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Children in Care and Young Adults Leaving Care

a literature review of Irish research

Prepared by the Department of
Children, Equality, Disability, Integration and Youth
gov.ie/dcediy

RESEARCH +
EVALUATION

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Glossary of Key Acronyms

Tusla

Tusla, Child and Family Agency is a body under the aegis of the Department of Children, Disability, Integration and Youth (previously the Department of Children and Youth Affairs). The Child and Family Agency was established on the 1st January 2014 and is the dedicated State agency in Ireland responsible for improving wellbeing and outcomes for children. Under the Child and Family Act 2013 the Child and Family Agency is charged with supporting and promoting the development, welfare and protection of children, and the effective functioning of families. This includes offering care and protection for children in circumstances where their parents have not been able to, or are unlikely to, provide the care that a child needs. See https://www.tusla.ie/about/.

DCEDIY

The Department of Children, Equality, Disability, Integration and Youth is a Government Department. The mission of the Department is to enhance the lives of children, young people, adults, families and communities, recognising diversity and promoting equality of opportunity. Within the Department, the Child Policy and Tusla Governance Division is responsible for operational standards and performance; policy and legislative developments relating to child welfare and protection; alternative care; and related issues of children's rights. It also has responsibility for Departmental oversight of Tusla governance and performance, and support, including cross-government assistance, for the development of programmes within Tusla. The latter work encompasses parenting support, early intervention programmes and educational welfare. See https://www.gov.ie/en/organisation-information/67f5eb-about-the-department-of-children-and-youth-affairs/.

EPIC

EPIC is a national advocacy organisation working with and for children and young people who are currently in care or who have experience of being in care. EPIC also work with young adults preparing to leave care and those in aftercare up to the age of 26. EPIC’s mission is to champion the rights of care-experienced children and young people, ensure their voices inform the policy and practice that affects their lives and cultivate a care aware society. See https://www.epiconline.ie/

GAL

A Guardian ad litem (GAL) enhances the decision-making capacity of the court by advising on a child's best interests and conveying the views of the child to the court. The Child Care (Amendment) Act 2022, provides for reform of the guardian ad litem (GAL) system and will ensure the best interests of children and young people in child care proceedings are always met by ensuring their voices are heard. The passing of this legislation enables the Minister to establish a new national GAL service within an Executive Office of the Department of Children, Equality, Disability, Integration and Youth. This national service will provide a high quality, standardised service to children and young people who are the subject of child care proceedings. The Act creates a presumption in favour of appointment of a GAL in proceedings before the District Court and provides for mandatory appointment in special care cases before the High Court.

When commenced, this Act will repeal section 26 of the 1991 Child Care Act, which currently provides for the appointment of a GAL in child care proceedings where a child is not a party to those proceedings and where the court is satisfied that it is necessary in the best interests of the child and in the interests of justice to have a GAL appointed. The main purpose of the Child Care (Amendment) Act 2022 is to replace the existing provision in Section 26 of the 1991 Child Care Act. The overall objective is to ensure that the GAL service can be provided for all children and young people, so that their voices can be heard in child care proceedings and that this service will be of high quality and sustainable into the future. See https://www.gov.ie/en/policy-information/04fc0e-reform-of-guardian-ad-litem-arrangements-in-child-care-proceedings/

HSE

The Health Service Executive (HSE) was established in January 2005 as the single body responsible for meeting Ireland's health and social care needs. The HSE provides services to young and old, in hospitals, health facilities and in communities across the country. These services range from public health nurses treating older people in the community to caring for children with challenging behaviour; from educating people how to live healthier lives, to performing highly-complex surgery; from planning for major emergencies, to controlling the spread of infectious diseases. See https://www.hse.ie/eng/about/our-health-service/.

HIQA

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using health and social care services in Ireland. HIQA's mandate extends across a range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth Affairs, HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered. See https://www.hiqa.ie/about-us

NCCIS

The National Childcare Information System is the Tusla case management system for social workers in all areas of the country.

Executive Summary

Focus, Purpose and Methods

The focus of this literature review is on the experiences of children and young people in care and adults who have left care In Ireland, and the research /consultation processes used to capture their views. The purpose of the review was to identify lessons arising for the future development, design and implementation of research in this area and to support the deliberations of a Working Group established by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). The task of this Working Group was to make a recommendation to the Minister on the 'utilisation of data sources and research to improve our understanding of the lives of children in care and leaving care'.[1]

The review was carried out by the Research and Evaluation Unit at DCEDIY and was guided by four key questions

- What do we know from Irish empirical research about conducting research with or about children and young people who are or have been in care?
- What do we know from this research about their experiences and outcomes, and the factors associated with these experiences and outcomes?
- To what extent have the voices of children and young people themselves been heard in this research?
- What key lessons for future research arise from these issues?

The primary focus of the review was on published empirical Irish research, particularly over the last ten years, relating to the care system, children in care, young people using aftercare services and or young people who have left care.

The review also draws on relevant consultations with children and young people, and some high level insights from the international literature to provide a wider context of knowledge in the field. This report sets out the findings from a thematic analysis of the published papers, in the context of an outline of current services and available administrative data on children and young people in care and or aftercare; findings from an analytical review of court reporting by the Child Law Project (Corbett and

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[1] The Working Group included members from both DCEDIY and Tusla, the child and family agency – see Appendix 4 for membership.

Coulter 2021); and a brief outline of an extensive review of the Child Care Act 1991 by DCEDIY and plans for amendments.

The Working Group met remotely between November 2020 and January 2022. The material for the review was collated by the department's Child Care Performance and Social Work Unit, and the Research and Evaluation Unit, with additional information and input from members of the Working Group.

Material for inclusion in the review was identified up to a cut-off point of March 2022 and early drafts were reviewed and discussed by Working Group members. The completed draft report went through an independent academic peer review exercise in the summer of 2022 and was revised on foot of feedback from this exercise in late 2022. The final draft was then reviewed internally in DCEDIY and approved for publication in February 2022.

Background

The publication of the Report of the Commission to Inquire into Child Abuse (the Ryan Report 2009), gave rise to a detailed implementation plan agreed by Government. Action 65 of the plan stated that '*the HSE will, with their consent, conduct a longitudinal study to follow young people who leave care for 10 years, to map their transition to adulthood*'.

Following on from a brief scoping paper in 2013 on putting this action into effect, Tusla[2] commissioned a feasibility study, with financial support from the Department of Children and Youth Affairs. The report from this study provided an overview of the need for longitudinal research for children in care / leaving care in Ireland and set out options for developing a project (Devaney and Rooney 2018).

In 2020, DCEDIY established a Working Group comprising representatives from DCEDIY and Tusla to further explore how best to address data and research needs in

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[2] Tusla, Child and Family Agency is a body under the aegis of the Department of Children, Disability, Integration and Youth (previously the Department of Children and Youth Affairs). The Child and Family Agency was established on the 1st January 2014 and is the dedicated State agency responsible for improving wellbeing and outcomes for children. Under the Child and Family Act 2013 the Child and Family Agency is charged with supporting and promoting the development, welfare and protection of children, and the effective functioning of families. This includes offering care and protection for children in circumstances where their parents have not been able to, or are unlikely to, provide the care that a child needs. See https://www.tusla.ie/about/

this area and to make a recommendation to the Minister, taking account of the feasibility study, other relevant literature and more recent developments in this area since 2009. The Working Group agreed on the need for a focused literature review to support its deliberations and to help inform the development of any future research in this area. (See Appendix 2 for the membership of the Working Group and Appendix 4 for the Working Group recommendation to the Minister).

Current Context: Children and Young People in Care and Aftercare

Tusla, the Child and Family Agency is a body under the aegis of the Department of Children, Disability, Integration and Youth established in 2014 as the dedicated State agency responsible for improving wellbeing and outcomes for children. Tusla is responsible for supporting and promoting the development, welfare and protection of children, and the effective functioning of families. This includes offering care and protection for children in circumstances where their parents have not been able to, or are unlikely to, provide the care that a child needs (see https://www.tusla.ie/about/).

Tusla performance and activity statistics for December 2021 show that at the end of that year there were 5,863 children/young people in care in Ireland; of whom 64% were in general foster care, 26% in relative foster care, 8% in residential care, and 2% in other forms of care (Tusla 2021b: 16). The vast majority, 90%, were in general foster care or relative foster care.

In terms of the breakdown across care orders and voluntary care agreements,[3] figures for 2020 show that of 5,818 children in care at the end of 2020, 22.6% were in care under a voluntary agreement (Tusla 2021a: 74).

There were 977 young people discharged from care in 2020, over half whom were turning 18 years. The majority, 71%, of those discharged at 18 remained with their

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[3] Under the Childcare Act 1991 Tusla may apply to the courts for a number of different care orders for children who are at risk or who are in need of care. Where parents are unable to cope due to illness or other problems, they may agree to their children being taken into the care of Tusla. This is known as a voluntary care agreement. In these cases, while Tusla has care of the children it must consider the parents' wishes as to how the care is provided. Tusla is obliged to maintain these children for as long as their welfare requires it. See: https://www.citizensinformation.ie/en/birth_family_relationships/services_and_supports_for_children/children_in_care.html

foster family, with a further 9% returning home/extended family and another 10% moved to independent living (ibid: 16 and 91).

State care ends when a young person is 18, though Tusla may provide aftercare up until the age of 21, and extend it to the age of 23 where the young person is in further education or training.[4] The Child Care (Amendment) Act 2015 (commenced in 2017) introduced an obligation on Tusla to prepare aftercare plans based on assessed needs. At the end of 2021, there were 3,059 young persons/adults in receipt of aftercare services, 4% more than at the end of 2020 (Tusla 2021b: 5). Eighty two per cent of these young persons/adults had an aftercare plan (ibid). Seventy six per cent (76%) of those aged 18-22 years of those in receipt of an aftercare service were in education /accredited training (ibid).

In terms of aftercare, at the end of 2020 almost half of those in the 18-22 years cohort were still living with their foster families, while a further 10% had returned home to family, and 23% had moved to independent living (Tusla 2021a: 103).

No statistics are available for those placed in care under what are known as private family arrangements, where social workers facilitate placements with relative carers (with the parents' consent) but the children are not in the care of the state under the Child Care Act. However, findings from Burns *et al.* (2021) suggest that this practice is 'not uncommon'. (Data on Tusla alternative care services are updated regularly at https://www.tusla.ie/data-figures/).

While international comparisons need to take account of system differences, Furey and Canavan (2019) show that Ireland has the lowest number of children in care per 10,000 across eight jurisdictions covered by their analysis (based on figures for Ireland, Northern Ireland, Wales, Scotland, Australia, Norway, Canada and the USA between 2015 and 2017). Other analysts point out that Ireland has one of the lowest numbers of children in residential care across EU member states (Lerch and Nordenmark Severinsson 2019: 27).

The latest analytical review from the Child Law Project (previously the Child Care Law Reporting Project) provides further insights into the current context, based on an

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[4] https://www.tusla.ie/uploads/content/4248-TUSLA_National_Policy_for_Aftercare_v2.pdf

examination of three years of court reporting on child care cases from mid-2018 to mid-2021 (Corbett and Coulter 2021). The project, established in 2012 aims to promote 'transparency of, accountability for and debate on child care court proceedings (under strict anonymity requirements)' and the analytical report provides useful contextual information from court proceedings that could inform future research (ibid: iii).

The analysis covered 360 case reports at district court level over the period and found a large number of cases had involved chronic neglect, a history of family engagement with social services, poor living conditions, and parents experiencing multiple difficulties such as mental health and addiction problems, often accompanied by homelessness and domestic violence (ibid 2021: v). Corbett and Coulter also report that ethnic minority parents – migrants, Travellers and Roma - were disproportionately represented in child care proceedings, raising particular issues (ibid: iv).

Over this period, Corbett and Coulter also report that children's views were communicated in the courts indirectly by social workers, Guardians ad litem[5] (GAL) or parents (sometimes giving different views) and that they did not find any example of a child being made party to proceedings under section 25[6] of the Child Care Act (ibid: vii). Issues arising from the analysis included escalation of children's difficulties linked to delays in the provision of therapeutic and disability services; gaps in the provision of mental health services, and court adjournments due to delays in assessment and expert reports (outside the remit of Tusla). They also identified problems arising where children remain for lengthy periods in care under interim care orders and voluntary care agreements (ibid: viii).

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[5] A Guardian ad litem (GAL) enhances the decision-making capacity of the court by advising on a child's best interests and conveying the views of the child to the court. The Child Care (Amendment) Act 2022, provides for reform of the guardian ad litem (GAL) system and creates a presumption in favour of appointment of a GAL in proceedings before the District Court and provides for mandatory appointment in special care cases before the High Court. See https://www.gov.ie/en/policy-information/04fc0e-reform-of-guardian-ad-litem-arrangements-in-child-care-proceedings/.

[6] This provides that where the child to whom the proceedings relate is not already a party, the court may, where it is satisfied having regard to the age, understanding and wishes of the child and the circumstances of the case that it is necessary in the interests of the child and in the interests of justice to do so, order that the child be joined as a party to, or shall have such of the rights of a party as may be specified by the court in, either the entirety of the proceedings or such issues in the proceedings as the court may direct. See https://www.irishstatutebook.ie/eli/1991/act/17/section/25/enacted/en/html

Of the Special Care cases for 29 children over the period (heard in the High Court) the authors note their care needs were highly complex, often with multiple diagnoses and challenges (including emotional and behavioural difficulties, intellectual disability, eating disorders or drug use).

Plans by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) for further legislative amendments to revise and update the Child Care Act 1991 are also an important part of the context for this review.

The legislative proposals contained in the Child Care (Amendment) Bill 2023 will reflect changes in child welfare and protection services in the 30 years since its enactment and the Constitutional recognition of children as individual rights holders.[7] The Heads of Bill have been drafted, informed by extensive consultations with stakeholders, including children, research (including the research on care proceedings carried out by the Child Law Reporting Project) and a review of the Act led by DCEDIY, and will be brought to Government for approval in 2023.

The Review of the Act included an Open Policy Debate, an open call for submissions, consultations with Tusla staff and management and consultations with children and young people who had experienced interventions under the Act. The department is also represented on the Family Justice Oversight Group, chaired by the Department of Justice. This group was responsible for the development of the Family Justice Strategy published in November 2022 (https://www.gov.ie/en/collection/4790f-family-justice-strategy/) which is intended to support the legislative changes proposed in the Family Court Bill (an issue raised by Corbett and Coulter 2021).

Separately, the Child Care (Amendment) Act passed into law in 2022 provides for the reform of the GAL system. This will enable the establishment of a new national GAL service and will ensure the best interests of children and young people in child care proceedings are met by ensuring their voices are heard. The Act creates a presumption in favour of appointment of a GAL in proceedings before the District

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[7] https://www.gov.ie/en/publication/97d109-review-of-the-child-care-act-1991/#:~:text=The%20Review,-The%20Department%20is&text=The%20legislation%20covers%20the%20following,take%20a%20child%20to%20safety

https://www.gov.ie/en/press-release/b51a8-child-care-amendment-act-2022-signed-into-law-to-strengthen-the-voice-of-children-in-child-care-proceedings/

Court and provides for mandatory appointment in special care cases before the High Court. The Act will also provide that where a child is capable of forming their own views, the court must determine how to facilitate the child in expressing those views and give them due weight, having regard to the child's age and maturity. When commenced, this Act will repeal section 26 of the 1991 Child Care Act, which currently provides for the appointment of a GAL in child care proceedings where a child is not a party to those proceedings and where the court is satisfied that it is necessary in the best interests of the child and in the interests of justice to have a GAL appointed. The main purpose of the Child Care (Amendment) Act 2022 is to replace the existing provision in Section 26 of the 1991 Child Care Act. The overall objective is to ensure that the GAL service can be provided for all children and young people, so that their voices can be heard in child care proceedings and that this service will be of high quality and sustainable into the future.[8]

Overview of Content and Structure

The papers reviewed deal with a range of care related topics including:

- educational experiences and attainment;
- care leavers and transition to employment;
- homelessness and contact with the criminal justice system;
- housing provision for those who have left care;
- mental health and mental health services for those in care;
- outcomes for those who have left care;
- leaving care and experiences of aftercare planning;
- policy and aftercare provision in Ireland;
- the rights of children in voluntary care and private family arrangements; and
- supporting stability in long term care.

In addition to Irish research published in these areas, the review covers findings from two reports of consultations undertaken to capture the views of children and young people in care, care leavers and aftercare workers, as these add value to the research material covered – particularly as they engage directly with children and young

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[8] See https://www.gov.ie/en/policy-information/04fc0e-reform-of-guardian-ad-litem-arrangements-in-child-care-proceedings/

people themselves. Reference is also made to how the Health Information and Quality Authority (HIQA)[9] engages with children and young people as part of the inspection process; and to Tusla engagement with children and young people, particularly in foster care.

The review also draws insights from the international literature to provide a wider context of knowledge in the field. This is done primarily through reference to international evidence cited in the Irish papers reviewed, rather than an international literature review per se. This is supplemented by reference to two literature reviews undertaken specifically to support longitudinal studies of children in care elsewhere (Northern Ireland and Australia) and two systematic reviews which provide cumulative evidence from international research.

An analysis of this material, guided by the four key questions outlined earlier and the focus and purpose of the review, identified key themes relevant to the Working Group process. The themes identified fall under three main headings: data and research issues; what is known about care experiences and outcomes; and, the need to hear and take account of children and young people's views. The findings, particularly those in relation to methodological issues such as access, consent and recruitment of respondents, are fundamental to the development and success of any future cross-sectional or longitudinal research.

There are seven sections in the review following this Executive Summary:

- Section 1 outlines the context and background to this review.
- Section 2 outlines the purpose of the review exercise and the methods used to carry it out.
- Section 3 identifies the interrelated themes which emerged from the guiding questions and the review of the literature, and around which the findings are organised.
- Sections 4, 5 and 6 present the findings around these themes, which fall under three broad headings: data and research issues; what is known about care experiences and outcomes; and, the need to hear and take account of children and young people's views.

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[9] HIQA is an independent authority established to drive high-quality and safe care for people using health and social care services in Ireland. HIQA's mandate extends across a range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth Affairs, HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered. See https://www.hiqa.ie/about-us

- Section 7 draws conclusions from the material reviewed and identifies the implications of these conclusions for future research.

Themes and Key Findings

Summaries of key findings in line with the three themes identified are set out below.

(1) Data and Research Issues

Recruitment and Access

Several Irish papers reviewed involved, or attempted to involve, data collection from children or young people in care / left care, foster carers, aftercare workers and social workers. These papers often highlight challenges experienced gaining access to or recruiting participants/ respondents, especially children and young people in care or care experienced (Daly and Gilligan 2005; Daly 2012; McEvoy and Smith 2011; Darmody *et al*., 2013; Hyde *et al.*, 2016; Moran *et al.*, 2017; Carr and Mayock 2019; Glynn 2020).

The challenges identified by these authors include difficulties accessing potential respondents via service provider gatekeepers, navigating the multiple steps involved in gaining consent and /or assent, and the lead-time required for this process and for building relationships.

Other factors which compounded these challenges included:

- difficulties accessing subgroups of the care population for example those who had left school early and never returned or members of ethnic minorities (Brady and Gilligan 2019b);
- the fact that children or young people may not identify (or want to identify) themselves as being ‘in care’ (McEvoy and Smith 2011); and
- the possibility that some young people may be reluctant to participate in research at the request of service provider gatekeepers, if they have had negative care experiences or relationships are strained (McEvoy and Smith 2011, Moran *et al.*, 2017).

There are two key consequences of these challenges. The first is that Irish studies have often tended to rely on second hand accounts of the experiences of children and young people in care (e.g. from carers, aftercare workers or social workers).

While these accounts are valuable, relying on them can be problematic where the informants are the service providers and understanding the young person's or parent/carers experience of receiving their service is a key research question. This also means that the voices of children or young people are often not being included in research. This is despite a broad consensus on the importance of hearing from them, and obligations under article 12 of the UN Convention on the Rights of the Child (which provides a right for the views of children to be heard and considered in matters that affect them[10]).

The second consequence is that Irish studies have tended to be small scale in nature, and while small qualitative studies generate rich and valuable in-depth data, they are difficult to generalise from and can be subject to selection bias. It is beyond the scope of the literature review to comment any further on the limited range of research literature identified or the predominance of small-scale studies – this would require further analysis of other matters such as the availability of research funding and expertise.

Some of the papers reviewed pre-date the General Data Protection Regulation (GDPR), which came into effect in 2018, and this is likely to have further complicated the process of access and recruitment; and many predate the establishment of the independent Tusla Research Ethics Committee in 2021.

Available Research and Data and the Need for Additional Research and Data

A number of papers reviewed refer to a lack of data and or research in Ireland on children and young people in care or leaving care. In 2000, Kelleher *et al.* (2000a) noted the need for accurate data on those in care to inform effective service planning and highlighted the difficulties they experienced identifying the population of those leaving care for their study, with differing data practices across health board areas presenting a particular problem at that time (ibid: 22).

In the years since then, other studies have continued to refer to a lack of data or research, either generally or on specific outcomes. This includes data and research gaps relating to:

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[10] https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

- educational participation and outcomes (e.g. school attendance, attainment, special educational needs, literacy and participation in further or higher education) (Darmody *et al.*, 2013, Brady and Gilligan 2019b);
- contact with the criminal justice system (Carr and Mayock 2019);
- sexual health and early pregnancy (Hyde *et al.*, 2016);
- voluntary care (Corbett 2018; Brennan *et al.*, 2021);
- private family arrangements (Burns *et al.*, 2021);
- leaving care and outcomes after care (Daly 2012); and
- the scale of problems among these children and young people such as drug use, homelessness and mental health issues (Glynn 2020).

