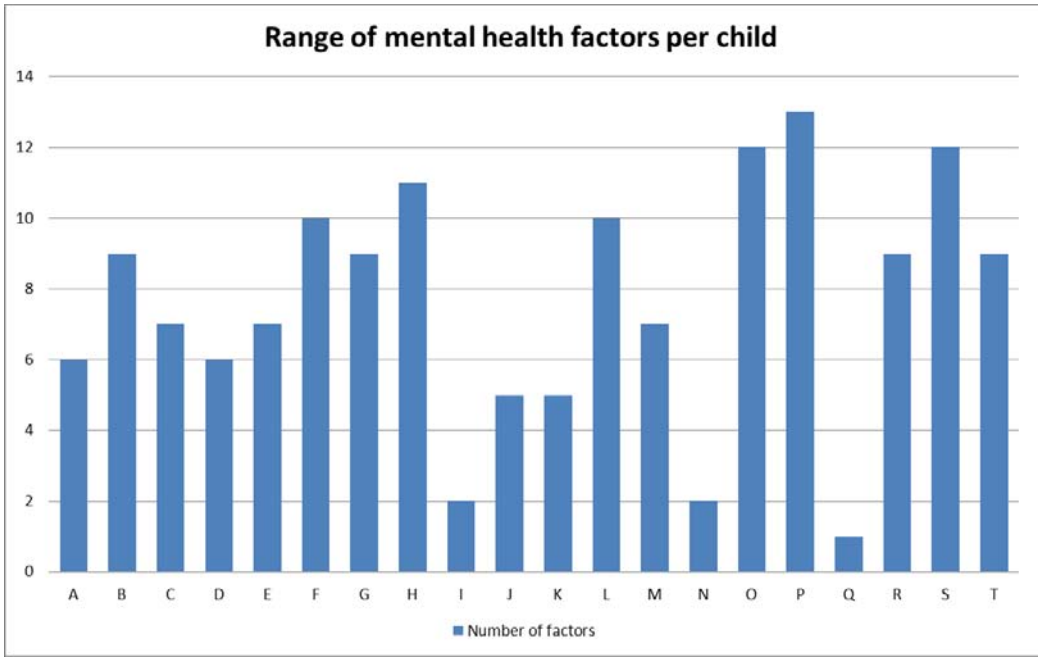

Chart 1

Young people presented in their care plans with at least one of the following:

- Sadness/weepiness
- Anxiety
- Anger/hostility
- Low self-esteem
- Challenging behaviour
- Aggression
- Sleep disturbance
- Poor peer relationships
- Poor relationships with adults

- Bullying (victim)
- Bullying (perpetrator)
- Smoking
- Drug abuse
- Alcohol abuse
- Criminal behaviour
- Thoughts of self-harm/suicidal ideation
- Self-harm
- Absconding
- Fire-setting
- Sexualised behaviour
- Association with offenders

Of this group, a significant minority, three children, were currently accessing community CAMHS. 10 of the group had been referred, of which four had refused to engage with services. For the remaining 10 children in the sample, there was no mention of mental health services in their care plans.

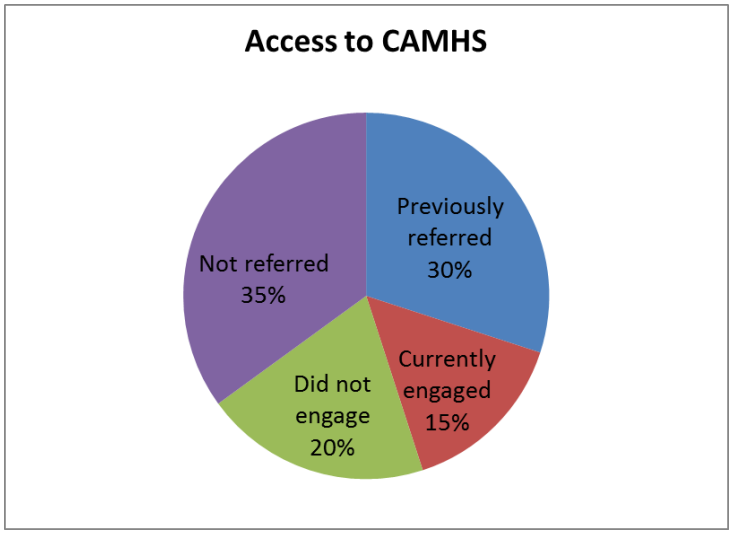

Chart 2

Exposure to environmental factors

Just over half of the group (11 children) had documented previous exposure to abuse or neglect. The most frequently-mentioned forms of abuse were emotional abuse and neglect. Four children were exposed to both. Three children suffered physical and/or sexual abuse and in each of these cases, more than one form of abuse was present.

