



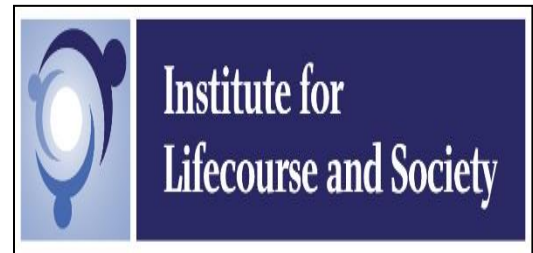
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An analysis of Significant Event Notifications to inform Tusla's alternative care policy and practice developments.

Dr Leonor Rodriguez and Dr Carmel Devaney,
UNESCO Child and Family Research Centre, NUI Galway



June 2019

The authors of this report are:
Dr Leonor Rodriguez and Dr Carmel Devaney

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For further information, please contact:
UNESCO Child and Family Research Centre
Institute for Lifecourse and Society
Upper Newcastle Road
National University of Ireland Galway
Galway, Ireland

T: +353 91 495 398

E: cfr@nuigalway.ie

W: www.nuigalway.ie/childandfamilyresearch

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About the UNESCO Child and Family Research Centre

The UNESCO Child and Family Research Centre (UCFRC) is part of the Institute for Lifecourse and Society at the National University of Ireland Galway. It was founded in 2007, through support from The Atlantic Philanthropies, Ireland and the Health Services Executive (HSE), with a base in the School of Political Science and Sociology, the mission of the Centre is to help create the conditions for excellent policies, services and practices that improve the lives of children, youth and families through research, education and service development. The UCFRC has an extensive network of relationships and research collaborations internationally and is widely recognised for its core expertise in the areas of Family Support and Youth Development.

Contact Details:

UNESCO Child and Family Research Centre, Institute for Lifecourse and Society, Upper Newcastle Road, National University of Ireland Galway, Ireland.

T: +353 91 495398

E: cfrc@nuigalway.ie

W: www.nuigalway.ie/childandfamilyresearch

Twitter: [@UNESCO_CFRC](https://twitter.com/UNESCO_CFRC)

Facebook: [ucfrc.nuig](https://www.facebook.com/ucfrc.nuig)

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We would also like to thank all participants that attended the SEN workshop, for all their valuable insights. We greatly value your expertise and knowledge in the field.

Executive Summary

This research study was set to analyse Tusla's Significant Event Notification System to inform Tusla's alternative care policy and practice.

Tusla's SEN database was carefully anonymised to be used for analysis in the research. All potentially identifying information was removed and the final database was quantitatively analysed. The findings derived from the quantitative analysis were presented at a workshop with relevant practitioners and policy makers to capture their views and recommendations that are included in this report.

The quantitative analysis identified that SEN incidents were more frequently reported in males than females between the ages of 16 and 17 in Private centres. The most common type of incidents reported were potentially unlawful behaviour, physical aggression and verbal aggression. The majority of children and young people in the database were involved in a single incident, however the range of incidents reported per child ranged between 1 and 150.

Type of incidents and age groups where more incidents were reported varied per Region, suggesting the need for local needs analysis and evaluations to ensure local needs are captured and responded to effectively. These differences by gender, age and Region were statistically significant suggesting how important these are to further understand the occurrence and frequency of SEN incidents but also how to respond to them. The number of placements emerged as the statistically significant predictor of children and young people experiencing multiple incidents. The research also found that the majority of children and young people with three to five placements were in the age group that reported the most incidents, between 16 and 17 years of age.

A workshop was carried out with 27 attendees. Results of the quantitative analysis were provided for discussion and to provide recommendations for policy and practice. Overall, there was a positive attitude towards the database and its usefulness to inform policy and

practice at a local and national level, however further standardisation, policy and quality assurance are required for the database to achieve its maximum potential and be aligned with all Tusla databases. This also includes a clear definition of the level of risk and when incidents reach the threshold to be included in the database. The introduction of standardised templates for data collection would contribute to systematising the database nationwide. Guidelines should be provided for management in Residential Centres to ensure accurate recording and reviewing of incidents. The SEN database needs to have a clear stated purpose as well as clear boundaries with other reporting systems in Tusla.

Participants highlighted the differences in SEN incidents at a regional level and the need for local needs analysis and service delivery. This also includes sharing examples of success stories and best practice. A need was identified for training staff to have the skills, resilience and access to self-care when working with children in care, particularly those that are included in the SEN database. Additional training on IT would ensure practitioner competence in dealing with the database as well as considering issues of data protection and adequate data management.