Carr (2014) makes the point that the knowledge gap in relation to how young people fare after they have left care, contributes to a lack of 'public visibility' for these young people. A 2000 review for the Children's Act Advisory Boards (CAAB) pointed to a lack of rigorous evidence on the effectiveness of services, interventions or practices for children in state care, and the type of evaluation research, which could provide this evidence (Clarke and Eustace 2000). This review suggests that this gap in relation to service evaluation research has persisted.

(2) Care Experiences and Outcomes

Care Experiences and Outcomes – the Wider Literature

The review distils key messages from the wider international literature, primarily as reported by Irish studies when locating empirical work in a broader context, rather than through a review of the international literature per se.

In addition, it draws on two literature reviews undertaken to support longitudinal research studies elsewhere. The first is a dedicated literature review to support an Australian study of children in care (Walsh *et al.*, 2018) and the second, a literature component of a report from a study of children in care Northern Ireland (Mc Sherry *et al.*, 2013). It also references two recent international systematic reviews, which assessed the cumulative findings of research on specific topics in this field – the role of educational engagement and the effectiveness of interventions to support leaving care and aftercare (Townsend *et al.*, 2020; Taylor *et al.*, 2021).

The wider literature reviewed in this way, consistently highlights the existence of poorer outcomes among children in care than among their peers who have not been in care, in areas such as educational attainment or qualifications, employment, crime, homelessness, mental health problems and substance abuse (Mc Sherry *et al.*, 2013; Walsh *et al.*, 2018). These findings highlight important outcome areas to focus on in future research, and indeed make the case for improved administrative data collection.

While the wider literature highlights poorer outcomes, it also points to the heterogeneity of needs and experiences among those in care and aftercare. Outcomes can vary, for instance by reason for coming into care, age of coming into care, length of time in care, type of care placement or stability of placement and level of aftercare support (Walsh *et al.*, 2018). There is also some evidence that risk of involvement in crime is greater for those in residential care than in foster care, and considerable evidence that placement instability is a strong predictor of more negative outcomes (Carr and Mayock 2019; Walsh *et al.*, 2018).

Acknowledging the heterogeneity of the care and aftercare population, raises the question of what the appropriate comparator should be when considering outcomes among children in-care versus children who have not been in care, as the two populations are likely to have very different backgrounds, needs and experiences. As one literature review concludes, poorer outcomes may at least in part be due to 'selection effects', i.e., the fact that children who have experienced trauma or higher levels of difficulty in their lives are more likely to go into care in the first place (Walsh *et al.*, 2018).

In addition there is some research evidence which suggests that the care system may play a protective role, where outcomes of those in care were compared to others with similar needs and backgrounds, but who had not been in care (Sebba 2015, cited in Brady and Gilligan 2018b: 32). The point is also made in the literature that significant proportions of those in care fare well (McSherry *et al.*, 2013). Nevertheless, poorer outcomes are clearly a cause for concern and intervention.

Understanding variations in experiences and outcomes, the predictors of both positive and negative outcomes and the impact of the care system itself, are all critically important. The international literature reviewed identifies a variety of factors associated with these poorer outcomes. These include early trauma, placement disruption, going into care at an older age and residential rather than foster care (Walsh *et al.*, 2018; Carr and Mayock 2019). Walsh *et al.* (2019) also conclude that the quality of care received by children in care is the strongest predictor of outcomes over time.

A systematic review of qualitative and mixed methods research on the educational experiences of children in care specifically highlights the important roles of safe and stable school environments and positive relationships with teachers who listen to what children in care have to say (Townsend *et al.*, 2020).

A systematic review of research into the effectiveness of aftercare supports, which prioritised robust quantitative evidence from experimental studies (over qualitative or observational data) did not find evidence strong enough to establish the effectiveness of any particular approach – and highlighted the need for more rigorous evaluation research, particularly outside the US (Taylor *et al.*, 2021). However, the findings suggested that certain approaches had 'promise', particularly 'extended care', policies that raise the age at which support is still available to young people after they leave the care system.

Care Experiences and Outcomes – Irish Studies

A seminal study from over twenty years ago examined outcomes among a sample of young people leaving different types of care settings (special schools, detention schools, health board care) and found significant proportions with difficulties in relation to issues such as special needs, drug use, homelessness and imprisonment (Kelleher *et al.*, 2002). This report provides the context for this section, which reviewed more recent research on care experiences for children in care or young people leaving care in Ireland.

Later studies update and extend our understanding of the care experience and its impact, highlighting the specific factors associated with more positive or negative outcomes. Bairéad and Norris (2021) found lower numbers than expected identifying as having been in care before becoming homeless in Dublin. The authors suggest this might be due to increased supports in recent years – though it may also be a function of other factors such as not wanting to tell homeless services they had been in care (ibid: 27).

Previous research on pathways to homelessness (Mayock *et al.*, 2014) found that among those who had been in care, most had experienced difficulties before care, had gone into care between the ages of 10 and 15, spent long periods in foster or residential care and experienced placement breakdown.

The majority of children in care in Ireland were found not to have had contact with the criminal justice system (Carr and Mayock 2019) with an over-representation of those in care in court or children's detention being identified as an issue for a 'small cohort', many of whom were in residential care.

McNicholas *et al.* (2011) highlight a relationship between placement instability and greater levels of mental health issues, with children in residential care significantly more likely to have contact with mental health services compared to those in foster care. Mental health needs were also found to be associated with difficulties experienced before coming into care, as well as multiple placements and staff changes (Tatlow-Golden and McElvaney 2015; Coulter *et al.*, 2020).

Relationships or connections with carers tended to be stronger for those who had been in foster care than for those who had been in residential care (Hyde *et al.*, 2016) with young people in residential care feeling more monitored and limited by care staff who didn't have the flexibility 'parents' might have when trying to resolve difficulties.

Irish studies therefore reflected the findings of the wider literature that linked poorer outcomes in important areas of life such as mental health, relationships, homelessness and involvement in crime to placement breakdown, multiple placements, going into care at an older age and being in residential care.

While studies highlight these poorer experiences, Gilligan *et al.* (2022) also note the growing evidence that not all care leavers end up in difficulty. Kelleher *et al.* (2000), and later studies such as those by Daly and Gilligan (2005), Darmody *et al.* (2013), Moran *et al.* (2017) found that more positive outcomes were linked to educational engagement, more stable placements, positive relationships, social support, relative care placements, access to required educational supports and interagency working.

Studies also highlight how aftercare planning and the provision of social and practical support over the transition from care, are key to more positive outcomes (Daly 2012, Glynn 2020). This is particularly important as young adults leaving care may have fewer family based resources to rely on and the need for both material and emotional support can be acute at this juncture particularly for those moving to independent living (Palmer *et al.*, 2022). The point is also important in the context of social change in recent decades, which mean that younger adults tend to continue to receive parental support, both material and emotional, for longer than in the past (Shah *et al.*, 2017, cited in Palmer *et al.*, 2022).

Outcomes of Importance

The Child Care (Amendment) Act 2015 introduced an obligation on Tusla to prepare aftercare plans addressing seven areas of young adult's lives: education; finance and budgeting; training and employment; health and wellbeing; personal and social development; accommodation; and family support.

These outcome areas resonate with the list of outcomes areas identified by young care leavers themselves when they were asked about the value of a UK outcomes framework (Dixon *et al.*, 2018) and reflect a mix of practical or material supports and social or emotional supports – both of which have been identified as important in the studies reviewed.

Tusla has recently commenced the development of an agreed outcomes framework for the Agency. The views of young people who have left care themselves are critical to this process.

(3) Hearing Children and Young People's Views

Despite the importance of hearing from children and young people themselves, as noted earlier, research in this area is often small scale and qualitative and often relies on second hand informants.

The Department of Children and Youth Affairs (Mc Evoy and Smith 2011) and Tusla (Tierney *et al.*, 2018) have also made efforts to consult /engage directly with those in the care system and hear their voice. McEvoy and Smith report the many challenges they faced recruiting young people into a consultation process linked to the Ryan Report; while Tierney *et al.* report that young people felt heard through collective fora established within Tusla, but perhaps less so outside of these fora.

HIQA engages with significant numbers of children and young people in care as part of its inspection work, and there is a possibility that this may be a function of its independence. However, there may be important lessons arising from the methodologies employed.

The Tusla Advisory Group (TAG) of care leavers aged 18 – 25, has recently carried out a unique and innovative survey of young adults in aftercare, where the young people themselves developed the survey questions. This survey yields important insights that could help inform the development and focus of other research in this field, though the findings were not available during the review timeline.[11]

Summary and Implications

The review highlights key findings from recent Irish research, issues emerging from the methodologies employed, insights from the international literature, and existing research and data gaps about experiences and outcomes among children in care and young people having left care. This baseline information will help inform a focus for future research and important research questions.

Before summarising the key lessons arising from this review, it is important to note that there have been developments in the availability of administrative data from the care system, which post-date several of the papers reviewed here. These include the ongoing evolution of the National Child Care Information System (NCCIS)[12] (a

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[11] See https://www.tusla.ie/uploads/content/TAG_SURVEY_report.pdf. This survey of those in after care generated 74 responses and was distributed via aftercare workers, as well as being publicised by Tusla on social media. A link to the survey was also sent to all Tusla staff. Most respondents rated their aftercare service well. However, their experiences of aftercare services varied widely, and there were differing levels of knowledge about services and options open to them. The report made recommendations for further research on education progression, the relationship between care placement types and positive transitions, and the factors associated with positive or negative experiences of aftercare

[12] Appendix 1 lists the full range of data metrics now available from the NCCIS on those in care and aftercare.

national Tusla case management system for child protection and welfare and children in care) launched in 2018. More recently DCEDIY/Tusla/Central Statistics Office (CSO) have established a Pathfinder project which will link administrative data on children in care with educational data at an anonymised, aggregate level to generate new insights into the educational attendance and attainment of children in care.

These developments do not fully address data gaps identified in the review. However, there is potential for the ongoing development of the NCCIS to capture important additional data and to track and report on the individual pathways through the care system; and further potential for CSO Pathfinder projects to generate new insights by matching Tusla and other administrative data under the strict confidentiality and remit of the Statistics Act (1993).

In summary, key issues that have emerged from the review include:

- Challenges researchers have experienced accessing or recruiting those in care, leaving care, in aftercare or having left care into Irish research studies.
- Data and research gaps, which limit our understanding of the experiences of children and young people in care and leaving care.
- A clear indication of the factors that support positive outcomes in care and beyond and the factors that are associated with difficulties and poor outcomes.
- A sense of outcomes of importance and the value of an outcomes framework, which could shape and drive administrative data collection and the focus of valuable research questions.
- The importance of hearing from and involving children and young people themselves in consultations and research so that their views and experiences can meaningfully inform the development of more effective and responsive services.

These issues generate the important lessons for future research, outlined in the final section of this review. They include:

I. The need to address access and recruitment challenges.
II. The need for a variety of research and improved administrative data.
III. The need to for future research to build on existing evidence.
IV. The benefits of an outcomes framework.
V. The need to hear directly from children and young people.

These lessons have helped inform the deliberations of the DCEDIY/Tusla Working Group and its recommendation for a programme of research to the Minister. The establishment of this programme of research commenced in 2022 (See Appendix 4).

SECTION 1
Context and Background

1.1 Children in Care: the current context

This section provides a snapshot of key statistics on children in the care of the state or in receipt of aftercare drawing on Tusla reports; an overview of issues arising from an analysis of court proceedings by the Child Law Reporting Project;[13] and a brief outline of a review of the Child Care Act (1991) to provide some context for the literature review.

Tusla, the Child and Family Agency has statutory responsibility to protect children and promote their welfare, under both the Child Care Act, 1991 and the Child and Family Agency Act 2013. Tusla preventative and family support services support families to ensure that where safe, children and young people can continue to live at home, close to friends and school and within their own communities (Tusla 2022a:10). 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 (also known as alternative care) (ibid).

The placement of a child or young person in care may be agreed on a voluntary basis with parents/guardians or it may be decided by order of the courts, by way of care orders, emergency care orders, special care orders and supervision orders (ibid:10). A number of UN conventions and guidelines[14] recognise that the ideal setting for a child or young person to grow up is within a nurturing family environment. As the numbers outlined below indicate, the majority (90%) of those in care in Ireland currently are in foster care.

At the end of 2021 there were 5,863 children/young people in care in Ireland; of whom 3,768 (64%) were in general foster care, 1,498 (26%) in relative foster care, 459 (8%) in residential care, and 138 (2%) in other forms of care (including supported lodgings, detention, youth homeless facilities, therapeutic, disability or residential

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[13] https://www.childlawproject.ie/

[14] 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.

assessment facilities). Of those in residential care, 16 were in special residential care. These figures include separated children seeking international protection (Tusla 2021b: 16). The vast majority, 90% were in general foster care or relative foster care.

Tusla's 2020 Annual Review on the Adequacy of Child Care and Family Support Services provides additional information on the breakdown of those in care between those in care under a care order and those in care via a voluntary care agreement. This shows there were 5,818 children in care in 2020, with 1,316 (22.6%) of these in care by voluntary agreement (Tusla 2020a: 74).[15] This report also notes that the percentage of children in care under a voluntary agreement is decreasing – for instance 58% of admissions to care in 2016 and 54% of admissions to care in 2019 were by voluntary agreement, compared to 47% in 2020 (ibid: 15 and 65).

The report also provides information on the number of children who were in their third placement or a greater number of placements within the previous twelve months. At the end of 2020, a small proportion (3.1%) of children fell into that category (ibid: 79).

There were 977 young people discharged from care in 2020, up 31 on 2019. Over half of all discharges, 53% (515), were young people turning 18 years, in line with previous years. The majority, 71% (368) of young people discharged at 18 remained with their foster family, with a further 9% (45) returning home/to extended family. One in ten (50) moved to independent living with another 49 in 'other accommodation' (ibid: 16 and 91). State care ends when a young person is 18, though Tusla may provide aftercare up until the age of 21, and extend it to the age of 23 where the young person is in further education or training.

The Child Care (Amendment) Act 2015 (commenced in 2017) introduced an obligation on Tusla to prepare aftercare plans based on need; and identified seven areas of need for assessment in aftercare planning; education; finance and budgeting;

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[15] Under the Childcare Act 1991 Tusla may apply to the courts for a number of different care orders for children who are at risk or who are in need of care. Where parents are unable to cope due to illness or other problems, they may agree to their children being taken into the care of Tusla. This is known as a voluntary care agreement. In these cases, while Tusla has care of the children it must consider the parents' wishes as to how the care is provided. Tusla is obliged to maintain these children for as long as their welfare requires it. See: https://www.citizensinformation.ie/en/birth_family_relationships/services_and_supports_for_children/children_in_care.html

training and employment; health and wellbeing; personal and social development; accommodation; and family support. Young people leaving care at the age of 18 are eligible for an aftercare service up to the age of 21, where they have spent 12 months in the care of the state between the ages of 13-18. Care planning begins from the age of 16, and the aftercare plan must be provided before the young person leaves care. Aftercare services can be extended up to age 23 where a young person is in training or education (See https://www.tusla.ie/services/alternative-care/after-care/what-are-aftercare-services/).

Tusla statistics showed there were 3,059 young persons/adults in receipt of aftercare services at the end of 2021. This was 116 (4%) more than in 2020 (2,943) (Tusla 2021b: 5). Eighty two per cent of these young persons/adults had an aftercare plan and 559 were awaiting a plan (ibid). Seventy six per cent (76%) of those aged 18-22 years inclusive, in receipt of an aftercare service were in education/accredited training (ibid).

In terms of aftercare, Tusla statistics show that at the end of 2020 almost half (49%; n=1047) of those from 18-22 years were continuing to live with their foster families, while a further 10% (209) had returned home to family, and 23% (505) had moved to independent living (Tusla 2021a:103) . (Data on Tusla alternative care services are updated regularly at https://www.tusla.ie/data-figures/).

No statistics are available for those placed in care under what are known as private family arrangements, where social workers facilitate placements with relative carers (with the parents’ consent) but the children are not in the care of the state under the Child Care Act. However, findings from Burns *et al.* (2021) suggest that this practice is ‘not uncommon’.

Acknowledging the limitations of comparing data across jurisdictions with different systems of care Furey and Canavan (2019), show that Ireland has the lowest number of children in care per 10,000 across eight jurisdictions covered by their analysis (based on figures for Ireland, Northern Ireland, Wales, Scotland, Australia, Norway, Canada and the USA between 2015 and 2017). Other analysts point out that Ireland has one of the lowest numbers of children in residential care across EU member states (Lerch and Nordenmark Severinsson 2019: 27).

The latest analytical review from the Child Law Project (previously the Child Care Law Reporting Project) provides further insights into the current context, based on an examination of three years of court reporting on child care cases from mid-2018 to mid-2021 (Corbett and Coulter 2021). The project, established in 2012,[16] and now fully funded by DCEDIY, aims to promote 'transparency of, accountability for and debate on child care court proceedings (under strict anonymity requirements)' and the analytical report provides useful contextual information from court proceedings that could inform future research (ibid: iii).

The analysis covers district court reports from mid-2018 to mid-2021, generating 360 case reports. The majority related to interim care orders, followed by care orders, then supervision orders and emergency care orders (ibid: vi).

Usually, Tusla, the Child and Family Agency, was the applicant and the child's parents were the respondents. Corbett and Coulter point out that in most cases, the child has no legal status in the proceedings and was rarely present in court (ibid: v). At the discretion of the judge, a Guardian ad Litem (GAL) or solicitor can be appointed to represent the views and interests of the child (ibid).

The authors note that most of the proceedings involved children who were 'traumatised, distressed and needing care and support, but there were also cases where it was reported that the child and/or their parent had made huge progress and in some cases reunification was possible' (ibid: vi). The analysis found a large number of cases had involved neglect, a history of family engagement with social services, poor living conditions, and parents experiencing difficulties such as mental health and addiction problems, often accompanied by homelessness and domestic violence (ibid 2021: v). Corbett and Coulter also report a disproportional representation of ethnic minority parents – migrants, Travellers and Roma - in child care proceedings, raising particular issues such as trans-national or trans-ethnic placements, language barriers, and cultural sensitivity (ibid).

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[16] The Child Law Project was established in November 2012, under Section 3 of the Child Care (Amendment) Act 2007 and in accordance with the 2012, Regulations (Regulation No 467 of 2012) made under the Act. It was initially set up with the support of the One Foundation, the Atlantic Philanthropies and the Department of Children and Youth Affairs. Since 2018, it has been fully funded by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and is operationally independent.

Over this period, Corbett and Coulter also report that children's views were communicated in the courts by social workers, Guardians ad litem or parents (sometimes with different views) (ibid: vii). In the majority of cases observed, a GAL was appointed. They did not find any example of a child being a party to proceedings under section 25[17] of the Child Care Act (ibid: vii).

Corbett and Coulter also highlight the difficulties that arose during the COVID-19 pandemic when for instance children were seen less by those who might have identified a concern, school and therapeutic services were less available, face to face contact with social workers was affected and access arrangements or court proceedings were disrupted (ibid: vii). On the other hand, they also point out that Tusla and other organisations offered children support via phone or using technology and that elements of the court process moved online (ibid).

Issues arising from the analysis of district court cases over the period included escalation of children's difficulties linked to delays in the provision of therapeutic and disability services; gaps in the provision of mental health services, and court adjournments due to delays in assessment and expert reports (outside the remit of Tusla). They also identified problems arising where children remained for lengthy periods in care under interim care orders and voluntary care agreements (ibid: viii).

The analysis also provides an overview of issues arising from Special Care cases in the High Court, concerning 29 children over the period (ibid: ix). Corbett and Coulter outline how special care orders allow a child to be detained for their safety, and for therapeutic and educational purposes, with Tusla the applicant and the child the named respondent represented by a Guardian ad Litem. The granting of a special care order focuses on the child's behaviour, risk of harm and care needs, and there is no need to establish failure on the part of the parent, though consultation with parents is required. The High Court can grant special care orders in relation to children between the ages of 11 and 17 for a maximum period of nine months, with the court

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[17] This provides that where the child to whom the proceedings relate is not already a party, the court may, where it is satisfied having regard to the age, understanding and wishes of the child and the circumstances of the case that it is necessary in the interests of the child and in the interests of justice to do so, order that the child be joined as a party to, or shall have such of the rights of a party as may be specified by the court in, either the entirety of the proceedings or such issues in the proceedings as the court may direct. (https://www.irishstatutebook.ie/eli/1991/act/17/section/25/enacted/en/html).

conducting regular reviews of progress. Some children are transferred out of the jurisdiction under special care orders (ibid: v).

In these cases, Corbett and Coulter report that many of the children had been in care, including special care, for significant periods and had highly complex needs(including emotional and behavioural difficulties, intellectual disability, eating disorders or drug use) (ibid: ix). Corbett and Coulter also report that they often had a history of neglect and abuse and many presented as severely traumatised (ibid).

Issues arising from these high court cases included: difficulties getting appropriate services and therapies; lack of step down options; an ongoing need to transfer children to the UK for specialised treatment and care; and the need for interagency collaboration between Tusla, the HSE and the Child and Adolescent Mental Health Service (CAMHS) (ibid: ix).

Corbett and Coulter set out a number of recommendations for reform, based on their analysis of cases over this period. These include a recommendation to establish a Family court and to introduce a family drug and alcohol programme within the court (ibid: xii). They also make specific recommendations in relation to interim care orders (for a maximum period for an interim care order) and voluntary care agreements (for instance to ensure the views of the child are heard, and a maximum period before judicial proceedings begin) (ibid: xiv). Other recommendations address the need to improve the capacity to respond to the therapeutic needs of children in care or at risk of being taken into care; the need or improved mental health services and the need for interagency policies and protocols (ibid: xvii-xviii).