Many children also presented with substance abuse difficulties including smoking, alcohol and drug abuse.

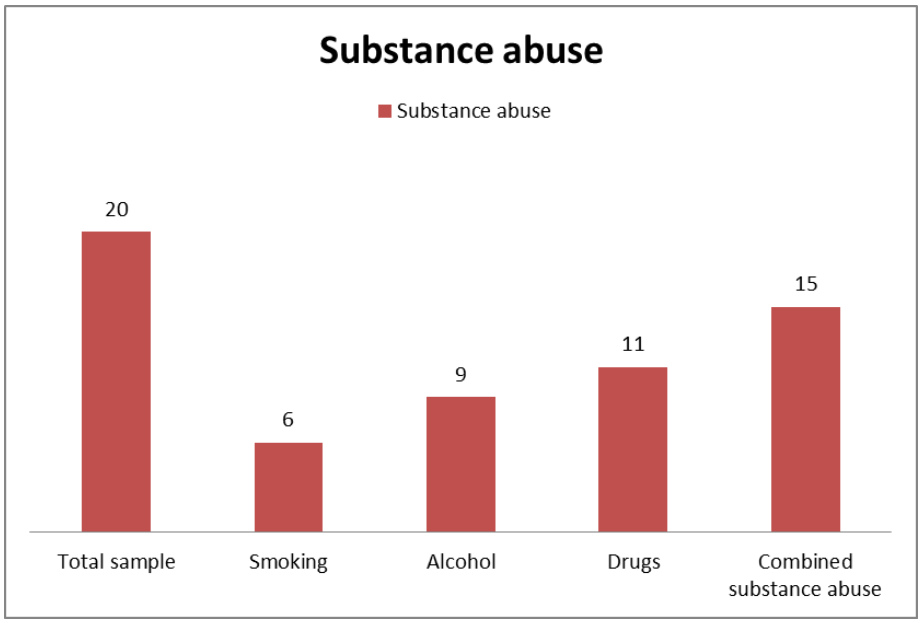

Chart 3

The majority of children (15) engaged in some form of substance abuse, the most frequently mentioned being drug use. The term ‘drug use’ was interpreted using the World Health Organisation (2013) ‘common usage’ definition as the consumption of illicit or psychoactive substances for non-medical use.

Child depicted as 'delinquent'

The most frequently-mentioned factors affecting mental health are outlined in the chart below:

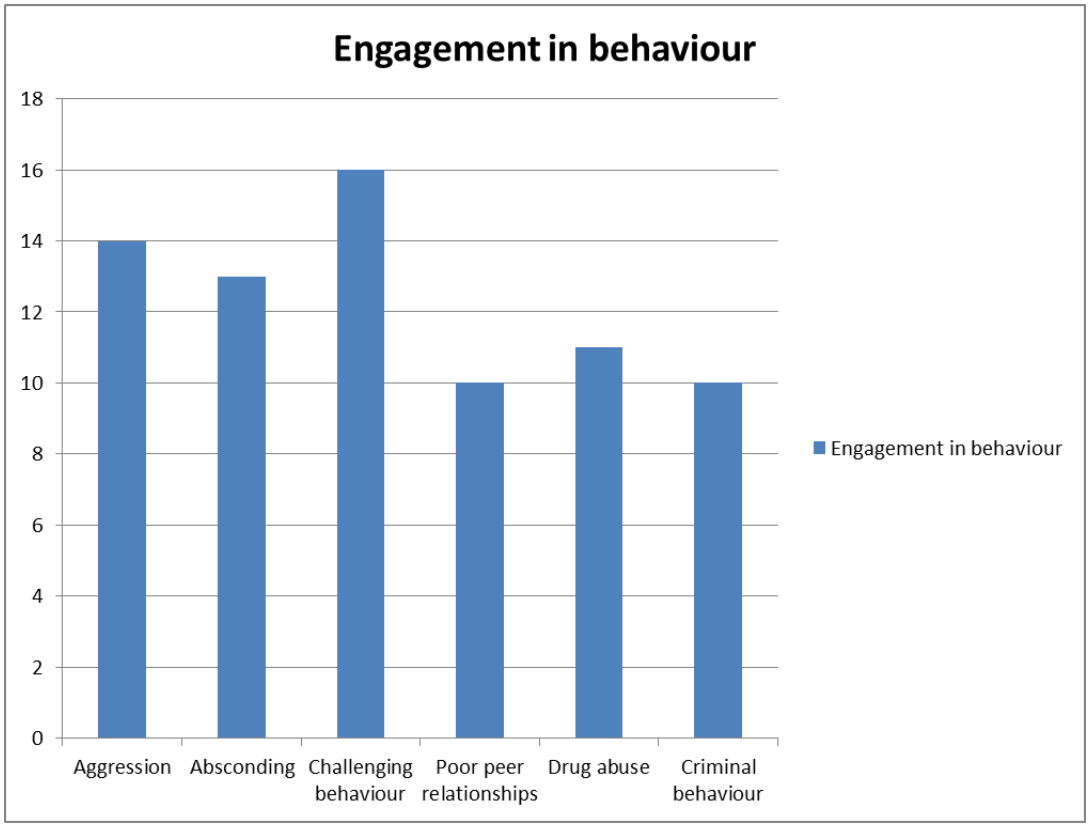

Chart 4

It could be argued that many of these behaviours relate to anti-social behaviour, ie. behaviour that includes *"harassment, harm or distress to individuals"* (Flint, 2006:5). It may imply autonomy on the part of the child with little reference to situational or environmental factors. Analysis of factors, listed in the Chart 5 below, relating to the children presenting with 'challenging behaviour' indicates that there are at least four other indicators of mental health need in all but one case. Challenging behaviour is defined as behaviour that places the physical safety of the person or others in jeopardy, or behaviour that inhibits access to ordinary resources (Emerson et al, 1987). 11 of the 14 children with challenging behaviour had been referred to mental health services. One of them was currently involved in these services and this child had a confirmed diagnosis of Attention Deficit Hyperactivity Disorder.

Each factor was analysed separately to assess whether all of the children with that factor presented with any other factor, indicating that there may be a relationship between the two. The results of this analysis are listed below:

Number of children in group	**Factor analysed**	**Associated factors**
9	Alcohol abuse	Challenging behaviour
8	Poor relationships with adults	Challenging behaviour
6	Smoking	Aggression
5	Low self-esteem	Poor relationships with adults
5	Suicidal ideation	Absconding
5	Association with offenders	Challenging behaviour
4	Sleep disturbance	Aggression, Challenging behaviour
3	Perpetrator of bullying	Challenging behaviour, Aggression, Referral to CAMHS
2	Sadness	Challenging behaviour, Aggression, Poor peer relationships, Poor relationships with adults, Drug abuse, Alcohol abuse, Criminal behaviour
2	Anxiety	Challenging behaviour, Smoking, Criminal behaviour, Self-harm, Emotional abuse
2	Victim of bullying	Challenging behaviour, Emotional abuse

Chart 5

While this is not a statistical analysis of data as the significance of correlations was not calculated (Burns and Grove, 2001), there appears to be some relationships in this sample between factors. It is clear from the information above that challenging behaviour, although frequent, rarely occurs in isolation and may be associated with substance abuse, relationship difficulties or emotional turmoil. It is also notable that perpetrators of bullying were all referred to CAMHS, while this was not the case for the victims of bullying.

Summary

Qualitative analysis enabled the researcher to draw a number of themes from the data relating to the mental health and behaviour of the sample. All children presented with some level of mental health need and the majority presented with complex needs involving a range of factors. A significant minority of these children were currently accessing mental health services, despite the fact that half of them had been referred. A number of environmental factors were noted in the documents including exposure to abuse and neglect as well as substance abuse. It is suggested that many children are presented as 'delinquent' and there are frequent references to challenging behaviour, however relationships were noted between all presentations of challenging behaviour and substance abuse, relationship or emotional difficulties. Overall, analysis of the data presents a sample of children with multiple needs who are affected by both internal and external factors.

Discussion

The aim of this study was to establish whether the mental health needs of children in a residential care setting are identified in their Statutory Care Plans. It was found in the literature and in the present study that young people in residential care often present with multiple mental health needs. The role of the Statutory Care Plan in identifying these needs will be discussed and implications for service delivery will be outlined.

The mental health needs of children in residential care

All of the children represented in the study presented with at least one mental health need and the majority (17) presented with more than five. This is in line with Nicol *et al'*s study (2000), which found the prevalence of mental health need to be at 75% of children in residential care. According to Doody et al (2005), the prevalence of mental health disorder among children in the wider Irish population is 20%. There is reason to believe that children in residential care in Ireland present with greater mental health need than the rest of the population, however further research is required.