The analysis also calls for research on ethnic minorities and children with severe difficulties, and on international best practice for the treatment of children and young people with challenging emotional and behavioural difficulties, among the issues which they argue require further research and consultation with relevant stakeholders and experts (ibid: xix).

Plans by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) for an Amendment Bill to the Child Care Act 1991 are also an important part of the context for this review.

This will revise and update the 1991 Act to reflect changes in child welfare and protection services in the 30 years since its enactment and the Constitutional recognition of children as individual rights holders.[18] It will also seek to have good practice developments enshrined in Law. The Heads of Bill are currently being drafted (2023), informed by extensive consultations, research (including the research on care proceedings carried out by the Child Law Reporting Project) and a review of the Act led by DCEDIY.

The Review of the Act included specifically an Open Policy Debate, an open call for submissions, consultations with Tusla staff and management and consultations with children and young people who had experienced interventions under the Act. The department has also input to Working Group convened by the Department of Justice on the development of Family Court reform (an issue raised by Corbett and Coulter).

Separately, the Child Care (Amendment) Act passed into law in 2022 provides for the reform of the GAL system. This will enable the establishment of a new national GAL service, creates a presumption in favour of the appointment of a GAL in district court proceedings and a mandatory appointment in special care cases before the High Court.

To ensure the voice of children and young people is always at the heart of proceedings, the Act also provides that where a child is capable of forming their own views, the court must determine how to facilitate the child in expressing those views. The court will be required to give any views that the child wishes to express due weight, having regard to the child's age and maturity.[19]

1.2 Background to this Review

Following the publication of the Report of the Commission to Inquire into Child Abuse (the Ryan Report 2009), a detailed implementation plan was agreed and Government committed to all of the recommended actions. Action 65 stated that '*the*

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[18] https://www.gov.ie/en/publication/97d109-review-of-the-child-care-act-1991/#:~:text=The%20Review,-The%20Department%20is&text=The%20legislation%20covers%20the%20following,take%20a%20child%20to%20safety

[19] https://www.gov.ie/en/press-release/b51a8-child-care-amendment-act-2022-signed-into-law-to-strengthen-the-voice-of-children-in-child-care-proceedings/

HSE will, with their consent, conduct a longitudinal study to follow young people who leave care for 10 years, to map their transition to adulthood'.

At the end of 2014, the fourth and final report of the Implementation Report Monitoring Committee noted that Tusla, the Child and Family Agency,[20] indicated that it had not been possible to proceed with the recommendation for resource reasons; but that it would be kept under review in light of 'available resources and other competing demands'.

Following on from a brief scoping paper in 2013, Tusla commissioned a feasibility study on conducting such longitudinal research, with financial support from the Department of Children and Youth Affairs. The report from this study (Devaney and Rooney 2018) provided an overview of the need for longitudinal research for children in care / leaving care in Ireland and set out options for developing such a project.

In 2020, a Department of Children, Equality, Disability, Integration and Youth (DCEDIY)/Tusla Working Group was established (see Appendix 2 for membership of the Working Group). The task of the group was to explore how best to address the recommendation arising from the Ryan Report and the ongoing need for more data and research in this area, and to make a recommendation to the Minister, taking account of the feasibility study and other relevant literature and more recent initiatives.

The department's Research and Evaluation Unit undertook this literature review in collaboration with the Chair and members of the Working Group, to support the deliberations of the Working Group and the development of a recommendation to the Minister for future research in this area.

See Appendix 4 for the Working Group recommendations.

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[20] Tusla had taken over responsibility for Children in Care from the HSE.

SECTION 2
Review Purpose and Methods

This review presents a thematic analysis of published papers[21] collated by the department's Child Care Performance and Social Work Unit or identified by the Research and Evaluation Unit, with additional information and input from members of the Working Group.

The focus of the review was primarily to identify empirical Irish research or reports from consultation exercises published over the last ten years relating to the care system, children and young people in care, young people using aftercare services and or young people who have left care.

The purpose of the review was to gather insights about the experiences of children and young people and the experiences of researchers collecting data on alternative care, in order to identify lessons arising that could usefully inform the deliberations of the Working Group and the future development, design and implementation of research on the topic. Four key questions informed the search and review process:

- What do we know from Irish empirical research about conducting research with or about children and young people who are or have been in care?
- What do we know from this research about their experiences and outcomes, and the factors associated with these experiences and outcomes?
- What key lessons for future research arise from these issues?
- To what extent have the voices of children and young people themselves been heard in this research?

The desk-based search process involved a number of different approaches to identify relevant material. These included identifying an initial group of published papers through alerts received in the department (February 2018 - March 2022) from the following academic journals:

- Child and Family Social Work
- Critical Social Policy
- Child Maltreatment
- Children and Youth Service Review

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[21] The review does not include unpublished research which exists but is outside the scope of this exercise, for example small scale, qualitative and exploratory research carried out by practitioners or students in the area of children in care and recorded on the Tusla research register.

- British Journal of Social Work
- Research on Social Work Practice
- Journal of Social Work
- Child Abuse and Neglect.

Following up citations in these papers identified other relevant studies, some dating from an earlier period than initially planned. Material from the following information services supplemented this process: Community Care Daily; Children and Young People Now; and the Childlink Information Service. Feedback from members of the Working Group on earlier drafts of the review was particularly helpful in identifying grey material and reports not published in academic journals.

While the specific focus of the review was to bring together as much empirical Irish material as possible, the review refers to the wider literature to set this work in an international context, primarily through references to the international literature cited in the Irish papers reviewed. To supplement these insights, the review also included two relevant systematic reviews (Townsend *et al.*, 2020, Taylor *et al.*, 2021) as these had assessed the cumulative value of previous research in the area (on the topics of educational engagement and interventions to support young people leaving care). The Review also considered two further literature reviews, which had been conducted specifically to support 'care' focused longitudinal studies in other jurisdictions. These were the literature review component of a report from a longitudinal study of children in care in Northern Ireland (Mc Sherry *et al.*, 2013) and a dedicated literature review undertaken to support another longitudinal study in Australia (Walsh *et al.*, 2018).

Though the search exercise initially focused on the last 10 years, as noted above the review approach also identified papers published before this period, which were included as they offered unique insights or had been cited as important in more recent Irish studies. These include two reviews by the Children Acts Advisory Board, of relevant Irish research from 1990-2000, which are referenced as they provide a useful indication of the nature and extent of relevant research in Ireland up until that point, offering a broader historical context.

In January 2021, the Chair of the DCEDIY/Tusla Working Group also wrote to over 50 researchers and academics in Ireland who subscribe to the *Social Educators and Research Forum* mailing list - asking for information on research carried out by themselves or others, on the care system or on children and young people in care and after care in Ireland. This was intended to complement the desk-based exercise undertaken in the department and to capture the literature as comprehensively as possible.

Two reports of consultations are also included, to capture the views of children and young people in care, care leavers and aftercare workers, which the Working Group had agreed was extremely important to its deliberations and to future research. Reference is also made to extensive HIQA engagement with children and young people currently carried out as part of the inspection process; and to Tusla engagement with children and young people in foster care, particularly through the establishment of foster care 'fora'.

The papers reviewed deal with a variety of issues including:

- educational experiences and attainment;
- care leavers and transition to employment;
- homelessness and contact with the criminal justice system;
- housing provision for those who have left care;
- mental health and mental health services for those in care;
- outcomes for those who have left care;
- leaving care and experiences of aftercare planning;
- policy and aftercare provision in Ireland;
- the rights of children in voluntary care and private family arrangements; and
- supporting stability in long term care.

The full suite of papers reviewed is summarised in Table 1, indicating author/ year of publication; primary focus; and sample size/method. A small number of papers referenced in this report, which were cited in the reviewed papers, are listed in the bibliography for reference, but are not included in this table as reviewed papers.

Material for inclusion in the review was identified up to a cut-off point of March 2022. The first 20 papers collated for the review were manually coded to help identify overarching themes, around which to organise the analysis and write-up. Early drafts of the review were considered and discussed by the Working Group. The completed draft went through an independent peer review exercise in June 2022, involving two academic reviewers with relevant expertise. The report was revised on foot of feedback from this exercise in the autumn of 2022. The final draft was then reviewed internally in DCEDIY and approved for publication in February 2022.

Table 1. Papers reviewed
(Note: A small number of papers referenced in this report which were cited in the reviewed papers or are referenced as context, are listed in the bibliography for reference, but are not included in this table as reviewed papers)

Report Reference	Focus/Aims	Sample size /method
Kelleher, P., C. Kelleher and M. Corbett (2000b) Left Out On Their Own, Young People Leaving Care in Ireland, Focus Ireland/Oak Tree Press	A national study of young people leaving care in Ireland.	Survey using a monitoring form completed by social workers /care staff of the circumstances of young people leaving care (165) six months on (148) and 2 years on (135) from a variety of placements. Interviews with 30 care leavers.
Daly, F. and R., Gilligan (2005) *Lives in Foster Care: The Educational and Social Support Experiences of Young People aged 13 to 14 years in Long-term Foster Care*. Dublin: Children's Research Centre	The educational experiences of this group, their social supports and relationship between education, placement and social supports.	205 interviews with foster carers.
Buckley, H., S. Whelan, N. Carr and C. Murphy (2008) Service User's Perceptions of the Irish Child Protection System, Office for the Minister of Children and Youth Affairs.	Aim to examine the views of service users of the child protection services, including their perception of being included in decision-making and having their views taken seriously.	Qualitative interviews with 67 service users, 13 of whom were young people who had been the subject of child protection concerns.
Clarke, A. and A. Eustace (2010) *Thematic Analysis of Irish Literature on Children in Detention and Out of Home Care in Ireland*, CABB Research Report No. 6, Children Acts Advisory Board.	Study aimed to audit and review Irish research on children in detention and out of home care in Ireland.	Literature review and 'audit'.
Buckley, H., C. Corrigan and L. Kerrins (2010) *Report of an Audit of Child Protection Research in Ireland 1990-2000*, CAAB Research Report NO. 7.	Identified 190 research documents on child protection over half, (110 or 58%) fell under the heading of policy/practice reviews/analysis and 8% cited direct contact with children and young people.	Literature review and 'audit'.

Report Reference	Focus/Aims	Sample size /method
Mc Evoy, O. and M. Smith, (2011). Listen to Our Voices: A Report of Consultations with Children and Young People Living in the Care of the State, Department of Children and Youth Affairs Department of Children and Youth Affairs	Consultation undertaken in response to Ryan report implementation plan. Sought views of children and young people in care of the state on issues relevant to them and their views about future consultation structures.	211 children and young people participated, including some with moderate to severe disabilities.
Mc Nicholas, N O'Connor, G Bandyopadhyay, P Doyle, A O' Donovan and M Belton (2011) *Looked After Children in Dublin and their Mental Health Needs*, Irish Medical Journal, April.	Survey of Social Workers on the circumstances of children in care (e.g. age, duration in care, reasons for entry into care, family history, and educational attainment; and child's service use, and attendance at Child and Adult Mental Health Services (CAMHS).	Survey of social workers on 174 children in care (of the 308 children in care residing within the study catchment area.).
Daly, F. (2012) What do young people need when they leave care? Views of care leavers and aftercare workers in North Dublin. Child Care in Practice, 18(4), 309-324.	Aimed to contribute to a better understanding of the issues facing young people (17-18) when they leave care (North Dublin).	Surveys with Aftercare Workers about the circumstances of 65 young people carried out at two points in time: May/June 2010; and December 2010/January 2011; Interviews with eight young people (also included in the surveys) and eight Aftercare Workers.
Daly, F. (2012) 'My voice has to be heard' Research on Outcomes for young people leaving care in North Dublin. EPIC.	Full report of the above study.	As above

Report Reference	Focus/Aims	Sample size /method
Darmody, M., McMahon, L., Banks, J., & Gilligan, R. (2013) Education of Children in Care in Ireland: An Exploratory Study. Dublin, Ombudsman for Children's Office.	Aimed to identify how the Irish education system can best support attendance, participation and attainment in education by children in care.	Analysis of existing Irish and International research as well as a case study of 4 jurisdictions. Interviews (and one focus group) with 19 stakeholders including social workers, school principals, foster carers and policy makers. Interviews with 15 children in care/ young people who had left care.
McSherry, D. M. Fargas-Malet and K. Weatherall (2013) Comparing long-term placements for young children in care: The Care Pathways and Outcomes Study, Northern Ireland, British Association for Adoption and Fostering.	Findings from a longitudinal study tracking the placement profile of a population of children who were under the age of five and in public care in Northern Ireland on 31 March 2000. This phase explored children's perspectives of their lives across the different placement types, focusing on their own views and experiences. Children's views were sought on issues such as family composition; closeness of relationships; attachment to carers /parents and peers; self-concept; and experience of school.	Only the literature review elements included in this report were reviewed as relevant context for this exercise (as the focus of this exercise was otherwise on empirical Irish research, the review).
Carr, N. (2014). Invisible from view: Leaving and aftercare provision in the Republic of Ireland. Australian Social Work, 67(1), 88-101.	Sets out the historical, legislative and policy context for the current care system and aftercare provision, with particular reference to the lack of data and empirical research on the care-leaving experience and on outcomes for young people leaving care.	Policy and historical context analysis.

Report Reference	Focus/Aims	Sample size /method
Tatlow-Golden, M. and McElvaney, R. (2015). A bit more understanding: Young adults' views of mental health services in care in Ireland. *Children and Youth Services Review*, 51 pp. 1–9.	A qualitative study involving eight young adults with experience of the care system in Ireland about mental health challenges, service experiences, and how they felt mental health services needed to improve.	Qualitative study with 8 young adults aged 18 to 27 years with experience of the care system.
Arnau-Sabatés, L., & Gilligan, R. (2015). *What helps young care leavers to enter the world of work? Possible lessons learned from an exploratory study in Ireland and Catalonia*. Children and youth services review, 53, 185-191.	The research aimed to find out how care leavers access and remain in the world of work.	Qualitative interviews with 22 care-experienced people aged between 23 and 33 years.
Gilligan, R., & Arnau-Sabatés, L. (2017). The role of carers in supporting the progress of care leavers in the world of work. Child & Family Social Work, 22(2) 792-800.	This paper looked at the data from the above study to explore how carers may influence the entry of young people in care into the world of work and how young people's progress in the labour market.	As above
Hyde, A., D. Fullerton, M. Lohan, C. McKeown, L. Dunne and G. Macdonald (2016) Sexual Health and Sexuality Education Needs Assessment of Young People in Care in Ireland (SENYPIC) Composite Report of Findings, Report No. 6. Hyde, A., D. Fullerton, M. Lohan, L. Dunne and G. McDonald (2017) Young People's Views on the Impact of Care Experiences on their Ability to form Positive Relationships, Adoption and Fostering 41(3), 242-253.	Aim was to identify the sexual health and sexuality education needs of young people in care in Ireland (foster care and in residential care).	E-survey 182 service providers. In-depth interviews with service providers (22) foster carers (19), birth parents (5) of YPIC, and young care-leavers (19). Additional short structured interviews with 12 service providers.
Brady, E. (2017) *Supporting the Educational Attainment of Children in State Care: A Preliminary Review of International Evidence*) Trinity Research in Social Sciences (TRiSS) Working Paper Series No. 01-2017.	The review drew on the findings of key research studies examining policy and practice found to be helpful to the education of children in care.	International literature review.

Report Reference	Focus/Aims	Sample size /method
Moran, L., McGregor, C. and Devaney, C. (2017) Outcomes for Permanence and Stability for Children in Long-term Care. The UNESCO Child and Family Research Centre, the National University of Ireland, Galway.	Focused on outcomes for permanence and stability for 506 children in long-term care in two Irish counties: Donegal and Galway, over a five-year period (2008 to 2013).	Mixed methods. Qualitative interviews children (n=3) Young person (n=7) foster parents (n=13) parents (n=4). Quantitative (case file analysis) (n=10).
Devaney, C. and C. Rooney (2018) The Feasibility Of Conducting A Longitudinal Study On Children In Care Or Children Leaving Care Within The Irish Context. Galway: UNESCO Child and Family Research Centre, National University of Ireland Galway.	Investigated the feasibility of conducting a longitudinal study on children in care or children leaving care within the Irish context.	Mixed methods involving literature and policy reviews and interviews with key experts (8).
Dixon, J., J. Ward and M. Stein (2018) *Brighter Futures for Care leavers: A Consultation on Outcomes and Aftercare for Young People Leaving Care in Ireland* (2018) (Focus Ireland)	A review of existing policy and research on aftercare in Ireland and a consultation to gather experiences of leaving care, outcomes and aftercare support from the perspectives of young people in and leaving care and aftercare workers (also aimed to explore the scope for developing an aftercare outcomes framework).	Twenty-nine (29) young people and five aftercare workers from 3 areas.
Walsh, P., McHugh, M., Blunden, H. and Katz, I. (2018). Literature Review: Factors Influencing the Outcomes of Children and Young People in Out-of-Home Care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 6. Sydney. NSW Department of Family and Community Services.	Aimed to summarise research findings on predictors of positive or negative outcomes to inform policies and practices in order to increase the chances of positive outcomes for children and young people in out of home care.	Literature review (to support the Australian Pathways of Care Longitudinal Study)

Report Reference	Focus/Aims	Sample size /method
Tierney, E., D. Kennan, C. Forkan, B. Brady and R. Jackson (2018) Tusla's Programme for Prevention, Partnership and Family Support: Children's Participation Work Package Final Report; UNESCO Child and Family Research Centre, NUI Galway.	Evaluation of the Programme for Prevention, Partnership and Family Support (PPFS) via five work packages one of which focused on children's participation.	Mixed methods including interviews with children and young people about their participation in Tusla services (n=19 aged 9 to 21 years from a variety of Tusla services).
Corbett, M, (2018) Children in Voluntary Care: An Essential Provision, But One in Need of Reform, Irish Journal of Family Law 21(1)	Explores and sets out the use of voluntary care in Ireland - highlights concerns about compliance with human rights standards and provides some suggestions for possible reform.	Policy and contextual analysis
Brady, E. & Gilligan, R. (2018) The life course perspective: An integrative research paradigm for examining the educational experiences of adult care leavers? Children and Youth Services Review, 87, 69-77.	Explores the potential of a life course perspective to guide research in the area of education and the care experience.	Conceptual analysis.
Brady, E. & Gilligan, R. (2018) Supporting the educational progress of children and young people in foster care: challenges and opportunities. Foster, 5, 29-41.	Identifies key challenges young people in care face in relation to education; and what helps to improve their educational experience / progress.	Analysis based on international evidence and Irish context.
Youth Advocate Programmes (YAP) Action Research (2018) What Do You Think About Social Work Services? YAP, Dublin.	Aimed to capture young people's views about social work, their relationships with social workers; and how things might be better.	Interviews with 48 young people in Dublin, Limerick and Meath conducted by young people.
Brady, E., R. Gilligan and S. Nic Fhlannchadha (2019) Care-experienced Young People Accessing Higher Education in Ireland Irish Journal of Applied Social Studies, Vol. 19 (1), 2019, 51-64.	Initial analysis of a small dataset related to care-experienced applicants to the Higher Education Access Route (HEAR) programme to explore how care-experienced young people in Ireland fare in accessing opportunities in higher education.	Analysis of anonymised administrative data.

Report Reference	Focus/Aims	Sample size /method
Brady, E. & Gilligan, R. (2019) Exploring diversity in the educational pathways of care-experienced adults: Findings from a life course study of education and care. Children and Youth Services Review, 104, 1-11.	Identifies pathways taken through education among 18 care-experienced adults (aged 24–36) in Ireland and some of the experiences and events that influenced these pathways.	Draws on interviews with 18 adults who were care-experienced.
Brady, E. & Gilligan, R. (2019) Supporting care-experienced adults' educational journeys: 'Linked lives' over the life course. Child & Family Social Work, 25 (2) 2019, 221-229.	Further analysis of the above interview data to explore how the principle of linked lives sheds light on educational journeys.	As above.
Carr, N., and P. Mayock (2019) Care and Justice, Children and Young People in Care and Contact with the Criminal Justice System, Irish Penal Reform Trust.	A small-scale exploratory study commissioned by Irish Penal Reform Trust (IPRT) that aimed to explore the extent to which children with care experience are represented in the Irish youth justice system.	Three phases: a literature and policy review; a 'call for submissions' from stakeholders; and in-depth interviews with relevant stakeholders (e.g Gardaí, service providers, legal professionals and advocacy groups).
Glynn, N., & Mayock, P. (2019). "I've changed so much within a year": care leavers' perspectives on the aftercare planning process. Child Care in Practice, 25(1), 79-98.	Findings of to examine young people's experiences of the aftercare planning process in Ireland drawing on data from the first phase of a longitudinal study of young people leaving care.	16 qualitative interviews with young people.

Report Reference	Focus/Aims	Sample size /method
Coulter, S, S. Mooney and M. MacDonald (2020) The Mental Health Needs of Children in Care and Children Adopted in Counties Louth and Meath: Exploring Current Service Provision, on behalf of Louth and Meath Children and Young People's Services Committees funded by Pobal under the Healthy Ireland programme.	Evaluation of mental health (MH) services available to children in care and children adopted (CICA) in Counties Louth and Meath. Focus groups were conducted in Summer 2019 with the following six key stakeholder groups: Adoptive Parents; Foster Carers; Young Adults with Care Experience; Referring Professionals; Service Providers and Senior Service Managers. Each Focus Group was invited to discuss:	Six focus groups with 34 stakeholders (adoptive parents (n=6) foster carers (7) young adults with care experience who had mental health needs (5) referring professionals (5) mental health service providers (6) service managers of agencies (5) (Tusla, CAMHS, Adoption Services, Primary care psychology).
Brady, E. & Gilligan, R. (2020). The role of agency in shaping the educational journeys of care-experienced adults: Insights from a life course study of education and care. Children & Society, 24(2), 121-135	Exploration of the role of agency drawing on data from a study of the educational journeys of care-experienced adults (as above, same authors)	18 interviews with care experienced adults (as above)
Glynn, N. (2020) Negotiating Uncertainty and Earning Respect: A qualitative, longitudinal study of Young People Ageing Out of State Care in Ireland, PhD Thesis submitted to the School of Social Work and Social Policy.	An exploration of the experience of the transition out of care at the age of 18 in Ireland.	Interviews with 16 care leavers who had aged out of care in previous year at three time points in one year follow up period.
Bairéad, C. and M. Norris (2020) Youth Homelessness in the Dublin Region: A profile of young, single emergency accommodation users in 2016, 2017 and 2018. Focus Ireland.	A profile of young (18-25 years) single emergency accommodation users in 2016, 2017 and 2018	Based on admin data for young people who first used emergency accommodation in the Dublin region between 2016 and 2018.
Townsend, M., E.P. Berger and A.E. Reupert (2020) Systematic review of the educational experiences of children in care: Children's perspectives Children and Youth Services Review, Vol 111	A systematic review of qualitative research aimed to identify and synthesise the findings of relevant studies that documented the experiences of children in care about their school experiences.	Systematic review of qualitative studies.

Report Reference	Focus/Aims	Sample size /method
Lotty, M., A. Dunn-Galvin, E. Bantry-White (2020) Effectiveness of a trauma-informed care psychoeducational program for foster carers – Evaluation of the Fostering Connections Program, Child Abuse and Neglect 102 (2020) 104390	Aimed to evaluate the effectiveness of the Fostering Connections program, a six-week trauma-informed care program within Tusla. Preliminary evidence of potential effectiveness.	Quasi-experimental design involving 79 foster carers (of 121 foster children): intervention group 49; control group 30; measures at baseline, on completion of six-week programme, 16 weeks and 15 months post-intervention.
Lotty, M. (2020) 'An Exploration of the Role of Trauma-informed Care in Fostering Stability', The Irish Social Worker, Winter, pp. 47-48.	As above, aimed to reduce fostering instability by applying the approach of trauma-informed care.	As above.
Lotty, M. E. Bantry-White, A. Dunn-Galvin (2020) The experiences of foster carers and facilitators of Fostering Connections: The Trauma-informed Foster Care Program: A process study Children and Youth Services Review 119.	Explored the experiences of foster carers and facilitators who participated in Fostering Connections: The Trauma-informed Foster Care Program implemented in 2017.	27 participants, including 17 foster carers, and 10 facilitators. 21 participated in focus groups and 6 provided written feedback.
Corbett, M. and C. Coulter (2021) Ripe for Reform: An Analytical Review of Three Years of Court Reporting on Child Care Proceedings:	A Report Commissioned by the Department of Children, Equality, Disability, Integration and Youth, Child Care Law Reporting Project.	Based on an examination of three years of court reporting on child care cases from mid-2018 to mid-2021. The Child Care Law Reporting Project was established in 2012 to promote ‘transparency of, accountability for and debate on child care court proceedings (under strict anonymity requirements)’ and the analytical report provides useful contextual information from court proceedings that could inform future research.

Report Reference	Focus/Aims	Sample size /method
Brennan, R. C. O'Mahony, K. Burns (2021) The rights of the child in voluntary care in Ireland: A call for reform in law, policy and practice, Children and Youth Services Review, Vol 125, June 2021.	This paper presents data from the Voluntary Care in Ireland Study, 2018–2021, a mixed-methods study of professional experiences of voluntary care agreements in Ireland.	An online consultation with child protection and welfare social workers, legal practitioners, academics and civil society organisations (n = 29); an online national survey of social workers (n=243), followed by an in-depth exploration of themes identified in the survey and literature review through qualitative focus groups with social workers (n=26) and individual interviews with solicitors (n=20).
Burns, K., C. O'Mahony and R. Brennan (2021) Private Family Arrangements for Children in Ireland: The Informal Grey Space In-between State Care and the Family Home, in the British Journal of Social Work (51) (4) 1203–1220.	Explores evidence on private family arrangements.	Draws on data from the above.
Taylor, D. *et al.* (2021) Systematic review and meta-analysis of policies, programmes and intervention that improve outcomes for young people leaving the out-of-home care system. What Works for Children's Social Care/Centre for Evidence and Implementation?	Systematic review assessing the effectiveness of policies, programmes and interventions that improve outcomes for young people leaving out-of-home care for independent living.	Systematic review of experimental or quasi-experimental studies.

Report Reference	Focus/Aims	Sample size /method
Health Information and Quality Authority (HIQA) (2021) Annual Overview report on the inspection and regulation of children's services, 2020.	This report focuses on HIQA work in children's services — such as special care, foster care, children's residential care, child protection and welfare and Oberstown Children Detention Campus – with accounts of children's experiences of these services.	Inspectors engaged with 1,041 children, comprising 914 children in foster care, 60 in statutory children's residential centres, 13 in special care units, 11 in Oberstown Children Detention Campus, and 43 children receiving a Tusla child protection and welfare service. This involved talking with an inspector (196) or completing and returning a questionnaire (845).
Palmer, A., M. Norris and J. Kelleher (2022) Accelerated adulthood, extended adolescence and the care cliff: Supporting care leavers' transition from care to independent living, Child and Family Social work, 2022: 1-12	This explores the experienced of care leavers in Ireland who have aged out of care and transitioned to independent living in a dedicated social housing programme to examine coping strategies.	Care leavers n=16. Other informants n=15.
Gilligan, R., Brady, E., & Cullen, L. (2022). One More Adversity: The lived experience of care leavers in Ireland during the Covid-19 pandemic. Dublin: School of Social Work & Social Policy, Trinity College Dublin	Qualitative study which explores the lived experiences of care leavers in Ireland during the Covid-19 pandemic.	Based on semi-structured interviews carried out with 16 care leavers aged 18-27.

SECTION 3
Key Themes

Four key questions relevant to the Working Group informed the search and review process:

- What do we know from Irish empirical research about conducting research with or about children and young people who are or have been in care?
- What do we know from this and other research about their experiences and outcomes, and the factors associated with these experiences and outcomes?
- What key lessons for future research arise on these issues?
- To what extent have the voices of children and young people themselves been heard in this research?

The first 20 papers collated for the review were manually coded to help identify overarching themes, linked to these questions, around which to organise the analysis and report. No further substantive themes were identified in reviewing the research papers after this initial coding exercise. The themes fall under three main headings; data and research issues; care experiences and outcomes; and the need to hear and take account of children and young people's views. The findings in this review are organised under these main headings and the subheadings outlined in Table 2 below.

Table 2. Key Themes

Data and Research issues

- Recruitment and Access
- Available Research and Data; and the Need for Additional Research/Data
- Limitations of Irish Administrative Data

Care Experiences and Outcomes

- Care Experiences and Outcomes - the Wider Literature
- Care Experiences and Outcomes - Irish studies
- Outcomes of Importance and Outcomes Frameworks

Hearing Children and Young People's Views

SECTION 4
Data and Research Issues

4.1 Access and Recruitment

Several Irish papers reviewed involved, or attempted to involve, data collection from children or young people in care / left care, foster carers, aftercare workers and social workers. These papers often highlight challenges experienced gaining access to or recruiting respondents, especially children and young people in care or care experienced (Daly and Gilligan 2005; Daly 2012; McEvoy and Smith 2011; Darmody *et al.*, 2013; Hyde *et al.*, 2016; Moran *et al.*, 2017; Carr and Mayock 2019; Glynn 2020; Brennan 2021).

The challenges mentioned include difficulties accessing potential respondents via service provider gatekeepers, navigating the multiple steps involved in gaining consent, and the lead-time required for this process and building relationships. These challenges result in studies often using small samples, which are difficult to generalise from and which may be susceptible to bias, or in a reliance on second hand accounts rather than the voices or views of children or young people themselves. Brady and Gilligan (2019b) also highlight the additional challenge involved in accessing participants who belong to groups regarded as more difficult to reach or seldom heard, such as minority ethnic groups or early school leavers.

Anticipating difficulties gaining consent for 13 and 14 year olds to participate, Daly and Gilligan (2005) for example, used foster carers as key informants in a quantitative study to try to capture national evidence of educational and social support experiences among 13/14-year-olds in long-term foster care. In a later study Daly (2012b) used aftercare workers as key informants in a survey about the circumstances and experiences of sixty-five 17/18 year olds North Dublin (Daly 2012b: 31) - and referred to the complexities that would have been involved in surveying young people in aftercare, with consent required from several individuals. Data from this survey of aftercare workers was supplemented by qualitative interviews with a small sub-sample of eight young people (and a further eight qualitative interviews with aftercare workers).

Daly and Gilligan (2005) focused on surveying foster carers instead of young people, but even in relation to recruiting foster carers, they note that this took 'a lot longer' than envisaged, mainly due to 'legal issues' with accessing lists of foster carers and contact details (Daly and Gilligan 2005). Two hundred and forty seven (247) young people had been identified as eligible for participation in the study, and 205 telephone interviews with foster carers were completed (Daly and Gilligan 2005: viii), amounting to this strong response rate, albeit without the direct involvement of those in foster care, and with the limitations associated with these close but second hand accounts.

Obviously there are limitations to research that relies on second hand reports over first-hand accounts – and these are acute where the informants are service providers and the young person's experience of receiving their service is of research interest. This recruitment challenge for researchers exists in the context of a huge shift internationally, over the last twenty years or so, away from research about children to research 'with children'. This increased emphasis on listening to children's and young people's views and experiences, is driven at least partly by Article 12 of the UN Convention on the Rights of the Child (UNCRC) (see for example Fargas Malet *et al.*, 2010) – but also by a research concern to access direct accounts of 'lived experiences'.

It is also worth bearing in mind that both of these studies took place prior to GDPR, which has strengthened the regulatory framework around the protection of personal data and is likely to have further complicated the process of access and recruitment.

Social workers were also key informants in a 2011 survey on placement histories, mental health needs and service use among children in care, contacted through social work team leaders from two Dublin Child and Adolescent Mental Health Service catchment areas (McNicholas *et al.*, 2011). The authors identify small sample size, low response rate and a lack of a 'child interview' as limitations to this study, even though it generated useful information on 174 children in care in the Dublin area.

The task of McEvoy and Smith (2011) who carried out a national consultation on behalf of the Department of Children and Youth Affairs was specifically to engage directly with young people, in line with a Ryan report recommendation that 'children in care should be able to communicate without fear'- so here there was no alternative but to persevere with recruitment. In the report from this project, the authors describe in some detail a range of challenges they experienced gaining access to and recruiting young respondents. In common with Daly and Gilligan (2005) and Daly (2012) – the challenges included issues with the complexities of the consent process.

In particular, McEvoy and Smith highlight how accessing young people in foster care was a 'significant challenge' – resulting in an eventual overrepresentation of those in residential care and detention. This was despite the support of senior HSE staff in the recruitment process for a consultation that was a flagship DCYA project in response to the Ryan Report. McEvoy and Smith note that the key route to children and young people was through their social workers, but that 'a very disappointing number of children in foster care were informed about the consultations' (McEvoy and Smith 2011: 1). They also worked with advocacy groups to promote the consultation and help with recruitment, as they had anticipated potential issues with access through social workers (if there were strained relationships for example).

The report refers to 'the complex gatekeeping of and decentralised access to young people in care' in place at the time, which the authors felt effectively prevented participation for some (ibid: 12)[22]. Despite the difficulties experienced, 211 children and young people participated in the consultations over a six-month period in 2010 (ibid: 1). This is a larger sample than in many Irish research studies, but the authors of the consultation report nevertheless found the recruitment process 'arduous' and identified the following factors, which they felt had challenged the project:

- Young people living in care not necessarily identifying themselves as being 'in-care' (e.g., if they had been in relative foster care for a long period or if they were not sharing this information with others).
- Some finding it difficult to get the required consent to attend the consultations.

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[22] Tusla established an Independent Research Ethics Committee in 2021. Prior to that, the Tusla internal research ethics review group, led and chaired by the Tusla National Research Office, reviewed all applications. REC review is required where the research relates to the following areas of the Agency's responsibility: potential research participants identified from, or because of their past or present use of services provided by the Agency (including services provided under contract with the private, voluntary or community sectors); potential research participants identified because of their status as relatives or carers of past or present users of the Agency's services; potential research participants identified because of their status as providers of the Agency's services. Appendix 3 includes information on the Tusla REC and gatekeeper operating procedures.

- Feedback from social workers suggesting that some young people may not have taken part because they may not have seen much change after previous experiences of sharing their views or experiences.
- Most events took place on weekdays (as it was felt that young people would be more willing to give up a school day). However, feedback from support workers suggested that school days might have proved difficult, as potential participants may already have been missing school for care plan reviews or access visits.
- In some situations, a 'work to rule' was in place for adult support workers, and because the consultations were not considered core activity, some support workers were not in a position to support the young people to attend the consultations.
- A small number of young people had recently participated in HIQA consultations and they may have perceived this DCYA funded exercise as too similar (ibid: 13).

Darmody *et al.* also point to a lack of systematic administrative data and the potential challenges involved in gaining consent to engage directly with children in a 2013 exploratory study for the Ombudsman for Children's Office (OCO) on the education of children in care (Darmody *et al.*, 2013: 13). The authors suggest that these issues may have explained why there was so little research on this topic up until that point (citing Daly and Gilligan 2005). As an exploratory study, Darmody *et al.* drew on information from a range of sources: existing international and Irish research; case studies across four jurisdictions; and in-depth interviews with children living in care and young care-leavers (ibid: 18).

Like Daly (2012), they point to the complex process of involving children in care in research, particularly where several people needed to be involved in the access and consent process – and explain how they were not involved directly in the selection and recruitment of the 15 children and young people who participated in their study. HSE staff had identified those under the age of 18 and the advocacy group Empowering People in Care (EPIC)[23] provided support with identifying those who had left care. Acknowledging the limitations of this approach, the study nevertheless

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[23] EPIC is a national advocacy organisation working with and for children and young people who are currently in care or who have experience of being in care. EPIC also work with young adults preparing to leave care and those in aftercare up to the age of 26. EPIC's mission is to champion the rights of care-experienced children and young people, ensure their voices inform the policy and practice that affects their lives and cultivate a care aware society. See https://www.epiconline.ie/

generated new and valuable qualitative data from the perspectives of children in care and young people who had left care themselves.

Hyde *et al.* (2016) had planned to include young people in care in a Sexual Health and Sexual Education Needs Assessment of Young People in Care in Ireland (SENYPIC) programme of research supported by Tusla and the HSE Crisis Pregnancy programme. However again given consent and access issues, they focused on 19 care leavers between the ages of 18 and 22 instead (other stakeholders such as service providers, parents and foster carers were also included in the study). The authors refer to recruitment of children as complex, 'demanding of the time of social workers and social care workers in a climate of staff shortages and human resource issues' – and acknowledge the absence of these younger voices as a limitation in their research (Hyde *et al.*, 2016: 5).

Similar issues were experienced by researchers conducting an NUIG exploratory study of children in long-term care (Moran *et al.*, 2017), although in this case the problems of access extended beyond the complexity of achieving consent for respondents to participate and included the challenges involved in achieving respondent consent to access case file material. Moran *et al.* (2017) had planned a mixed methods study to include collating quantitative data from case files and care plans, supplemented by in-depth interviews with children, young people, parents and foster parents – based in Donegal and Galway (Moran *et al.*, 2017: 10).

However, the study did not manage to achieve a quantitative sample of sufficient size for analysis. The researchers acknowledge that they had expected a low response rate, as accessing case file and care plan data required consent from foster parents, parents, and those in after care, as well as assent from children and young people under 18 (ibid: 24). They also felt that some individuals might not be inclined to participate if their relationships with or perceptions of social workers or the care system were poor (a point also made by McEvoy and Smith 2011); and that the timeline for the study proved to be another obstacle (ibid). The eligible sample of children and young people for Donegal and Galway was 506; yet the numbers of case files analysed was 10. In terms of qualitative data, 27 respondents were interviewed; seven aftercare users, 13 foster parents, four parents and three children (ibid: 24).

The challenge of recruiting from what are sometimes considered, 'seldom heard' groups (such as those who had left school early and had never returned to education, or who belonged to minority ethnic groups) is another factor, and was highlighted in a more recent paper about the educational experiences of young adults who had been in care (Brady and Gilligan 2019b: 228). This paper was based on qualitative interviews with 18 young people aged 24 to 36 – and the authors note that this challenge presents a potential methodological issue for research in this area. However, they also point out that further effort to recruit, for example through more extensive communications with local print and broadcast media, might have been more successful (ibid).

Carr and Mayock (2019) attempted to recruit and interview young people who had been in care with the help of relevant organisations for a study of the extent to which those in care were involved with the criminal or youth justice systems (conducted for the Irish Penal Reform Trust). Even though a number of potential participants were identified and contacted, the researchers found it was not possible to recruit a sufficient number within the timeframe of the study (reasons why this wasn't possible cited in the report refer to availability issues or personal situations).

Carr and Mayock's study instead relied on a literature review and a call for submissions; as well as in-depth interviews with relevant stakeholders/informants, including from the legal profession, the Irish Youth Justice Service, Tusla, Oberstown, An Garda Siochána, service providers and advocacy organisations (including EPIC).

This experience, along with the experiences of Moran *et al.* (2017), Brady and Gilligan (2019b) and Darmody *et al.* (2013), Daly (2012) and Daly and Gilligan (2005) highlights the extensive planning, communications and lead time needed for a process of contact and engagement to be effective. However, even with extensive communications in place, and support from services, as for example with McEvoy and Smith (2011), recruitment may still prove challenging for a number of reasons, particularly those which relate to data protection and the complexities involved in working through layered consent processes, whereby achieving consent involves multiple steps and possibly multiple actors.

The importance of this period of preparation and communications is highlighted by Glynn (2020) who refers to requiring a 'field entry period' of several months in her study, in order to understand aftercare provision and develop relationships with potential gatekeepers (Glynn 2020: 86). Gatekeepers in this study included homeless hostels, early parenthood services, drug counselling services and care advocacy organisations, as well as Tusla Local Area Offices. Glynn notes that after nine months of contact with services, the process transpired to be 'exceptionally difficult' for many gatekeepers (ibid: 87) particularly as the focus was on 18 year olds at the outset of their transition from care, whereas many of these services were working with 20 to 23 year olds. The study accessed the 16 participants through aftercare workers instead.

Brennan *et al.* (2021) who examined the rights of those in voluntary care in one of the first studies of this kind, did not manage to engage directly with children or young people, or their parents (Brennan *et al.*,: 4). The authors note that despite extensive efforts it proved impossible to generate an adequate sample and acknowledge this as a limitation in their report. Though in this case, the timing of the study meant that it was likely that COVID-19 restrictions had compounded the challenges involved (ibid). To address their research questions they carried out a national online survey of social workers and a literature review, followed by focus groups with social workers and interviews with solicitors.

Given the layered requirements for consent and the gatekeeping role of HSE/Tusla referred to in these research papers, there may be useful lessons arising from the Tusla Research Ethics Committee (REC) process. In recent years, the Tusla ethics process has approved a variety of research projects that proposed to engage directly with children in receipt of Tusla services. From 2017 to the end of 2021 for example, Tusla gave ethical approval to 28 applications for projects planning to involve children, young people, or young adults (care leavers) (information provided by the Tusla National Research Office 2021, for this review).

To support this literature review, Tusla National Research Office contacted these 28 researchers in late 2021 to obtain feedback on their experiences of the subsequent recruitment and consent process. Of the six researchers who responded, three were involved in projects involving those in foster care (2) and young adult care leavers (1). Feedback from these three researchers indicated that recruitment of participants had taken time and highlighted some challenges with the process of gaining relevant consent and assent, which one researcher noted involved ‘multiple contacts’ and a ‘minimum of ten steps before each interview could take place’. Further analysis by Tusla of the experience of researchers in this regard could generate useful insights for the future development of research in this area. See Appendix 3 for further information on Tusla gatekeeper procedures and the independent Tusla Research Ethics Committee.

Summary Points

Challenges experienced by researchers seeking to gain access to and recruit children and young people in care or after care, and at times their parents/foster parents, emerged as a key theme from the Irish papers reviewed. These challenges related to the complex and multiple steps involved in building toward recruitment to generate adequate samples for analysis, the time required for navigating and building relationships with gatekeepers and the multi-layered, complex and often lengthy process of gaining consent or assent.

The research papers identified a range of factors that contributed to these problems. These include: difficulties accessing subgroups of the care population; the fact that children or young people may not identify themselves as being ‘in care’; and the possibility that some young people may be reluctant to participate in research at the request of service provider gatekeepers, particularly if they have had negative care experiences or relationships are strained.

There are two key consequences of these challenges. The first is that Irish studies have often tended to rely on second hand accounts of the experiences of children and young people in care (e.g. from carers, aftercare workers or social workers). While these accounts are valuable, relying on them can be problematic where the informants are service providers and the child or young person’s or parent/carer’s experience of receiving their service is a key research question.

The second consequence is that Irish studies have tended to be small scale in nature, and while small qualitative studies generate rich and valuable in-depth data, they are difficult to generalise from and subject to selection bias. It is beyond the scope of the literature review to comment any further on the limited range of research literature identified or the predominance of small scale studies – this would require further analysis of other matters such as the availability of research funding and expertise or the implications of the 'in camera' rule.[24]

These are important issues for future research in this field if it is to effectively address the Ryan Report recommendation, give voice to the experiences of children and young people themselves and provide robust evidence to inform policies and services.

It is also worth bearing in mind that many of the studies cited in this subsection took place prior to GDPR and the subsequent enactment of the Data Protection Acts 2018, which have strengthened the protection of personal data - and are likely to have further complicated the process of access and recruitment.