Section 4 of the Child Care Act (Government of Ireland, 1991) allows for children to be admitted into care when the parent has shown inability to care for or protect the child. 11 of the children in the present study had noted exposure to abuse or neglect. It is unclear whether the remaining 9 children were exposed to such maltreatment. As the impact of early experiences is so significant for a child's development, and in particular their mental health (Butler, Kowalkowski, Jones and Raphael, 2012; Eisenberg and Belfer, 2009; Curtis and Cichetti, 2007), using a consistent approach to referencing early experiences, both positive and negative, should be considered when identifying a child's needs. An ethical issue is raised here. According to the National Guidelines (Health Services Executive, 2001), children, and where appropriate their parents, are entitled to a copy of their care plan. Social workers must constantly balance the need to state facts in order to benefit the child and manage sensitive information which may be difficult for a child, parent or professional to revisit (Thompson, 2013).

Just three children in the sample were at the time of the study accessing mental health services, out of the 10 who had been referred. 4 children had refused to engage with these services. In 2011, approximately 17% of children in residential care accessed CAMHS in Ireland. According to the literature, barriers to accessing CAMHS include a lack of referrals by professionals involved with the child (Petrenko Culhane, Garrido and Taussig, 2011; Villagrana, 2010), limited education around mental health needs or services, poor attitudes

towards help-seeking, stigma, transportation difficulties, inadequacy of mental health services (Petrenko, Culhane, Garrido and Taussig, 2011; Smithgall et al, 2004) and poor inter-agency collaboration (Bai, Wells and Hillemeier, 2009). There is some evidence indicating that children involved with the child protection and welfare system can benefit from CAMHS involvement even more than other children with mental health needs (Gyamfi et al, 2012), therefore it is essential that these barriers are investigated and addressed in order to provide an optimal service for children.

The role of the Statutory Care Plan

The National Standards for Children's Residential Centres outline one of the roles of Statutory Care Plans to *"include an assessment of each young person's educational, social, emotional, behavioural, and health requirements and identify how the placement will support and promote the welfare of each young person"* (HSE, 2001: 16). As seen in previous research, children are at least twice as likely to utilise services when the need is recognised by a professional (Petrenko Culhane, Garrido and Taussig, 2011; Villagrana, 2010). Thompson (2013) proposes that documents such as these ones will only serve their purpose if those who implement them fully understand and appreciate their function.

The child protection and welfare system has been criticised for focussing too heavily on adherence to standardised procedures (Buckley, Carr and Whelan, 2011). Despite this, it cannot be argued that there remains a role for accountability when dealing with such a vulnerable client group (Marinetto, 2011). The author found no literature relating to the impact of Statutory Care Plans in Ireland, and there appears to be an overall lack of research regarding adherence to social policy relating to children and the adequacy of same in Ireland (Canavan, Coen, Dolan and Whyte, 2009). As Canavan et al (2009) suggest, practitioners may assume that guidelines and policies are inherently 'good' for children, however further investigation is required before this conclusion can be made.

The Statutory Care Plan also provides an opportunity to portray a 'snapshot' of a child's presentation and while it must be acknowledged that this is just one document pertaining to the child, it is a significant one (HSE, 2001). In the present study, the majority of children were presented as having 'challenging behaviour' with less-frequent references to the environmental factors which may have led to these behaviours. Again there is a need for balance here. While the care plan is a child-focussed document, less emphasis is given to the impact of the family, previous experiences, socio-economic factors, etc. Studies have shown that how a child is depicted may influence how he/she behaves (Altomare, Vondra and Rubinstein, 2005; Conger and Conger, 1994). This is a form of 'self-fulfilling prophecy',

in which a person tends to act in a way that another perceives them (Madon, Willard, Guyll and Scherr, 2011). It is important therefore for practitioners to reflect on how children are depicted in documents and particularly in documentation to which they are entitled access (Bemister and Dobson, 2011). Skills of reflective or objective documentation may be an overlooked area in training for some professionals (Leon and Pepe, 2013; Leon and Pepe, 2010), however considering the impact of how children are depicted on their behaviour (Altomare, Vondra and Rubinstein, 2005), this is an area worth considering for professionals working with young people.

Service delivery

Inter-agency collaboration between child protection and welfare services and CAMHS has been emphasised in the literature (Bai, Wells and Hillemeier, 2009; Guglani, Rushton and Ford, 2008). Half of the care plans reviewed made no mention of mental health needs or services. There is potential for the Statutory Care Plan to be used as a tool to advocate for service delivery for children in residential care, therefore further research and education is required to assess the use of these plans for inter-agency communication.