4.2 Available Research and Data and the Need for Additional Research and Data

A number of papers reviewed refer to a lack of data and or research in Ireland on children and young people in care or leaving care. Over twenty years ago, Kelleher *et al.* (2000a) noted the need for accurate data on those in care to inform effective service planning and highlighted the difficulties they experienced identifying the

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[24] Though not mentioned in the papers reviewed, the in-camera rule may also be relevant to the range of research undertaken in this field. Research on files relating to child care proceedings, or on the proceedings themselves, are subject to strict confidentiality conditions arising from the Child Care Act 1991, Section 29, which requires that proceedings are held in private (i.e. 'in camera'). The 'in camera rule' prevents the publication of material which would allow the identification of parties to child care proceedings (including the child) and the Act makes it an offence to disclose identities in certain circumstances. Where children are the subject of ongoing and current Court proceedings and the research is seeking to examine childcare proceedings and court decisions, the Court should always be told of any intended participation in research and may need to approve participation in the proposed research study. The social worker should be aware of the research, and, in practice, it is a duty of the social worker to inform the Judge of the research being planned. If a researcher wishes to observe child care proceedings in court, a Statutory Instrument (SI) is in place whereby, under regulation, the Minister can approve the attendance of child care law researchers in court [SI 467/2012 - Child Care Act 1991 (Section 29(7)) Regulations]. In practice, the Tusla REC review will examine the proposed consent protocols and advise on any further legal and data protection requirements and or ethical considerations before the research can be fully approved (based on discussions between Tusla and DCEDIY 2021).

population of those leaving care for their study, highlighting differing data practices across health board areas as a particular problem at that time (ibid: 22).

Daly (2012) who examined young people's experiences after leaving care in North Dublin via a survey of aftercare workers supplemented with qualitative interviews with aftercare workers and young people themselves, noted that the despite small local studies in this area, but there had been no national study of care leavers since Kelleher *et al.* (2000). Daly also highlights the lack of research and administrative data on care leavers (Daly 2012: 73) and recommends the compilation of better data to inform service provision.

In the years since then, other studies have continued to refer to a lack of data or research, either generally or on specific outcomes. This includes data and research gaps relating to:

- educational participation and outcomes (e.g. school attendance, attainment, special educational needs, literacy and participation in further or higher education) (Darmody *et al.*, 2013, Brady and Gilligan 2019b);
- contact with the criminal justice system (Carr and Mayock 2019);
- sexual health and early pregnancy (Hyde *et al.*, 2016);
- voluntary care (Corbett 2018; Brennan *et al.*, 2021);
- private family arrangements (Burns *et al.*, 2021);
- leaving care and outcomes after care (Daly 2012); and
- the scale of problems such as drug use, homelessness and mental health issues (Glynn 2020).

Carr (2014) make the overarching point that the knowledge gap in relation to how young people fare after they have left care, contributes to a lack of 'public visibility' for these young people.

A 2000 review for the Children's Act Advisory Boards (CAAB) pointed to a lack of rigorous evidence on the effectiveness of services, interventions or practices for children in state care, and the type of evaluation research, which could provide this evidence (Clarke and Eustace 2000). This review suggests that this gap in relation to service evaluation research has persisted.

Darmody *et al.* (2013) specifically identify the need for systematic data on educational experiences and highlight the contribution that longitudinal research could make to understanding pathways and outcomes (Darmody *et al.*, 2013:12). They also point out that it was difficult to understand fully how being in care affected educational experiences given the lack of research on the topic, but also because in existing Irish studies sample sizes tended to be small and research didn't often include children and young people themselves (ibid: 16).

In relation to educational experiences, Darmody *et al.* highlight a lack of data on school attendance among children in care (data which they note other jurisdictions such as England, Scotland and Northern Ireland, collect routinely (ibid: 39) and the need for better data on educational participation and attainment (ibid: 29). The authors argue that these data are necessary to ensure evidence-informed policy-making and the development of effective educational services and interventions.

Brady *et al.* (2019) also point to a lack of official data on educational attainment among those who are in care or who have been in care, the prevalence of special educational needs, rates of school attendance or school exclusions or literacy levels (ibid: 52).

In the context of limited data on access to higher education among those who have been in care, Brady *et al.* (2019) investigated the extent to which young people who had been in care were accessing higher education (HE). They did this by analysing anonymised data from applications to the Higher Education Access Route (HEAR), a scheme that supports access to HE on reduced points for students from socio-economically disadvantaged backgrounds. HEAR data includes information on the 'care status' of applicants, which the researchers examined to ascertain what proportion who declare having been in care were either offered a HE place or accepted the place (Brady *et al.*, 2019: 53). Their paper highlights the potential value of this administrative dataset, notwithstanding some limitations involved, such as that some applicants may not have wanted to say they had been in care when applying for the HEAR scheme or that some young people who had been in care may not have been eligible for the scheme (Brady *et al.*, 2019: 58).

Hyde *et al.* (2016) also refer to a lack of data available to help them estimate the teenage pregnancy rate among those in care in Ireland at the time. They carried out their study in the context of international evidence that those in care were at a higher risk of early sexual activity, risky sexual behaviours and early pregnancy - but there was a lack of data on these experiences in Ireland.

Corbett (2018) focusing on voluntary care, identified the need for better data on the reasons children are placed in voluntary care, why they stay in this type of care, the length of voluntary care placements and outcomes among those who have been in this type of care (Corbett 2018: 10). Corbett also highlights the potential to improve administrative data collection further through the NCCIS and the potential value of qualitative research to explore the experiences of families, children and professionals involved in voluntary care arrangements.

Data and research on the voluntary care system is important because while the benefits of voluntary care agreements include flexibility and a non-adversarial court process, the disadvantages include less oversight, potential instability and weaker mechanisms for children's participation/input (see Corbett 2018; Brennan *et al.* 2021).

Brennan *et al.* (2021) reiterate the need for more detailed data from Tusla on the voluntary care system specifically to inform the review of the Child Care Act, which they argue provides a timely opportunity for enhancing children's rights in voluntary care. They propose that data on voluntary placement types and duration, frequency of reviews, reasons why voluntary care agreements end and outcomes arising (e.g. family reunification or transition to an actual care order) would all be valuable (ibid: 10).

In a separate paper arising from this study of voluntary care in Ireland, Burns *et al.* (2021) outline unexpected findings from the study on what are known as 'private family arrangements' (PFAs) about which there is also very little data or research. These are informal arrangements where social workers facilitate the placement of a child with 'unapproved' relatives with the consent of the parent (Burns *et al.*, 1205). In these PFAs a child is not in care under the Child Care Act and the arrangements are subject to less oversight by the authorities and tend to receive less support (ibid:

1208). In addition, families providing care under these arrangements have no legal rights or responsibilities in relation to the children involved (though a carer in a private family arrangement can apply to the court after a year to become a legal guardian ibid: 1206).

Burns *et al.* point out that children or young people in care via PFAs may be even more disadvantaged than those in care via voluntary care arrangements (who are already disadvantaged in the ways outlined above compared to those in care under a care order).

Of the seven counties covered by their study, the authors note that social workers said the use of PFAs was 'commonplace' in six (ibid: 1211). However, the participants in the study could not quantify the numbers involved. Significant numbers of stakeholders were found to have positive views about PFAs, which they felt emerged from a long history of informal 'relative care' in Ireland and avoided the costs and formality of court proceedings. However, Burns *et al.* also point to problems with these arrangements such as lack of oversight, less support and risk of placement 'drift'. They also argue that a further consequence of these arrangements is that the financial, emotional and care burden is on families rather than the state – and call for statistical data on the extent of these arrangements and further research on the implications of PFAs (ibid: 1216).

Carr and Mayock (2019) highlight a lack of data on involvement in crime or contact with the criminal justice system among those in care. They recommend that these type of data be collected and reported as an outcome metric by Tusla, to help inform the development of policies and services (Carr and Mayock: 7). The same authors also highlight the need for more research, in line with the Ryan Report implementation plan recommendation, to track longer-term outcomes of those who have been in care, with a focus on subsequent contact with the criminal justice system (ibid: 8).

Glynn (2020) who carried out qualitative research with 16 young people in aftercare, makes the point that larger quantitative studies could yield important data on the 'scale' of certain issues, such as the rate of homelessness among care leavers and the number of young people with substance use and mental health issues (ibid: 203).

Glynn also highlights the need for quantitative research to track the long-term outcomes of those who have been in care.

Many of these studies also took place before the development of NCCIS, which has since made available some metrics on educational experience (see Appendix 1). The NCCIS is also undergoing further development, which should enhance the nature and extent of the data it can generate in the future.

A recent initiative by DCEDIY, Tusla and the Central Statistics Office (CSO) has sought to generate additional data on educational participation and outcomes among children in care, through a Pathfinder Project under the under the strict remit and confidentiality requirements of the Statistics Act (1993).[25] This will link administrative data on children in care with educational data at an anonymised, aggregate level to generate new insights specifically into the educational attendance and attainment of children in care.

Summary Points

The review highlights a lack of research and data on children and young people in care - and how young people fare after leaving care; as well as a lack of rigorous evidence on the effectiveness of care services. This has resulted in a knowledge gap that is a barrier to fully understanding these experiences and to effective evidence informed policymaking and service provision. Carr (2014) makes a broader point, linking this gap to a lack of ‘public visibility’ for these young people, their needs and experiences.

Researchers have highlighted the need for more data and research in relation to a wide range of specific and important topics. These include:

- educational experiences and outcomes, including school attendance, participation and exclusions, special educational needs, literacy levels, and achievement and attainment;
- leaving care;

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[25] Pathfinder Projects are policy relevant research projects developed as part of the CSO’s leadership role of the Irish Statistical System (ISS) and involve gathering and linking administrative data sources to provide high quality information to inform policymaking (CSO website see https://www.cso.ie/en/methods/research/). The CSO carries out this linkage on a strictly confidential basis under the requirements of the Act specifically to produce statistical results at an aggregate level. The first report from this initiative will provide valuable new insights on this topic.

- sexual health, risky sexual behaviour and early pregnancy;
- contact with the criminal justice system;
- voluntary care arrangements;
- private family arrangements;
- the national scale of certain problems like drug use, homelessness or mental health issues.

A number of papers also highlight the need for research that can track long-term outcomes in line with the 2009 Ryan Report implementation plan recommendation.

SECTION 5
Care Experiences and Outcomes

5.1 Care Experiences and Outcomes – the Wider Literature

This Section distils key messages from the wider international literature on care experiences and outcomes, primarily as reported by Irish studies when locating empirical work in a broader context, rather than through a review of the international literature per se.

In addition, it draws on two literature reviews undertaken to support longitudinal research studies elsewhere (a dedicated literature review to support an Australian study of children in care (Walsh *et al.*, 2018); and the literature component of a report from a study of children in care Northern Ireland (McSherry *et al.*, 2013)). It also references two recent international systematic reviews, which assessed the cumulative result of research on specific topics in this field (Taylor *et al.*, 2021 reviewing experimental research evaluating policies, programmes and interventions that improve outcomes for young people leaving care; and Townsend 2020, reviewing qualitative studies on the role of education). The focus here is on 'outcomes' in the sense of well-being, how young people are doing in key area of their lives during and after care, albeit that the issue of outcomes and well-being is a complex one (see Dickens *et al.*, 2019).

In general, the evidence points to poorer outcomes for those who are in care or who have left care, across a range of domains. For instance, McSherry *et al.* (2013) cite a variety of sources from the wider literature which have found poorer outcomes among children in care than those not in care - including being more likely to be excluded from school, to leave school without qualifications, face unemployment or homelessness or imprisonment, and to experience physical and mental health problems (ibid:8). However, McSherry *et al.* also note, that these poorer outcomes are found when outcomes are compared with the general population of children or young people, rather than with children or young people from similar backgrounds or with similar needs, but who have not been in care (ibid: 8).

Walsh *et al.* (2018) reiterate how the evidence generally concludes that children or young people in care, or who have been in care, experience more problems than the general population. They found evidence in Australia and internationally, that outcomes for children who had been in care, were generally poorer across a range of experiences including mental health, substance abuse, involvement in crime, educational attainment, housing and homelessness, and poorer health (ibid: 4).

Though they add this is likely to be due, at least in part, to selection effects - as children who have had more difficulties in life were more likely to be in care and to stay in care (ibid: 13). They also note that explanations for generally poorer outcomes tend to focus on two factors; the effect of early childhood abuse or neglect; and lack of support for young people leaving care. In terms of what supports children and young people in care toward positive outcomes, Walsh *et al.* highlight the role of quality care and placement stability and note that the quality of care received by children in care is the strongest predictor of outcomes over time (ibid: 14/15).

Notwithstanding general findings about poorer outcomes, McSherry *et al.* also point out that like the rest of the population; those in care are not a homogeneous group. For example those coming into care very young and staying in long-term stable placements are quite different to those who are placed in care as teenagers in the context of increasing difficulties in their lives (ibid: 8). The same authors also highlight how several longitudinal studies in other jurisdictions show that outcomes for those in long-term foster care can be better than expected and that a significant proportion of children who have been in care go on to have ‘rewarding lives’ (ibid: 9).

Regardless of these important points about variation in the experience of children and young people in care or leaving care, and positive outcomes for a significant proportion of those who have been in long-term stable placements and good quality care, problems and unmet needs among those in state care identified by research studies are a cause for concern in themselves.

In relation to contact with the criminal justice system among those in care or who are care experienced, Carr and Mayock (2019) note that internationally much research has shown that young people who have been in care are over-represented in criminal justice systems. They highlight three themes from research findings in this area which might help explain why this has been the case (Carr and Mayock 2019: 11). Firstly, many young people in care have faced stresses that put them at risk of offending. Secondly, the care experience itself may be a factor (for example data from England show that being in residential care involves a higher risk of getting into trouble with the law than being fostered (Howard League (2018), Shaw (2016), cited in Carr and Mayock 2019: 12). Thirdly, the risks involved in a transition to adulthood for young people leaving care, which is often more ‘accelerated’ than transitions to adulthood for young people more generally (ibid).

Drawing on the wider literature, Palmer *et al.* (2022) describe this ‘accelerated’ transition as the expectation that young people leaving care take on the responsibilities of adulthood more quickly than their peers who have not been in care. This is despite societal changes in recent decades, which have tended to extend the period during which parents continue to support young adults (ibid).

In terms of education specifically, Brady and Gilligan (2018a) highlight consistent findings from international research that show poorer educational outcomes for those who have been in care and the factors associated with these outcomes, including age on coming into or leaving care, length of time in care and number of placements (ibid: 69). Brady and Gilligan (2018b) also report that the evidence shows a higher risk of leaving school early for those in care and lower rates of participation in further and higher education. They also highlight UK evidence that children in care have higher levels of special educational needs, nearly three times as high as in the general population (citing Trout *et al.*, 2008; Sebba *et al.*, 2015 cited in Brady and Gilligan 2018b: 31).

Reflecting the points made by McSherry *et al.* (2013) and Walsh *et al.* (2018) Brady and Gilligan also raise the question of what the appropriate comparator should be when considering outcomes for children in care (Brady and Gilligan 2018 b: 31). They highlight a 2015 UK study which found, that compared to their peers who were from similar circumstances and had similar needs, but were still living with their family at home, educational outcomes for children who had been in care for 12 months were better than among the ‘in need’ group. This suggested that to some extent at least, being in care had a protective effect (Sebba *et al.*, 2015, cited in Brady and Gilligan 2018b: 32).

Darmody *et al.* (2013) also highlight lower levels of educational attainment and higher rates of unemployment among those leaving care in the international literature - and point to research which suggests that educational difficulties may possibly be a function of the nature of the care and education systems (Jackson and McParlin, 2006: 91, cited in Darmody *et al.*, 2013: 11).

Walsh *et al.* (2018) found that factors associated with these generally poorer outcomes included exposure to trauma; birth family characteristics; pre-placement history; neighbourhood and community characteristics; placement characteristics; placement stability/breakdown; carer characteristics and services and interventions (ibid). Walsh *et al.* also highlight the relevance of age, with most research showing age to be a factor associated with outcomes, and that overall children going into care younger tend to do better, while going into care when older is a key predictor of poorer outcomes (ibid: 5 and 13).

Taylor *et al.*'s 2021 systematic review and meta-analysis of policies, programmes and interventions that improve outcomes for young people leaving care, highlights poorer outcomes among those who have been in care compared to their peers in the general population. They found this in relation to homelessness, unemployment, income, physical and mental health problems, and contact with the criminal justice system (Taylor *et al.*, 2021: 9).

In terms of identifying the predictors of these outcomes, Taylor *et al.* point out that poorer outcomes may relate to problems or trauma experienced before coming into care or to the quality of support received while in care. Like other researchers, they refer again to the accelerated transition to adulthood for young people leaving care, when support tends to end earlier than for their peers in the general population who can rely on their parents for ongoing emotional or material support (Taylor *et al.*, 2021: 10, citing Donkoh *et al.*, 2006).

Their 2021 systematic review and meta-analysis of policies, programmes and interventions that improve outcomes for young people leaving care, focused on the results of randomised controlled trials or quasi-experimental studies. It did not find evidence strong enough to confirm the effectiveness of any particular approach (ibid: 7). Nevertheless, their findings suggested certain approaches had ‘promise’, particularly extended care, which made care support available to young people after leaving care. The review also highlighted the need for more rigorous evaluation research, particularly outside the US (Taylor *et al.*, 2021: 8).

Glynn and Mayock (2019) point to a growing consensus internationally that aftercare planning and support is critical to positive transitions from care, which in turn underlines the need to understand what this experience is like from the perspectives of care leavers themselves. Townsend *et al.* (2020) also identify stability and positive relationships as predictors of positive outcomes in systematic review of qualitative and mixed method studies of educational experiences among children in care or those who had been in care. The review highlights the importance of safety and stability in relation to school and the central role of positive relationships with teachers and peers; as well as the need for teachers to understand what school is like from the point of view of children in care and their own views about what they need (Townsend *et al.*, 2020).

Poorer outcomes documented by the literature for those in care or beyond and the issues which arise from an often ‘accelerated’ transition to adulthood are also noted by Glynn (2020) who adds that there is evidence that young people with a history of care may be more likely to experience early parenthood. Glynn also highlights the value of qualitative research where care leavers can themselves define what has been important to them.

Summary Points

In general, the evidence points to poorer outcomes for many of those who are in care or who have left care, across a range of domains. These include being more likely to be excluded from school, to leave school without qualifications, face unemployment, homelessness, or imprisonment, experience physical and mental health problems and substance abuse. There is also evidence that children in care tend to have higher levels of special educational needs.

These poorer outcomes are found when outcomes are compared with the general population of children or young people, rather than with children or young people from similar backgrounds or with similar needs, but who have not been in care. It is likely that poorer outcomes are due, at least in part, to selection effects - as those who have had more difficulties in life are more likely to be in care.

There is also some evidence that those in care may do better in relation to educational outcomes than their peers with similar needs but still living in the family home, suggesting that in certain circumstances being in care can be protective. Studies have also shown that outcomes for those in care or who have left care are not homogenous, and that a significant proportion of young people in care or who have left care fare well in life.

Factors associated with poorer outcomes have included exposure to trauma; pre-placement history; placement characteristics or type; placement instability/breakdown; an ‘accelerated’ transition to adulthood and lack of support leaving care. Age is also relevant, with research showing that going into care when older is a predictor of poorer outcomes.

On the other hand, factors like long term placement stability, coming into care at an earlier age, and good quality of care are all important factors associated with more positive outcomes.

The literature points to a growing consensus that aftercare planning and support is critical to positive transitions from care, which in turn underlines the need to understand what this experience is like from the perspectives of care leavers themselves.

Based on the results of randomised controlled trials or quasi-experimental studies, an international systematic review did not find evidence strong enough to confirm the effectiveness of any particular approach to improving outcomes for young people leaving care. But it found promising evidence for policies that extend or raise the age at which supports are still available to young people after leaving care. This review also highlighted the need for more rigorous evaluation research, particularly outside the US (Taylor *et al.*, 2021: 8).

5.2 Care Experiences and Outcomes – Irish studies

This section identifies key messages from the Irish papers reviewed, in relation to care experiences and outcomes for children and young people. It begins by recapping on key findings from a seminal study of young people leaving care in Ireland published over 20 years ago (Kelleher *et al.*, 2000a, 2000b), as a benchmark for understanding more recent research findings on some of the same issues covered in this early work.

These include more recent papers on: homelessness / housing (Bairéad and Norris 2020; Mayock *et al.*, 2014; Palmer *et al.*, 2022); contact with the criminal justice system (Carr and Mayock 2019); mental health (McNicholas *et al.*, 2011, Tatlow-Golden and McElvaney 2015 and Coulter *et al.*, 2020; Buckley 2020); and leaving care (Daly *et al.*, 2012; Glynn, 2020). As well as papers on education (e.g. Darmody *et al.*, 2013; Daly and Gilligan 2005), relationships (e.g. Hyde *et al.*, 2016), and placement stability (Moran *et al.*, 2017).

More than two decades ago, Kelleher *et al.* (2000) found that most care leavers tended to be from poorer or socially disadvantaged backgrounds and were more likely to be early school leavers with low levels of qualifications, and highlighted significant proportions with difficulties in relation to issues such as special needs, drug use, homelessness and imprisonment.

The study involved compiling case histories of 165 young care leavers[26] based on information collated in a 'monitoring form' by social workers and residential care staff and tracking the care leavers at three time points from leaving care. It also included interviews with 30 care leavers (13 of whom were in the study population tracked on the monitoring form).[27] The core sample of 165 comprised three subgroups: 103 who had left the care of five special schools for young offenders, 56 who had left the care of the Eastern, North Eastern and North Western Health Boards and 6 who had left two Dublin probation hostels. Overall, significant proportions had experienced

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[26] This included young people leaving care from the age of 13 years who had spent a minimum of two months in a special school; a minimum of two months in any of the health boards covered; and who had left either of two Dublin probation hostels between April and September 1997.

[27] They also conducted a survey of those seeking help from an out-of-hours crisis intervention service; and an analysis of policy and practice.

multiple placements (31% of those who left health board care had five or more, and 40% of special school care leavers had three or more) (Kelleher *et al.*, 2000a: 7).

Six months after leaving care the researchers tracked 93 of those who had left the special schools for young offenders; 49 who had left health board care; and six who had left probation hostels. Two years on, 91 and 43 of the first two groups, and none of the third group were also tracked (see 2000a: 4; 2000b:50-56).

In relation to education, Kelleher *et al.* found significant proportions had a special need, 23% of the special school leavers and 39% of the health board care-leavers (2000b: 101). The findings at the first time point in the study also highlighted low levels of employment (while still low, this increased between the six months and two years mark). While in relation to criminal justice issues, two years after leaving care 65% (59) of the 91 special school leavers had been in prison or a place of detention, while 25% of the 43 who had left health board care had been sentenced to prison (Kelleher *et al.*, 2000a: 12/13).

In terms of homelessness, 33% (16) of health board leavers were found to have had experienced some form of homelessness six months after leaving care and 68% (30) had experienced homelessness since leaving care when tracked two years later, the majority of whom were in the Eastern Health Board area. At this point (two years later) circa 16% (about seven) of the 43 health board leavers were reported to be homeless, 30% lived with family or relatives; nearly 19% lived in private rented accommodation, just under 10% with foster families, 7% in local authority accommodation and almost 5% in prison or detention (Kelleher *et al.*, 2000b: 119-127).

The study also found that young people with more positive transitions from care were more likely to have had stable placements, fewer moves, a planned transition process and support from a family member or foster family (Kelleher *et al.*,:13). They were also less likely to be ‘abusing drugs or alcohol’ or to have been victims of sexual abuse (ibid).

A more recent study of youth homelessness in the Dublin region found that 4% (30) of the 744 young people who had been homeless in the Dublin region between 2016 and 2018 gave ‘leaving care’ as the primary reason for becoming homeless (Bairéad and Norris 2020: 27). The authors note that this seems lower than expected based on previous research, which identified having a care history as a pathway to homelessness (citing Mayock, Parker and Murphy, 2014). Bairéad and Norris put forward a number of possible explanations for this. These include the availability of additional supports for young people leaving care in recent years; the possibility that young people are returning to the family home or other accommodation after leaving care but before becoming homeless; and the possibility that some young adults may not have wanted to disclose to homeless services that they had been in care (ibid: 27).

Building on previous studies on youth homelessness (e.g., Mayock and Carr 2008; Mayock and O’Sullivan 2007), Mayock *et al.* (2014) had identified a history of state care as one of four pathways ‘out of home’. Fourteen of the 40 young people who were homeless or at risk of homelessness in this qualitative study were reported to have had ‘care history pathway’(ibid: 69) [though 26 young people in the sample had been in care at some point]. Most of those in this group had experienced numerous difficulties before going into care, had gone into care between the ages of 10 and 15, had spent long periods in foster or residential care and had experienced placement breakdown or disruption (ibid: 69/70).

In relation to contact with the criminal justice system, Carr and Mayock (2019) could not fully establish the extent of this experience but based on available data, found that the majority of children in care in Ireland did not have contact with the criminal justice system. Instead, they point out that an over-representation of those in care within the courts and children’s detention, was an issue for a ‘small cohort of young people’ with ‘multiple and complex needs’, many of whom were in residential care (Carr and Mayock: 6, 22).

McNicholas *et al.* (2011) found a relationship between placement instability and greater levels of mental health issues, though the direction of this relationship was unclear, in terms of whether multiple placements contributed to mental health issues or vice versa. Their survey of social workers across two Child and Adolescent Service (CAMHS) catchment areas, found that a significant number of children in care had attended a child psychiatry assessment (61, 35.1%) or a psychological evaluation (59, 34.1%) and that a proportion had remained in ongoing contact with CAMHS (50, 28.7%).

More than half (54%) were reported to have had behavioural problems and this was higher for those in residential care (88.9%). Children in residential care were also found to be significantly more likely to have contact with mental health services (83.3%) compared to those in foster care (46.7%), with the authors noting this may have been due to selection effects, or linked to the different care experience itself or a higher recognition of difficulties by trained staff.

Young adults who had been in care taking part in a small qualitative study focused on mental health, highlighted how a lack of continuity in care relationships and the experience of multiple adults coming and going in their lives (social workers, care staff, foster parents, psychologists) made it difficult to form connections during the care experience (Tatlow-Golden and McElvaney 2015). The eight young adults in this study described both positive and negative ways of coping and reported generally that while in care, they had wanted 'to feel heard, to be told the truth, and to feel cared for'.

On the publication of the 2020 National Review Panel annual report[28] Tusla indicated that suicide and mental health problems continue to be significant among children or young people who were in care or known to child protection services, particularly in young people between 15 and 18 years (see https://www.tusla.ie/news/the-national-review-panel-publishes-its-2020-annual-report/).

The issue of relationships emerged as important in Hyde *et al.*'s 2016 study of sexual health and education needs, which highlighted conflicted relationships with families and feelings of rejection among care leavers. They also found that the type of care placement mattered to these experiences, with those who had been in foster care tending to have stronger connections with carers than those who had been in residential care, who felt more monitored and limited by staff who didn't have the

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[28] The NRP was established eleven years ago in 2010 following a recommendation of the Ryan Report Implementation Plan by the Office of the Minister for Children in 2009 and since that time has submitted reports on the deaths of 105 children or young people who were in care or known to child protection services. https://www.tusla.ie/uploads/news/NRP_2020_Annual_report.pdf

flexibility that 'parents' have when trying to resolve difficulties. The report's conclusions highlighted the importance of self-development and confidence building; an understanding of emotional connectedness and social learning; and skills for establishing routine and structure, school attendance and self-directed learning (ibid: 26). Reflecting this point about the beneficial effects of relationships and self-development, Brady, Dolan and McGregor (2019) highlighted the positive impact of a mentoring relationship on the social and emotional well-being of young people who took part in a mentoring programme while in care. This relationship was found to have helped provide social support, confidence building and identity development, as well as support for educational engagement.

An association between long term mental health needs and difficulties experienced before coming into care, as well as aspects of the care experience itself, including multiple placements and staff changes, was also identified in a small scale evaluation[29] of mental health services for children in care or adopted in Louth and Meath (Coulter *et al.*, 2020). The report also identified a number of recommendations to address poorer mental health outcomes. These included investment in family and caregiver support; long-term specialist support for children in care; early screening and mental health assessment; priority assessment at CAMHS; additional training for CAMHS and other mental health practitioners in trauma and attachment; the availability of therapeutic services; and, interagency communication and collaboration (Coulter *et al.*,: 8-10).

These studies resonate with the international literature, which points out that like the general population of children and young people, those in care or who have left care, are not a homogenous group with uniform needs and experiences – instead experiences vary and some care leavers have significantly more acute needs than others. Like the international literature, factors such as placement breakdown, going into care at an older age and being in residential care were found to be associated with poorer outcomes in important areas of life such as mental health, relationships, homelessness and involvement in crime.

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[29] This study involved a series of focus groups with adoptive parents (6), foster carers (7), young adults with care experience (5), referring professionals (5), mental health service providers (6) and senior service managers (6).

The simple but important messages that emerge across these studies is that there is ‘no single template that captures the overall care leaver experience’ (Gilligan *et al.*, 2022) and that quality of relationships in care and continuity in relationships are fundamental.

Gilligan *et al.*’s study of care leavers focused on the impact of COVID-19, but provided insights into wider experiences of life since leaving care, with the authors noting that there was a wide variation in experiences both during and beyond Covid (Gilligan et al., 2022). The findings from this study suggest that both ‘small’ and ‘big’ disruptions posed significant challenges for care leavers, but they showed considerable resourcefulness in dealing with challenges and accessing supports – with informal supports playing a key role. Two key messages identified by the authors were the fundamental importance of relationships and the ‘risk of precarity’ among this group – the latter manifesting in participant’s worries at the time of the study but also their more general worries about the future.

Gilligan *et al.* (2022) also point to growing evidence that at least some care leavers fare relatively well, despite the range of challenges they might encounter. Reflecting some of the findings from Kelleher *et al.* (2000) and the international literature, about the types of factors associated with more positive outcomes, Daly and Gilligan (2005), Darmody *et al.* (2013), Moran *et al.* (2017) highlight the role of education, more stable placements, positive relationships, social support, relative care placements, access to required educational supports and interagency working.

Daly and Gilligan (2005) report that the majority of the 205 foster carers they interviewed said the 13/14 year olds in their care were making good progress in their school subjects (Daly and Gilligan 2005: x). They also found that young people in relative care were less likely to change school when going into care and more likely to have positive experiences of education and school. There were also links between positive educational experiences and high levels of support from friends and involvement in ‘hobbies and leisure activities’ (ibid: xi).

Similarly, Darmody *et al.* (2013) highlighted the importance of a stable, supportive environment; positive school climate; access to needs assessments and specialist educational supports; positive inter-personal relationships; and inter-agency collaboration (see Darmody *et al.*, 2013: 12). Though having close friends was reported as important to the children interviewed and they discussed being in care with their close friends, generally they were not keen for it to be known that they were in care (ibid: 97).

Three core factors that supported stability for children in long term care identified by Moran *et al.* (2017) were: relationships, social support and communication (between social workers, foster families, families and the young person) (ibid: 12). Brady, Dolan and McGregor (2019) also highlighted how mentoring relationships supported the social and emotional well-being of young people in care helping with social support, confidence building, identity development and educational engagement.

Examining how a trauma informed intervention for foster carers supported stability for children in care, Lotty *et al.* (2020b) found 'promising' preliminary evidence (ibid: 8), though they note that the intervention was unlikely to be enough to support stability for all children in foster care without other interventions, training and supports (ibid: 14).

In terms of supporting care leavers generally, Daly (2012) highlighted eight key messages for policy and practice including the need for better data on care leavers to inform aftercare service provision, and the need to listen to what young people say about their experiences (Daly 2012: 78/79). The other messages Daly identified, focused on the need for: comprehensive care planning and adequate supports; the development of social support for care leavers; ensuring adequate time for aftercare planning and the allocation of aftercare workers; the need for an increase in supported accommodation; and the need to support care leavers with budgeting (ibid: 76-79).

The critical role of aftercare planning to support transitions from care was highlighted earlier in this review (see Glynn 2020; Glynn and Mayock 2019). Palmer *et al.* (2022) also highlight the importance of providing practical and other support after care in their recent small-scale qualitative study of 16 care leavers housed under the Capital Assistance Scheme (CAS). The Capital Assistance Scheme (CAS) funds social housing for older people, people with disabilities and homeless people, and was extended in 2017 to fund social housing for care leavers at risk of homelessness, with Tusla providing aftercare support (Palmer *et al.*, 2022). The majority of those leaving care at 18 have secure, stable accommodation in place,[30] but the extension of the CAS acknowledges that a proportion are at risk of homelessness or face additional challenges when it comes to independent living.

Palmer *et al.* (2022) found the care leavers supported by the CAS scheme valued the security this housing offered them in the transition from State care. They also found that participants faced some emotional challenges; with 12 of the 16 (telephone) interviewees saying they had experienced loneliness when they moved into housing and the authors highlighting a tendency for interviewees to associate reaching the age of 18 with anxiety and a loss of support networks. The findings highlighted the value of secure housing for those leaving state care at risk of homelessness, but also the need for planned and varied support (both material and social) over the transition period, among those care leavers transitioning to independent living relatively young.

Palmer *et al.* (2022) note that there is evidence that the CAS for care leavers scheme (and the other recent reforms to after care supports in Ireland described above) have helped to reduce levels of homeless among care leavers (ibid: 757, see also Bairéad and Norris).

A key message from the study was that housing alone cannot meet the needs of this group and secure housing needs to be combined with individualised practical supports for independent living and household management, social supports for building and maintaining relationships, and emotional support to address loneliness and isolation.

Summary Points

A seminal study in this area from over twenty years ago examined outcomes among a sample of young people leaving different types of care settings (special schools, detention schools, health board care) and found significant proportions with difficulties in relation to issues such as special needs, drug use, homelessness and

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[30] Tusla statistics show that the proportion of care leavers moving to independent living at age 18 is relatively small, in the context of all those leaving care at this age, with about 20% moving from care to independent living in 2020. However, this represented about 100 care leavers in 2020, a significant number with potentially high levels of need. The picture is a bit different for those in aftercare between the ages of 18 and 22 in 2020, with almost half continuing to live with their foster families, 10% returned home to family and 23% (505) moved on to independent living (Tusla 2020).

imprisonment (Kelleher *et al.*, 2002). The report set the context for this section's review of more recent research on care experiences for children in care or young people leaving care in Ireland.

More recent studies update and extend our understanding of the care experience and its impact, highlighting the specific factors associated with more positive or negative outcomes. Bairéad and Norris (2021) found lower numbers than expected who identified as having been in care before becoming homeless in Dublin.

A history of state care had been identified as a pathway to homelessness in an earlier study (Mayock *et al.*, 2014) which found that among this group, most had experienced difficulties before care, had gone into care between the ages of 10 and 15, spent long periods in foster or residential care and experienced placement breakdown. This is in line with Kelleher *et al.*'s earlier findings about the positive impact of fewer moves and less disrupted care experiences.

The majority of children in care in Ireland were found not to have had contact with the criminal justice system (Carr and Mayock 2019) with an over-representation of those in care in court or children's detention being identified as an issue for a 'small cohort', many of whom were in residential care.

A relationship between placement instability and greater levels of mental health issues, with children in residential care significantly more likely to have contact with mental health services compared to those in foster care also emerged (McNicholas *et al.*, 2011). More recently long term mental health needs were found to be associated with difficulties experienced before coming into care, as well as aspects of the care experience itself, including multiple placements and staff changes (Tatlow-Golden and McElvaney 2015; Coulter *et al.*, 2020).

Relationships or connections with carers tended to be stronger for those who had been in foster care than for those who had been in residential care (Hyde *et al.*, 2016) with young people in residential care feeling more monitored and limited by care staff.

These studies remind us that like the general population of children and young people, those in care are not a homogenous group with uniform needs and experiences, and that some have particularly more acute needs or face more challenges than others. These Irish studies linked greater difficulties and poorer outcomes in important areas of life such as mental health, relationships, homelessness and involvement in crime to placement breakdown, multiple placements, going into care at an older age and being in residential care – reflecting findings from the international literature.

Gilligan *et al.* (2022) also note the growing evidence that not all care leavers end up in difficulty. A number of studies found that more positive outcomes were linked to educational engagement, more stable placements, positive relationships, social support, relative care placements, access to required educational supports and interagency working.

After care planning and the provision of social and practical support over the transition from care have also been identified as key to more positive outcomes (Daly 2012, Glynn 2020), particularly as young adults leaving care may have fewer family based resources to rely on and the need for support can be acute at this juncture.

5.3 Outcomes of Importance and Outcomes Frameworks

An important question for service providers and researchers is - which outcomes are most important for care leavers? This question needs to be addressed in order to plan supports and to meaningfully track care experiences. This section seeks to explore how outcomes have been identified or discussed in the literature reviewed, particularly with reference to the views of young people themselves, to help inform future research and provision in a meaningful way.

It is important to note that the context for this section is the Child Care (Amendment) Act 2015 (commenced in 2017). This introduced an obligation on Tusla to prepare aftercare plans and identified seven areas of need for assessment in aftercare planning: education; finance and budgeting; training and employment; health and wellbeing; personal and social development; accommodation; and family support; reflecting a prioritisation of outcomes in these areas.

Tusla has commenced the development of an outcomes framework for the Agency, which will provide data on the extent to which positive outcomes are being achieved (See Tusla Corporate Plan 2021-23).

In terms of research, McSherry *et al.* (2013) collect data in Northern Ireland on a range of 'outcomes' in their longitudinal study of children in care. This includes standardised measures to track: children's attachments (to parents and peers); their self-concept; health; socioemotional development and behaviour; educational engagement, achievement and difficulties; parent and carer stress; contact with birth families; family communication; and carer and children's experiences of social services involvement and social support.[31] They also compile information about the nature of the participants' care experiences, for example, placement types and stability. This study complements this quantitative type data using standardised measures, with qualitative data, via parent interviews and a children's 'me-book' - an instrument designed by the study team to help children between the ages of nine and 14 express their views.

Taylor et al's 2021 review and meta-analysis of policies, programmes and interventions that improve outcomes for young people leaving care, identified primary outcomes of interest as:

- homelessness
- health
- education
- employment
- exposure to violence from others or conduct of violence toward others; and
- risky behaviour.

They also identified supportive relationships and life skills as secondary outcomes of interest (Taylor *et al.*, 2021: 15), albeit that these are themselves significant predictors of positive outcomes. Taylor *et al.* point out that previous reviews had been unable to identify any programmes or interventions, (which had been assessed using the

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[31] Interestingly, a number of the standardised measures used in this study are also used in Growing Up in Ireland (GUI), the national longitudinal study of. These include for example, the Piers Harris self-concept scale, the Strengths and Difficulties questionnaire and the Inventory of Parent and Peer Attachment (see www.growingup.ie/).

highest standard of evidence from experimental studies) that showed improved outcomes (ibid: 3) so they set out to update the findings of these previous reviews.

Focusing on randomised controlled trials or quasi-experimental studies, Taylor *et al.* identified sixteen eligible studies, 15 in the US and one from Australia. The review did not find evidence strong enough to confirm the effectiveness of any particular approach to improving these outcomes for young people leaving care (ibid: 7). But it found, certain approaches had 'promise'- particularly policies that extend the age at which young people can stay in care or raise the age at which support is still available to young people after leaving care. As noted earlier, the review also highlighted the general need for more rigorous evaluation research, particularly outside the US (Taylor *et al.*, 2021: 8).

Interest in the benefits of extended care arrangements has emerged globally but the literature is reported to be limited about what this would look like or how it would work (Van Breda *et al.*, 2020). Van Breda *et al.* explored the extent of a consensus on extended care across ten countries, via a group of national experts reviewing each country's extended care policy, practice and research using a common matrix. They found that aspects of extended care in all countries, wide variations in how extended care is conceptualised, legislated for, funded and implemented, and like Taylor (2021) little research on its effectiveness.

In terms of what young people themselves feel is important in the transition from care process Dixon *et al.* (2018) asked what they felt supported them; and asked aftercare workers about what they felt were important outcomes for the young people they worked with (in a consultation with 20 young people and five aftercare workers for Focus Ireland). The consultation aimed to explore the potential applicability of a UK outcomes framework, the *Leaving Well* framework in the Irish context. The framework identified six outcome domains: three of which are termed 'foundational' – housing; health and well-being; and relationships; with these considered fundamental to positive outcomes in the other three areas – employment, education and training; financial stability; and positive activities. It also referred to three additional areas for which there was less research evidence but which were thought of as important: early parenthood; social inclusion and life skills; and inclusion (disabilities).

In the consultation process young people emphasised the importance of information on their entitlements after leaving care and prioritised outcome areas from the framework in the following order (ibid: 38):

- housing - which is stable, safe and appropriate for young people's needs.
- financial stability
- health and wellbeing
- employment, education and training
- relationships
- social inclusion and life skills
- positive activities
- inclusion (learning disabilities)
- early parenthood.

As well as information on their entitlements, young people wanted more choice about where they would live or what they could do after school in terms of education or careers (ibid: 41). They also wanted greater involvement at a policy level – and both aftercare workers and young people raised concerns about access to services, including housing and health services. The consultation found that aftercare workers felt the outcome areas from the framework mapped well onto aftercare plans they used (ibid: 39) – though they also felt that some outcome areas might be easier to obtain information on than others.

Summary Points

The Child Care (Amendment) Act 2015 introduced an obligation on Tusla to prepare aftercare plans addressing seven areas of young adults lives; education; finance and budgeting; training and employment; health and wellbeing; personal and social development; accommodation; and family support; reflecting a prioritisation of outcomes in these areas.

These outcome areas resonate with the list of outcomes areas identified by young care leavers themselves when they were asked about the value of a UK outcomes framework (Dixon *et al.*, 2018) and reflect a mix of practical or material supports; and social or emotional supports – both of which have been identified as important in the research studies reviewed. Young adults were also reported as wanting more involvement at a policy level, and young adults and aftercare workers both identified access to information and access to services as important.

Tusla has commenced the development of an outcomes framework for the Agency. The views of young people who have left care themselves are critical to this process.

SECTION 6

Hearing Children and Young People's Views

A review of Irish child protection research from 1990-2009 found that research during that period had often not involved children themselves, with only 14 studies (8%) citing direct contact with children and young people. Instead, information on children was more often collected from case files or via informants such as professionals and family members (Buckley *et al.*, 2010: ii). Similarly, a thematic analysis of Irish literature on children in detention and care over the same period found that research relied heavily on secondary information 'with some use of primary information sources such as the views of children in care or their carers' (Clarke and Eustace 2010: ii). This analysis also notes that where primary research was carried out, sample sizes were generally small.

As noted earlier the Ryan Report recommended that 'children in care should be able to communicate without fear' and in line with the Government's implementation plan the Department of Children and Youth Affairs commissioned a consultation with children and young people in care or who had been in state care (see Mc Evoy and Smith 2011). The report of the consultation highlights issues identified as important by the participants such as a right to clear information and communication; to be listened to; and to be able to input into decisions about their lives. Key issues they raised included:

- the importance of regular access to birth parents and siblings;
- being treated as 'one of the family' in foster care;
- the importance of assessment, vetting and training of foster families;
- the lack of information available to young people in care, particularly on aftercare services;
- the disruption caused by multiple placements ;
- the importance of having even one person or agency who will listen;
- confidentiality, privacy and the difficulties in gaining consent for relatively normal activities (Mc Evoy and Smith, 2011: 2).