Another point for consideration relates to the capacity of CAMHS to accommodate children in residential care (Guglani, Rushton and Ford, 2008; Philips, 1997). Many of the children in the sample presented with substance abuse and law-breaking behaviours and four were noted to have disengaged from services. It has been suggested that specialist CAMHS services are made available for children in care due to their increased and complex needs (Tarren-Sweeney, 2010; Whyte and Campbell, 2008). While it is acknowledged that specialist CAMHS can be resource-intensive and therefore expensive (Rao, Ali and Vostanis, 2010), it must also be acknowledged that mental health difficulties increase in frequency and severity with age (HSE, 2012), therefore a case can be made for early intervention with vulnerable young people.

Conclusion

In a systematic review of children in care, McCann, James, Wilson and Dunn (1996) found that 96% of children in residential care had clinical needs relating to their mental health. The aim of this study was to establish whether the mental health needs of children in a residential care setting are identified in their Statutory Care Plans. It was found in this study that the majority of children (17 out of 20) in the residential setting presented with at least five mental health needs, while a significant minority (3 young people) were currently utilising services. Statutory Care Plans focussed heavily on behaviours of children with less reference to environmental factors or underlying reasons for challenging behaviour. It is recommended that practitioners are mindful of how children are portrayed in documentation relating to them to which they have access as this portrayal can influence their behaviour (Altomare, Vondra and Rubinstein, 2005). Additionally, further investigation is required into how young people in care in Ireland access and benefit from mental health services.

Recommendations

Recommendations relating to future research, professional practice and service development can be made following this study. At present, there is limited information available on the profile of children in care in Ireland (Darmody, McMahon, Banks and Gilligan, 2013) and internationally, there is no standardised way of gathering information on their mental health needs (Whyte and Campbell, 2008). Additionally, Canavan, Coen, Dolan and Whyte (2009) outline the need for greater investigation in Ireland into the impact of social policy and national guidelines implementations. There is a potential role for the Statutory Care Plan in advocating for services for young people in care. Further research into the function and usefulness of this document would assist practitioners in focussing administrative duties in order to facilitate the use of documents in the best interests of children rather than the accountability of the system (Thompson, 2013).

It is hoped that this study will encourage social workers and other professionals working with children to reflect on the function and impact of documents for vulnerable children. While the mental health needs of the children in the sample were usually included in the care plans reviewed, inconsistencies were noted regarding how and why children access or do not access mental health services. It is recommended that an ecological approach (Bronfenbrenner, 1994) is used to consider the complex interactions of the developing child and his/her previous and current environment. Social workers must also become increasingly aware of the function of planning documents in naming a child's needs and advocating for referral to services (Villagrana, 2010). These practitioners play an important role in how a child utilises services (Petrenko Culhane, Garrido and Taussig, 2011; Villagrana, 2010) and how a child sees him/herself through documents compiled by professionals (Altomare, Vondra and Rubinstein, 2005; Conger and Conger, 1994).

Some of the barriers of children accessing CAMHS could be addressed by the service itself. CAMHS have a role in advocating for children in care as a group at risk of mental health need and facilitate greater access to their service through education regarding the potential benefit of interventions. CAMHS services have been noted to be inappropriate for some looked-after children (Petrenko, Culhane, Garrido and Taussig, 2011; Smithgall et al, 2004) and indeed the level of involvement among the children in the sample was low. There is some argument for development of a specialist service for children in care which can accommodate for the specific needs of the population (Tarren-Sweeney, 2010; Whyte and Campbell, 2008).

Finally, inter-agency collaboration has been acknowledged as an essential element of practice for children in care (Bai, Wells and Hillemeier, 2009; Guglani, Rushton and Ford, 2008). According to the Children First Guidelines (Department of Children and Youth Affairs, 2011), child protection and welfare is a responsibility for the whole community. While these guidelines will outline the rules for reporting concerns, it must be acknowledged that there is also a role for all involved with a child to advocate for his/her welfare, including mental health.

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Appendix A

[redacted]

8th January 2013

To whom it may concern,

As Director of Operations of [redacted] Care Services Ltd., I give ethical approval to Aoife O'Malley, Senior Occupational Therapist, to complete research relating to the Mental Health of Young People in a Residential Care Setting.

I agree to allow the researcher to access 20 Statutory Care Plans for research purposes and approve of analysis of this information once no identifying information is recorded or communicated to any individual outside of the organisation. I understand the ethical considerations of this research and am satisfied that young people in the care of the service will not be affected by the research process.

Yours sincerely,

[redacted]

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[redacted]

Director of Operations

Appendix B