The children and young people involved also made recommendations on how to improve the lives of children in the care of the State and how to ensure that their voices were heard. These included:

- a review of social work services (which would ideally lead to social workers having more time to engage with the young people);
- a re-examination of care plan reviews (aimed at ensuring young people could input into decisions affecting their lives);
- increased information on a variety of issues, such as the care system, organisations that support young people in care and aftercare services;
- the availability of counselling (ibid).

The young people involved also made some practical recommendations for ways in which their voices could be heard better in future. These included:

- an official 'forum' made up of young people from a variety of care settings;
- regular peer support meetings of young people in care at regional level;
- a dedicated support telephone line ;
- a 'mentor' for each young person in care (ibid).

The consultations were advised by a Youth Advisory Group (YAG), made up of young people who were in care and recruited from the Office of the Minister for Children's existing Children and Young People's Forum and from the Irish Association of Young People in Care (now Empowering Young People in Care [EPIC]) (ibid: 10). Subsequently in 2015, Tusla has developed mechanisms for the participation of children and young people, particularly for those in foster care through the establishment of foster care 'fora' (Tusla 2020).

Daly's 2012 study of what young people need when they leave care also found that young people wanted to be listened to and they identified this as a key message for policy. Darmody *et al.* (2013) highlighted the need for children in care and their carers to be facilitated 'to engage in decision-making processes and to express their views on matters affecting them' as a key implication for policy and practice (ibid: 13). Research on voluntary care (Brennan *et al.*, 2021) has also raised concerns about the need to ensure that children and young people's views are heard in the voluntary care process (Brennan *et al.*,: 9). Townsend *et al.*'s (2020) international systematic review of qualitative research on education also highlighted the need for children and young people to have their voices heard in decision making processes in this sphere.

International research has shown that children and young people often feel they are not heard in the context of formal child welfare and protection systems (Tierney *et al.*, 2018). Irish research carried out by the Youth Advocate Programme (YAP) Youth CEO group[32] in 2018 interviewed 48 young people about what they thought of social work, what their relationship with social workers was like and how things might be done better (YAP 2018). While it is not clear how many of these young people were in care, the findings were mixed, with both negative and positive feedback, though most young people were reported to be confused about what a social worker was and felt they didn't have enough information about what was happening when Tusla first became involved with their family.

While the report refers to 'lots' getting on well with their social worker, it also notes that many said they found it difficult to have a relationship with their social worker as they didn't see them enough, or only heard from them when something went wrong or they changed too often. The young people involved in conducting the research made a number of recommendations for improving communications and information; building relationships; and taking account of young people's experiences and views in decision making.

Some of these findings are reflected in the experiences of young people who had spent time in care and were interviewed more than ten years earlier (see Buckley *et al.*, 2008). In this earlier study for the Office of the Minister for Children and Youth Affairs, young people stressed the importance of open and honest communication, referred to the disruptive impact of changes in social workers and were concerned about having adequate information and support when leaving care.

As described earlier, a number of papers included in this review set out to capture directly the views and experiences of those in care through primary data collection,

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[32] Youth Advocate Programmes Ireland (YAP) is a support service for young people, whose primary source of referrals is from Tusla (child protection, children in care and family support teams). The YAP Youth CEO group are young people aged 13 to 17 who have taken part in the YAP programme and expressed an interest in taking a leadership role in the organisation. They work with the CEO on a variety of initiatives.

but researchers often encountered challenges with access, consent and recruitment, which prevented them from doing that.

HIQA has engaged children and young people directly in its inspection work, and through regular consultations that explore their ‘lived experiences’ of being in care (HIQA 2021: 18). This engagement with children and young people is intended to access the voice of children so that HIQA can understand the impact of the governance and management of services on the quality of care and support received by children (ibid: 18). HIQA also specifically seeks to capture how children are involved in decision making on issues that affect them in line with the UN Convention on the Rights of the Child and uses a variety of developmentally appropriate tools to promote the participation of large numbers of children and young people in the inspection process (ibid). Their views reported in inspection reports are integral to informing HIQA’s evaluations of services.

For example, in 2020 inspectors engaged with a total of 1,041 children, 914 children in foster care, 60 in statutory residential centres, 13 in special care units, 11 in Oberstown Children Detention Campus, and 43 children receiving a Tusla child protection and welfare service. Children participated in inspections by talking directly with an inspector (196), or by completing and returning a questionnaire (845) (ibid: 19).

The HIQA report for 2020 notes that children were largely complimentary about services and the majority said that they benefited from these services and their lives had changed for the better because of them. It also notes that children understood why they were not living at home and or why social work services were involved with them and their families (HIQA, 2021:19). Children described mixed experiences of being placed with other children, with the majority getting on with peers in care but ‘several’ are reported to have seen aggressive behaviour by others in their placement, and found this distressing, with some adding that they felt less connected to care staff as a result. Many of those in residential or foster care said they felt ‘respected, nurtured and cared for’, being fond of carers and liking where they lived (especially their bedrooms). Though ‘some’ are reported not to have liked their placements as it was not their own home and wished to return to their own home (HIQA, 2021: 21).

The HIQA report also highlights children's awareness of their rights, and their right to complain (and when they had exercised this right). Common complaints related to house rules, and for older children, dissatisfaction with their level of independence. Children also complained about the lack of ready access to their social workers and access to siblings, though the report adds that these types of complaints were 'usually resolved quickly'. More complex complaints involved delayed placement moves and the impact of living with peers who had challenging behaviour (HIQA 2021: 21-22). The majority of children told inspectors that they attended planning meetings and contributed to decisions made about their care and felt listened to (ibid).

There were mixed experiences among young people close to leaving care. Some felt well prepared and had plans in place to support their transition into young adulthood and felt they had a strong say in preparing for the future. But some did not and told inspectors they did not have aftercare plans or were not aware of their aftercare plans, and did not have a dedicated aftercare worker to assist them in this critical time of their lives. The HIQA report notes that or these young people, their future seemed 'uncertain and they said that this caused them to feel anxious' (ibid: 25).

When asked by inspectors about what improvements they would like, the overwhelming majority were positive about their experiences and didn't make any recommendations, however, where they did make recommendations, they reflected inspection findings of non-compliance and 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.

It has been acknowledged (see Mc Evoy and Smith 2011) that not every young person might be receptive to information coming from their social worker about taking part in either research or consultation processes,[33] and efforts to recruit young participants into research studies through these gatekeepers have proved challenging. The scale of direct engagement with children and young people by the inspection service is significant and it may be in part a function of their independent status. But it would be useful to explore the factors which support this engagement and what might be learned from HIQA methodologies and the findings from these consultations to help inform future research.

Tusla also engages or supports engagement with children and young people in care and aftercare services; and children's participation was one of the five key work packages identified by the UNESCO Child and Family Research Centre, in its evaluation of the Tusla *Prevention, Partnership and Family Support* (PPFS) initiative (Tierney *et al.*, 2018). This work included the establishment of foster care 'fora'.

In 2015 Tusla, in partnership with EPIC (Empowering People in Care), began establishing these fora to ensure that the voices of children and young people in foster care were heard and to help improve services and the well-being of children and young people (see Tierney *et al.*, 2018).

One of the research streams for the PPFS initiative evaluated how these fora worked and whether they had managed to influence Tusla policy and practice. This was done through focus groups with 28 young people in each of the eight fora areas; one-to-one interviews with 20 stakeholders, the staff of EPIC and others such as social workers and area managers; and a documentary analysis exercise (ibid: 15 and 18).

The evaluation found that young people felt heard at this 'collective level' and this was 'meaningful', as many felt that being heard outside of the fora and accessing social workers was difficult. It also found that the process gave rise in some cases to small-scale change at a local level via inputs at team and regional meetings by staff involved in the fora (ibid: 39). The evaluation also highlighted the importance of social

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[33] This review highlights some challenges experienced by both researchers and those engaging in consultation processes, when trying to recruit or engage with children and young people in care or who have left care, as both research and consultation exercises seek to recruit and engage respondents with a view to learning from their experiences. The distinctions between research and consultation can be unclear at times. Tusla guidance indicates that in the main, ethical approval is not required for consultations. However, some ethical considerations need to be taken into account when undertaking these activities. See here for further detail: https://www.tusla.ie/uploads/content/Guidnace_on_when_ethical_approval_is_required_Approved_Nov_2020.pdf

work involvement in the process as participants in one fora felt disconnected from decision makers where there were issues with a 'social work presence' (ibid: 40). The report found that the fora contributed to better communication at local level, but communication needed to be strengthened at a national level if the fora were to effect change in Tusla policy and practice (ibid: 46).

Overall Tierney *et al.* point to 'strong evidence' of children's participation within Tusla structures and examples of how children were 'being listened to by staff w putting children's voice at the centre of their work' (Tierney *et al.*, 2018: 39). Their findings also indicate that this was less so for children with additional needs and was somewhat reliant on individual staff.

Building on the lessons arising from the PPFS evaluation, as well as consultations with stakeholders, Tusla has since developed its first Child and Youth Participation Strategy (2019-2023). This is in line with Article 12 of the UN Convention on the Rights of the Child and Tusla's legislative obligation to seek the views of children and give them due weight in carrying out its functions and delivering services (Tusla 2019). The strategy includes commitments to develop opportunities to hear the voices of children and young people in alternative care and to the establishment of additional fora for children in alternative care.

In 2020, the Tusla Advisory Group[34] (TAG) (an advisory group of care leavers aged 18 - 25) carried out a pilot survey of the experiences of TAG members and their transition from care and sought approval from Tusla to follow this up with a larger national survey of young adults in receipt of aftercare (Tusla Annual Report 2020: 51). The survey questions were developed by the young people themselves and the survey was distributed through Tusla aftercare staff, Tusla social media, and funded organisations working with care leavers, which were asked to facilitate the distribution (information provided by Tusla for this review). This survey yields important insights that could help inform the development and focus of other research in this field, though findings were not yet available during the timeline of this review.

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[34] TAG is a 'co-production between Tusla and care leavers' facilitated by two care leavers and the Tusla Service Experience, Innovation and Design team (Tusla Annual Report 2020).

Summary Points

Despite a consensus on the importance of hearing from children and young people themselves, research in this area is often small scale and qualitative. This is linked to the challenges arising from the complexities involved in the consent process and the lead time required to establish meaningful relationships with gatekeepers. Researchers have also noted other potential obstacles to recruitment, for example that young people may not identify themselves as being in care or that where relationships with the care system have been strained, they may not want to respond to contact from service provider gatekeepers.

Efforts have been made by the Department of Children and Youth Affairs (Mc Evoy and Smith 2011) and Tusla (Tierney *et al.*, 2018) to engage directly with those in the care system and hear their voice. McEvoy and Smith report the many challenges they faced recruiting young people into a consultation process linked to the Ryan Report, and Tierney *et al.* report that young people felt heard through collective fora, but perhaps less so outside of these fora.

HIQA engages with significant numbers of children and young people in care as part of its inspection work, and this may be a function of its independence. Useful lessons may arise for future research from the findings and from the methodologies employed.

The Tusla Advisory Group of care leavers aged 18 – 25, survey of young adults in aftercare, yields important insights that could help inform the development and focus of other research in this field.

SECTION 7

Summary and Implications

In terms of Irish research to date, this review highlights key messages across three key themes: research and data issues; care experiences and outcomes; and hearing young people's and children's views. This section concludes by recapping briefly on the review findings and identifying the lessons arising.

Research and Data

Recruitment and Access

- Several Irish papers reviewed involved, or attempted to involve, data collection from children or young people in care / left care, foster carers, aftercare workers and social workers. These papers often highlight challenges experienced gaining access to or recruiting respondents, especially children and young people in care or care experienced.
- The challenges identified by these authors include difficulties accessing potential respondents via service provider gatekeepers, navigating the multiple steps involved in gaining consent and or assent, and the lead-time required for this process and for building relationships.
- There are two key consequences of these challenges. The first is that Irish studies have tended to rely on second hand accounts of service user's experiences (e.g. from carers, aftercare workers or social workers). This is despite a broad consensus about hearing the voice of children and young people (as per article 12 UNCRC).
- The second consequence is that Irish studies have tended to be small scale in nature, and while small qualitative studies generate rich and valuable in-depth data, they are difficult to generalise from and subject to selection bias.
- Gatekeeping and consent processes arise from the legal and ethical safeguards put in place to protect the welfare and rights of children and young people and are intended to ensure that their participation in research is based on fully informed, freely given consent in line with ethical and data protection obligations.
- It is nevertheless important that children and young people in the care system, or adults who have left the care system, are involved and can choose to be involved in research, based on clear and transparent information - and are not unnecessarily excluded.

Available Research and Data and the Need for Additional Research and Data

- The review highlights a lack of research and data on children and young people in care - and how young people fare after leaving care; as well as a lack of rigorous evidence on the effectiveness of care services.
- This has resulted in a knowledge gap that is a barrier to fully understanding these experiences and to effective evidence informed policymaking and service provision.
- The broader point is also made in the literature that this contributes to a lack of 'public visibility' for these young people, their needs and experiences.
- Researchers have highlighted the need for more data and research in relation to a wide range of specific topics including:
  - educational experiences and outcomes, including school attendance, participation and exclusions, special educational needs, literacy levels, and achievement and attainment; leaving care;
  - sexual health, risky sexual behaviour and early pregnancy;
  - contact with the criminal justice system;
  - voluntary care arrangements;
  - private family arrangements;
  - the national scale of certain problems like drug use, homelessness or mental health issues; and,
  - long term outcomes for those who have been in care.

Care Experiences and Outcomes

Care experiences and outcomes – the wider literature

- In general, the evidence points to poorer outcomes for those who are in care or who have left care, across a range of domains. These include being more likely to be excluded from school, to leave school without qualifications, face unemployment, homelessness, or imprisonment, experience physical and mental health problems and substance abuse.
- These poorer outcomes are found when outcomes are compared with the general population of children or young people, rather than with children or young people from similar backgrounds or with similar needs, but who have not been in care.
- Poorer outcomes are due, at least in part, to selection effects - as children who have had more difficulties in life are more likely to be in care and to stay in care.
- There is some evidence that compared to peers from similar circumstances with similar needs, but not in care, being in care can have a protective effect.

There is also evidence that significant proportions of those in care or who have left care fare well in life.

- Like the rest of the population, the literature points out that those in care are not a homogeneous group, and their experiences and needs vary. For example, those coming into care very young and staying in long-term stable placements are quite different to those who came into as teenagers in the context of increasing difficulties in their lives.
- Exposure to trauma, placement instability/breakdown, being in residential rather than foster care and coming into care at an older age have all been associated with poorer outcomes.
- Long term placement stability, coming into care at an earlier age, positive relationships, and quality of care are all important factors associated with more positive outcomes.
- The literature also points to a growing consensus that aftercare planning and support is critical to positive transitions from care.
- There is not sufficiently strong evidence from randomised controlled trials or quasi-experimental studies, to confirm the effectiveness of any particular intervention to support young people leaving care, but the evidence for extended care, i.e. policies that extend or raise the age at which care supports are still available to young people after leaving care, is promising.
- There is a need for more rigorous evaluation research in this field.

Care Experiences and Outcome – Irish studies

- A seminal study in this area from over twenty years ago examined outcomes among a sample of young people leaving different types of care settings and found significant proportions with difficulties in relation to issues such as special needs, drug use, homelessness and imprisonment. The findings also highlighted the positive impact of fewer moves and less disrupted care experiences.
- More recent studies update and extend our understanding of the care experience and its impact, highlighting the specific factors associated with more positive or negative outcomes.
- A 2014 study found that among those who had been identified as having a history of state care as a pathway to homelessness, most had experienced difficulties before care, had gone into care between the ages of 10 and 15, had spent long periods in foster or residential care and experienced placement breakdown.
- A more recent 2021 study found lower numbers than expected who identified as having been in care before becoming homeless in Dublin. This may be due to increased supports in recent years – though it may also be a function of other factors such as people not wanting to tell homeless services they had been in care.

- A 2019 study found the majority of children in care in Ireland had not had contact with the criminal justice system with an over-representation of those in care in court or children's detention being identified as an issue for a 'small cohort', many of whom were in residential care.
- A relationship has been found between placement instability and greater levels of mental health issues, with children in residential care significantly more likely to have contact with mental health services compared to those in foster care.
- Long term mental health needs were also found to be associated with difficulties experienced before coming into care, multiple placements and staff changes.
- Relationships or connections with carers tended to be stronger for those who had been in foster care than for those who had been in residential care with young people in residential care feeling more monitored and limited by care staff who didn't have the flexibility that 'parents' have when trying to resolve difficulties.
- These Irish studies linked greater difficulties and poorer outcomes in important areas of life such as mental health, relationships, homelessness and involvement in crime to placement breakdown, multiple placements, going into care at an older age and being in residential care – reflecting findings from the international literature.
- More positive outcomes have been linked to educational engagement, more stable placements, positive relationships, social support, relative care placements, access to required educational supports and interagency working.
- After care planning and the provision of social and practical support over the transition from care have also been identified as key to more positive transitions and outcomes, particularly as young adults leaving care may have fewer family material or emotional resources to rely on compared to their peers not in care.

Outcomes of Importance and Outcomes Frameworks

- The Child Care (Amendment) Act 2015 introduced an obligation on Tusla to prepare aftercare plans addressing seven areas of young adult's lives; education; finance and budgeting; training and employment; health and wellbeing; personal and social development; accommodation; and family support – reflecting a prioritisation of outcomes in these areas.
- These outcome areas resonate with the list of outcomes areas identified by young Irish care leavers themselves and reflect a mix of practical or material supports, and social or emotional supports – both of which have been identified as important in the research studies reviewed.
- Young adults were also reported as wanting more involvement at a policy level, and more access to information on entitlements and services.

- Tusla has recently commenced the development of an outcomes framework for the Agency. The views of young people who have left care are critical to this process.

Hearing Young People's and Children's Views

- Despite the importance of hearing from children and young people themselves, research in this area is often small scale and qualitative and frequently relies on second hand informants.
- This is linked to the challenges encountered by researchers trying to recruit children and young people into studies or consultation processes, arising from the complexities involved in the consent process and the lead time required to establish meaningful relationships with gatekeepers.
- Researchers have also noted other potential obstacles to recruitment, for example that young people may not identify themselves as being in care or that where relationships with the care system have been strained, they may not want to respond to contact from service provider gatekeepers.
- HIQA engages with significant numbers of children and young people in care as part of its inspection work, and this may be a function of its independence.
- The Tusla Advisory Group of care leavers aged 18 – 25, have recently carried out a survey of young adults in aftercare, where the survey questions were developed by the young people themselves. The findings should yield important insights that could help inform the development and focus of other research in this field.

These issues generate important lessons for future research:

1. The Need to Address Access and Recruitment Challenges

Based on previous experience the review highlights potential challenges accessing or recruiting respondents in care into research studies. These challenges relate to working through gatekeepers to gain access to potential respondents and managing the consent and assent processes which can be complex for those in care, where consent may be required from care-givers, parents, social workers and possibly others in some circumstances.

As noted earlier, it is important to acknowledge that these processes arise from the legal and ethical safeguards put in place to protect the welfare and rights of children and young people and ensure that their participation in research is based on fully informed, freely given consent in line with ethical and data protection obligations. The implication is that research in this field requires considerable planning, consultation, relationship building and communications with stakeholders, to ensure that legal and ethical obligations are met, children's rights are protected and the opportunity to have their voices heard is fully available to them.

2. The Need for a Variety of Research and Improved Administrative Data

The review underscores the need for and value of qualitative and quantitative primary research as well as strong administrative data, and rigorous evaluation research – and the complementary relationships between all four.

Qualitative research taps into the voice of those in care or beyond, providing in-depth insights into individual 'lived experiences'. To date much Irish research in this field has involved small scale qualitative studies.

Quantitative research can provide empirical evidence of the scale of particular experiences or outcomes, identify generalisable patterns or trends, and the risk and protective factors associated with them.

Strong administrative data can track pathways through the system, provide data on important outcome metrics, and point to issues that might need to be examined in more depth through additional primary research. Administrative data also has the potential to complement primary research data and reduce respondent burden.

Finally, the need for more rigorous evaluation research to assess the effectiveness of supports and interventions for children in care and or young people leaving care also emerges as important.

3. The Need for Future Research to Build on Existing Evidence

This review collates and synthesises evidence about experiences and outcomes among children in care and young people having left care from the national and international literature, the factors associated with positive outcomes and the research and data gaps which exist. This will help inform a focus for future research and the focus of important research questions.

4. The Benefits of an Outcomes Framework

The review also points to the benefits and possible content of an outcomes framework, informed by the literature and shaped by relevant national strategies, policies or services. The development of an outcomes framework by Tusla will help contribute to the identification of research needs in the future and the tracking of key outcomes over time.

5. The Need to Engage Directly with Children and Young People

Finally, the review emphasises the critical need to engage directly with children and young people and other potential respondents and stakeholders (such as parents, foster carers and social care professionals). This will help shape a meaningful plan for research, identify priority research questions, mobilise participation and ensure that the views of children in care and those who are care experienced are heard.

This literature review and the lessons arising have helped to inform the deliberations of the Working Group and its recommendations to the Minister for a programme of research, which was commenced in 2022 (See Appendix 4).

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Research and Evaluation Unit | March 2023

with the support of

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RESEARCH + EVALUATION

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Bibliography

Arnau-Sabatés, L., & Gilligan, R. (2015). What helps young care leavers to enter the world of work? Possible lessons learned from an exploratory study in Ireland and Catalonia. Children and youth services review, 53, 185-191.

Bairéad, C. and M. Norris (2020) Youth Homelessness in the Dublin Region: A profile of young, single emergency accommodation users in 2016, 2017 and 2018. Focus Ireland.

Brady, B., P. Dolan and C. McGregor (2019) Mentoring for Young People in Care: Messages for policy and practice, Routledge

Brady, E. (2017) Supporting the Educational Attainment of Children in State Care: A Preliminary Review of International Evidence, Trinity Research in Social Sciences (TRiSS) Working Paper Series No. 01-2017.

Brady, E. & Gilligan, R. (2018a). The life course perspective: An integrative research paradigm for examining the educational experiences of adult care leavers? Children and Youth Services Review, 87, 69-77.

Brady, E. & Gilligan, R. (2018b). Supporting the educational progress of children and young people in foster care: challenges and opportunities. Foster, 5, 29-41.

Brady, E. & Gilligan, R. (2019a). Exploring diversity in the educational pathways of care-experienced adults: Findings from a life course study of education and care. Children and Youth Services Review, 104, 1-11.

Brady, E. & Gilligan, R. (2019b). Supporting care-experienced adults' educational journeys: 'Linked lives' over the life course. Child & Family Social Work, 25 (2) 2019, 221-229.

Brady, E., R. Gilligan and S. Nic Fhlannchadha (2019) Care-experienced Young People Accessing Higher Education in Ireland Irish Journal of Applied Social Studies, Vol. 19 (1), 2019, 51-64.

Brady, E. & Gilligan, R. (2020). The role of agency in shaping the educational journeys of care-experienced adults: Insights from a life course study of education and care. Children & Society, 24(2), 121-135.

Brennan, R. C. O'Mahony, K. Burns (2021) The rights of the child in voluntary care in Ireland: A call for reform in law, policy and practice, Children and Youth Services Review, Vol 125, June 2021.

Buckley, H., S. Whelan, N. Carr and C. Murphy (2008) Service User's Perceptions of the Irish Child Protection System, Office for the Minister of Children and Youth Affairs.

Buckley, H., C. Corrigan and L. Kerrins (2010) Report of an Audit of Child Protection Research in Ireland 1990-2009, CAAB Research Report No. 7, Children Acts Advisory Board.

Burns, K., C. O'Mahony and R. Brennan (2021) Private Family Arrangements for Children in Ireland: The Informal Grey Space In-between State Care and the Family Home, in the British Journal of Social Work (51) (4) 1203–1220.

Carr, N. (2014). Invisible from view: Leaving and aftercare provision in the Republic of Ireland. Australian Social Work, 67(1), 88-101.

Carr, N., and P. Mayock (2019) Care and Justice, Children and Young People in Care and Contact with the Criminal Justice System, Irish Penal Reform Trust.

Clarke, A. and A. Eustace (2010) Thematic Analysis of Irish Literature on Children in Detention and Out of Home Care in Ireland, CABB Research Report No. 6, Children Acts Advisory Board.

Corbett, M, (2018) Children in Voluntary Care: An Essential Provision, But One in Need of Reform, Irish Journal of Family Law 21(1).

Corbett, M. and C. Coulter (2021) Ripe for Reform: An Analytical Review of Three Years of Court Reporting on Child Care Proceedings: A Report Commissioned by the Department of Children, Equality, Disability, Integration and Youth, Child Care Law Reporting Project.

Coulter, S, S. Mooney and M. MacDonald (2020) The Mental Health Needs of Children in Care and Children Adopted in Counties Louth and Meath: Exploring Current Service Provision, on behalf of Louth and Meath Children and Young People's Services Committees funded by Pobal under the Healthy Ireland programme.

Daly, F. & Gilligan, R. (2005). Lives in Foster Care: The Educational and Social Support Experiences of Young People aged 13 to 14 years in Long-term Foster Care. Dublin: Children's Research Centre.

Daly, F. (2012a). What do young people need when they leave care? Views of care leavers and aftercare workers in North Dublin. Child Care in Practice, 18(4), 309-324.

Daly, F. (2012b). 'My voice has to be heard' Research on Outcomes for young people leaving care in North Dublin. EPIC.

Darmody, M., McMahon, L., Banks, J., & Gilligan, R. (2013) Education of Children in Care in Ireland: An Exploratory Study. Dublin, Ombudsman for Children's Office.

Devaney, C. and C. Rooney (2018) The Feasibility Of Conducting A Longitudinal Study On Children In Care Or Children Leaving Care Within The Irish Context. Galway: UNESCO Child and Family Research Centre, National University of Ireland Galway.

Dickens, J., J. Masson, L. Garside, J. Young and K. Bader (2019) Courts, care proceedings and outcomes uncertainty: The challenges of achieving and assessing 'good outcomes' for children after child protection proceedings, Child and Family Social Work 24(4) 574-581.

Dixon, J., J. Ward and M. Stein (2018) Brighter Futures for Care leavers: A Consultation on Outcomes and Aftercare for Young People Leaving Care in Ireland, Focus Ireland.

Donkoh, C, Underhill, K. and Montgomery, P. (2006) Independent Living Programmes for Improving Outcomes for Young People Leaving the Care System, Cochrane Database of Systematic Reviews, 8.

Fargas-Malet, M., D. McSherry, E. Larkin and C. Robinson (2010) Research with children: methodological issues and innovative techniques, Journal of Early Childhood Research, 8(2):175-192.

Furey, E. and J. Canavan, (2019) A review on the availability and comparability of statistics on child protection and welfare, including children in care, collated by Tusla: Child and Family Agency with statistics published in other jurisdictions.

Gilligan, R., & Arnau-Sabatés, L. (2017). The role of carers in supporting the progress of care leavers in the world of work. Child & Family Social Work, 22(2), 792-800.

Gilligan, R., Brady, E., & Cullen, L. (2022). One More Adversity: The lived experience of care leavers in Ireland during the Covid-19 pandemic. Dublin: School of Social Work & Social Policy, Trinity College Dublin.

Glynn, N., & Mayock, P. (2019). "I've changed so much within a year": care leavers' perspectives on the aftercare planning process. Child Care in Practice, 25(1), 79-98.

Glynn, N. (2020) Negotiating Uncertainty and Earning Respect: A qualitative, longitudinal study of Young People Ageing Out of State Care in Ireland, PhD Thesis submitted to the School of Social Work and Social Policy.

Health Information and Quality Authority (2021) Annual overview report on the inspection and regulation of children's services: 2020, HIQA.

Howard League (2018) Ending the Criminalisation of Children in Residential Care. Briefing One. London: Howard League.

Hyde, A., D. Fullerton, M. Lohan, C. McKeown, L. Dunne and G. Macdonald (2016) Sexual Health and Sexuality Education Needs Assessment of Young People in Care in Ireland (SENYPIC) Composite Report of Findings, Report No. 6.

Hyde, A., D. Fullerton, M. Lohan, L. Dunne and G. McDonald (2017) Young People's Views on the Impact of Care Experiences on their Ability to form Positive Relationships, Adoption and Fostering 41(3), 242-253.

Kelleher, P., C. Kelleher and M. Corbett (2000a) Left Out On Their Own, Young People Leaving Care in Ireland, Executive Summary, Focus Ireland/Oak Tree Press.

Kelleher, P., C. Kelleher and M. Corbett (2000b) Left Out On Their Own, Young People Leaving Care in Ireland, [full report], Focus Ireland/Oak Tree Press.

Lerch, V. and A. N. Nordenmark Severinsson (2019) Feasibility Study for a Child Guarantee: Target Group Discussion Paper on Children in Alternative Care, Brussels: European Commission.

Lotty, M., A. Dunn-Galvin, E. Bantry-White (2020) Effectiveness of a trauma-informed care psychoeducational program for foster carers – Evaluation of the Fostering Connections Program, Child Abuse and Neglect 102 (2020) 104390.

Lotty, M. (2020) 'An Exploration of the Role of Trauma-informed Care in Fostering Stability', The Irish Social Worker, Winter, pp. 47-48.

Mayock, P. and O'Sullivan, E. (2007) Lives in Crisis: Homeless Young People in Dublin City. Dublin: The Liffey Press.

Mayock, P. and Carr, N. (2008) Not Just Homelessness . . . A Study of 'Out of Home' Young People in Cork City. Dublin: Health Service Executive and Children's Research Centre.

Mayock, P., S. Parker and A. Murphy (2014) Young People, Homelessness and Housing Exclusion, Focus Ireland.

McEvoy, O. and M. Smith, (2011). Listen to Our Voices: A Report of Consultations with Children and Young People Living in the Care of the State, Department of Children and Youth Affairs.

McNicholas, N O'Connor, G Bandyopadhyay, P Doyle, A O' Donovan and M Belton (2011) Looked After Children in Dublin and their Mental Health Needs, Irish Medical Journal, 104 (4):105-8.

McSherry, D. M. Fargas-Malet and K. Weatherall (2013) Comparing long-term placements for young children in care: The Care Pathways and Outcomes Study, Northern Ireland, British Association for Adoption and Fostering.

Moran, L., McGregor, C. and Devaney, C. (2017) Outcomes for Permanence and Stability for Children in Long-term Care. The UNESCO Child and Family Research Centre, the National University of Ireland, Galway.

Palmer, A., M. Norris and J. Kelleher (2022) Accelerated adulthood, extended adolescence and the care cliff: Supporting care leavers' transition from care to independent living, Child and Family Social work, 2022: 1-12.

Sebba, J., Berridge, D., Luke, N, Fletcher, J., Bell, K., Strand, S., Tomas, S., Sinclair, I. and O'Higgins (2015) The Educational Progress of Looked After Children in England: Linking Care and Educational Data. Available at: http://reescentre.education.ox.ac.uk/research/educational-progress-oflooked-after-children/

Shah, M. F., Liu, Q., Mark Eddy, J., Barkan, S., Marshall, D., Mancuso, D., Lucenko, B., & Huber, A. (2017). Predicting homelessness among emerging adults aging out of Foster Care. American Journal of Community Psychology, 60(1–2), 33–43.

Shaw, J. (2016) 'Policy, Practice and Perceptions: Exploring the Criminalisation of Children's Home Residents in England.' Youth Justice, 16(2): 147–161.

Tatlow-Golden, M. and McElvaney, R. (2015). A bit more understanding: Young adults' views of mental health services in care in Ireland. Children and Youth Services Review, 51 pp. 1–9.

Taylor, D. *et al.*, (2021) Systematic review and meta-analysis of policies, programmes and intervention that improve outcomes for young people leaving the out-of-home care system. What Works for Children's Social Care/Centre for Evidence and Implementation?

Tierney, E., D. Kennan, C. Forkan, B. Brady and R. Jackson (2018) Tusla's Programme for Prevention, Partnership and Family Support: Children's Participation Work Package Final Report; UNESCO Child and Family Research Centre, NUI Galway.

Townsend, M., E.P. Berger and A.E. Reupert (2020) Systematic review of the educational experiences of children in care: Children's perspectives, Children and Youth Services Review, Vol 111, April 2020, 104835 https://doi.org/10.1016/j.childyouth.2020.10483

Tusla (2019) Child and Youth Participation Strategy, Tusla, Child and Family Agency.

Tusla (2020) Fora Initiatives 2020, Tusla, Child and Family Agency

Tusla (2021a) Tusla Annual Review on the Adequacy of Child Care and Family Support Services 2020. See https://www.tusla.ie/publications/review-of-adequacy-reports/

Tusla (2021b) Monthly Service Performance and Activity Report December 2021. See https://www.tusla.ie/data-figures/2021-performance-data/

Tusla (2022) Tusla Business Plan 2022. See https://www.tusla.ie/news/tusla-business-plan-2022-prioritises-wide-ranging-change-new-resources/

Tusla Corporate Plan 2021 – 2023 (https://www.tusla.ie/corporateplan21-23/)

Tusla (2022a) Strategic Plan for Foster Care Services for Children and Young People 2022-2025

Trout, A.L., Hagaman, J., Casey, K., Reid, R. and Epstein, M.H. (2008) 'The academic status of children and youth in out-of-home care: A review of the literature', Children and Youth Services Review, 30(9), pp 979-994.

Van Breda, A.D., E.R. Munro, R. Gilligan, R. Anghel, A. Harder, M. Incarnato, V. Mann-Feder, T. Refaeli, R. Stohler, J. Storø, 'Extended care: Global dialogue on policy, practice and research' Children and Youth Services Review (2020),

Walsh, P., M. McHugh, H. Blunden, I. Katz (2018) Pathways of Care Longitudinal Study, Research Report No. 6, Literature Review: Factors Influencing the Outcomes of Children and Young People in Out-of-home-care. New South Wales Department of Family and Community Services.

Youth Advocate Programmes (YAP) Action Research (2018) What Do You Think About Social Work Services? YAP, Dublin.

Appendix 1:
Tusla Data

Data currently collected by Tusla's Quality Assurance Directorate on Children in Care, Foster Carers and Aftercare (QA Directorate September 2021)

Admissions to care

- Age
- Gender
- Care type (special care, general residential care, general foster care, relative foster care, other[35])
- Primary reason for admission to care (physical abuse, emotional abuse, sexual abuse, neglect, welfare concern)
- Legal reason for admission to care (emergency care order, interim care order, care order, special care order, voluntary agreement)
- First-time admissions by age, gender, primary reason for admission, care type

Discharges from care

- Age
- Gender
- Care type (special care, general residential care, general foster care, relative foster care, other)
- Destination on discharge (Returned to parent, Returned to extended family, Remained with foster family, Adoption, Independent living, Supported lodgings, Shared accommodation, Other)

Children in care

- Age
- Gender
- Care type (special care, general residential care, general foster care, relative foster care, other)
- Placements with private providers
- Out of state placements
- Single care residential placements
- Primary reason for being in care (physical abuse, emotional abuse, sexual abuse, neglect, welfare concern)

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[35] Other includes: supported lodgings, at home under a care order, detention centre, other residential centre including disability unit, drugs / alcohol rehabilitation centre.

- Legal reason for being in care (emergency care order, interim care order, care order, special care order, voluntary agreement)
- With a care plan
- With an allocated social worker
- Statutory reviews taking place
- Length of time in care in time bands (< 1 year, 1-5 years and > 5 years)
- Placement stability – children in their third or greater placement within the reporting year
- Respite care from home
- Children in care who have been diagnosed by a clinical specialist as having a moderate to severe disability
- 6-15 year olds and 16-17 years in education by type (boarding school, education training facility, primary school, post primary school, pre-school, special education, third level/higher, home tuition).

Foster Carers

- Foster carers on the panel of approved foster carers (general, relative and private)
- Foster carers approved during the reporting period
- Foster carers awaiting assessment / approval
- Unapproved foster carers[36] (with child >12 weeks)
- Foster carers with a link (social) worker
- Foster carer reviews taking place
- Active foster carers (approved) at the start and end of the reporting period
- Foster carers ceasing fostering (voluntarily and statutorily)
- Founded child protection and welfare concerns presented to foster care committees
- Foster carers who have had a child removed from their care as a result of a founded child protection and welfare concern made against foster carer.

Aftercare

- Referrals
- Referrals eligible for an assessment of need (< 18 years and in care, <18 years and not in care, 18-20 years inclusive)
- Assessments of need completed

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[36] An Unapproved Carer is a person(s) who has a child or children placed with them under Section 36. 1(D) of the Child Care Act 1991 who is either a. awaiting an assessment; b. in the process of assessment or c. whose assessment has yet to go before the Child and Family Agency Foster Care Committee for approval.

- Young persons/ adults in receipt of aftercare services (< 18 years, 18-22 years and 21-22 years)
- Young persons/ adults in receipt of aftercare services in education by type (second level, vocational, PLC, third level/university, accredited training (e.g., Solas)
- Young persons/ adults in receipt of aftercare services (18-22 years) by accommodation type (residential care placement, remained with carers, independent living, designated care leavers accommodation, at home, supported lodgings)
- With aftercare plan
- With aftercare worker
- Reviews of aftercare plans
- Areas with drop-in centres and entries recorded on registers
- Interagency steering committees and meetings taking place

Tusla, Annual Review on the Adequacy of Child Care and Family Support Services (2020)

The annual report provides aggregate trend data on:

- Number of first time admissions to care; by gender and age
- Reason for first time admissions to care
- First time admissions by care placement type
- First time admissions by area
- Total number of admissions to care
- Total number of admissions to care by gender and age
- Reasons for admissions to care
- Total admissions by care placement type
- Legal reasons for admissions to care
- Admissions by area
- Number of children in care
- Children in care by age and gender
- Children in care by area
- Children in care by placement type
- Reason for being in care
- Legal status (Care order, voluntary agreement) and by area
- Length of time in care – and by area
- Placement stability (in third or greater placement)

- In third or greater placement by care type
- In third or greater placement within previous 12 months and by area
- Out of State Placements
- Children in care with private providers
- Children in care with private providers by care type and area
- Children 12 and under in residential placements
- Referrals to special care and children admitted (detention) by age and gender
- Referrals to special care by care status at time of referral
- Children in care in education (by age and area)
- Children in care with an allocated social worker and care plan
- Discharges from care (by age, placement type, area)
- Location discharged to (home/extended family/foster family/independent living/ supported lodgings)
- Admissions versus discharges
- Number on panel of approved foster carers
- Number of Tusla foster carers on the panel
- Number of general and relative foster carers approved
- Number of foster carers with an allocated link social worker
- Unapproved relative foster carers
- Young people in receipt of aftercare services (these are new metrics from q 2 2018)
- In receipt of aftercare in education/training (by type)
- In receipt of aftercare and accommodation (with foster family, returned home, independent living)
- In receipt of aftercare with an aftercare plan and worker
- In receipt of aftercare services by area (by plan, needing an ac worker, with an AC worker)

Appendix 2:
Membership of the DCEDIY/Tusla Working Group

Dr Sadhbh Whelan (Chair), Child Care Performance and Social Work Unit, Department of Children, Equality, Disability, Integration and Youth

Dr Clare Farrell, Research and Evaluation Unit, Department of Children, Equality, Disability, Integration and Youth

Vanessa Moore, Alternative Care Policy Unit, Department of Children, Equality, Disability, Integration and Youth

Deborah Kenny (Secretariat), Department of Children, Equality, Disability, Integration and Youth

Ciara Murray, National Manager Performance Reporting and Information, Tusla, Child and Family Agency

Ger Brophy, Chief Social Worker, Tusla, Child and Family Agency

Colette McLoughlin, Service Director, National Operations and Policy Implementation Lead Tusla, Child and Family Agency

Marian Brattman, Interim National Manager for Research, Tusla, Child and Family Agency

Pat Osborne, National Manager Service Experience innovation and Development, Tusla, Child and Family Agency

Mark Conroy, ICT Data and Analytics Manager, Tusla, Child and Family Agency

Stephen McLoughlin, Data and Information Management Lead, ICT Data & Analytics Team, Tusla, Child and Family Agency

Angela Feeney, National Research Office, Tusla, Child and Family Agency

William McNamara, National Liaison Lead for Aftercare Services, Tusla, Child and Family Agency

Appendix 3:
Tusla Gatekeeper Procedures

Based on information provided by the Tusla National Research Office for this review, procedures currently operate in practice as follows:

When applying for ethical approval from Tusla's Independent Research Ethics Committee (REC), researchers must provide information on gatekeeper arrangements including how many gatekeepers will be required in the proposed study, in what sites/services gatekeepers will be based and further elaboration on the role of gatekeeper, which may include ethical issues in relation to the selection of proposed gatekeepers.

Evidence of a draft introductory email, a draft information letter and draft consent forms for gatekeeper recruitment must be provided for Tusla REC review and consideration must be given to the needs and vulnerabilities of the participants and researchers, and the balance of risk with the value of the research (information provided March 11 2022).

Guidance on determining when ethical approval is required from the Tusla REC are available at:

https://www.tusla.ie/uploads/content/Guidnace_on_when_ethical_approval_is_required_Approved_Nov_2020.pdf

Appendix 4:
Research & data project examining the lives of children in care & adults who were in care as children

On January 26 2022, Minister for Children, Equality, Disability, Integration and Youth, Roderic O'Gorman, announced the commencement of a new research and data project examining the lives of children in care and adults who were in care as children. This project will address the Ryan Report Implementation Plan recommendation for longitudinal research with young people leaving care. The text of the Minister's announcement is detailed in a press release, available here.

The project is being led by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) with Tusla as a key partner. The approach of the project follows extensive work carried out by a joint DCEDIY/Tusla Working Group, which commenced its work in November 2020. The approach is iterative and comprises five constituent elements:

1. Set up and design, including the development and agreement of a project plan and structures to facilitate meaningful consultation with and input from stakeholders;
2. The ongoing development of the capacity of the National Child Care Information System (NCCIS) in Tusla to dynamically track the individual pathways of children through the care system;
3. A once off study of those who left care ten years ago to generate data quickly on the long term outcomes for those who leave care and the lessons arising;
4. A longitudinal study of children in care from the age of 16, which will take place over a ten year period;
5. Further bespoke research studies on children in care and aftercare where more detailed information is needed about their circumstances. This will complement improved system data and also provide children in care with an opportunity to have their voices heard.

The final meeting of the Working Group took place on 23rd March 2022. The submission of a high level recommendation report to Minister Roderic O'Gorman for his consideration was a key deliverable detailed in the terms of reference of the Working Group. A copy of that report, which summarises the findings and conclusions of the Working Group, background information on the work of the group, key principles, the policy and legislative context and provides detail of the research and data project recommended, is available here.

Work on developing a project plan is underway. See here for up to date information on progress since the announcement of the project.

A briefing event for stakeholders was held by DCEDIY in late January, 2022, which provides more detail on the project. That presentation is available here.

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