Workshop participants also identified the need for specialised services targeted at specific cohorts such as children with aggressive behaviour, dealing with trauma and children between 0 and 12 years of age. Careful consideration should be given to ensuring the success of placements to avoid multiple placements from happening as this is the risk factor for SEN incidents.

Overall this report provides a detailed analysis of Tusla's SEN incident database, based on incidents reported in 2016. The most significant contribution it makes is that it also provides the views of relevant stakeholders and practitioners that can drive the needs and changes in policy and practice that can improve the experience and effectiveness of Tusla's care policy and practice.

1 Introduction

This report comprises an analysis of Significant Event Notifications to inform alternative care policy and practice.

The first section provides an overview of the research context including a definition of Tusla's Significant Events Notification (SEN) system and a description of the type of data that can be found in the database, how it is recorded, accessed and managed. Following this, there is a detailed description of the methodology used to carry out this research study, including how the data was prepared and anonymised for analysis. The quantitative analysis provides a general profile of SEN incidents in this database for 2016. Then it provides a profile of the children and young people that have reported SEN incidents in the database. More detailed analysis of SEN incidents are provided according to age, gender and number of placements.

Once the quantitative analysis was completed, preliminary findings were presented at a workshop with relevant Tusla staff and stakeholders to obtain their reactions to the data and their feedback and recommendations for the database going forward. The methodology and findings of this workshop are described in detail. Overall conclusions and recommendations derived from both components of the study are provided at the end of this report.

2 Research Context

2.1 Origins and Rationale for the Significant Event Notification database analysis

In 2016, in support of the development of Tusla's Alternative Care Strategy and related to Tusla's corporate parenting responsibilities, discussions took place between the Director of Policy and Strategy and researchers at the UNESCO Child and Family Research Centre (CRFC) on the issue of challenging behaviour. Within these discussions, it was identified that the Significant Event Notification database could be a source of information to support a suggested project on challenging behaviour.

In exploring the potential use of the database for research purposes several items required clarification including: the type of data held within the database, the quality of the data and the consideration of how the data could best inform the development of the Alternative Care Strategy. Researchers at NUIG asked Tusla to consider the following: the formulation of a specific research question, the potential for the use of the data as a source of information to support the research question, ethical issues including consent and how the project would be resourced.

At the request of the Director of Policy and Strategy, the National Research Office set about exploring the potential use of the database for research purposes. It was identified that the database contained personal and sensitive data and under data protection legislation, data of this nature can only be accessed by a 3rd party for research purposes where it is fully anonymised. In 2017, the National Research Office met with the SEN Management team to view the database and to discuss possibilities for the anonymisation of the data. Approval for a resource to facilitate the SEN team manager to anonymise the database in full for the year of 2016 was granted by the Director for Residential Care Services. In addition to anonymising the database, the National Research Office and the SEN Management team took further steps to reduce the risk of any remaining identifying information and agreed to several data items for exclusion including data pertaining to special care or centres where families were residing.

The fully anonymised database was securely transferred to researchers at the UNESCO CFRC who carried out an initial analysis of the data. The SEN Management team, the NRO and the researchers have worked together to clarify any discrepancies or anomalies to ensure that the database has been accurate and fully understood.

In parallel to the work on the anonymisation of the database, the National Research Office and the SEN Management team worked together to formulate potential research questions. The SEN Management team consulted with their regional and national residential care colleagues and a number of themes emerged however in on-going discussions it was concluded that the data analysis should be considered by several practice and policy stakeholders in respect of the development of the alternative care strategy in the first instance.

In August 2018, a meeting with Head of Policy and Research, the National Research Office, the SEN Management team and the researchers took place and final decisions about inclusion and exclusion of data were made. A sample analysis of the data by incident and by young person was requested. The group agreed to schedule a workshop inviting relevant stakeholders to consider several themes emerging from the analysis. It was viewed as an opportune time to present the analysis given that alternative care policy is under review.

2.2 Significant Event Notifications

Residential care provides a safe and nurturing environment for individual children and young people who cannot live at home, or in an alternative family environment, such as foster care. Residential care can be provided by statutory (Tusla), voluntary (not for profit) or private providers. Approximately 6% of children in care are in a residential placement.¹

A SEN is a Significant Event Notification. In a residential centre a specific document to record a significant event is completed by a member of staff (Social Care Worker/ Social Care Leader / Social Care Manager) for a young person in care in relation to a significant event in their life; this may include: an incident, Missing Child in Care episode, child protection concerns etc.

¹ Additional information can be found in Tusla's website <https://www.tusla.ie/services/alternative-care/residential-care/what-are-childrens-residential-services> and the DCYA website www.dcy.gov.ie/docs/EN/Children-In-Care-Residential-Care/3255.htm

These SENs are sent to the professionals involved in the young people's care, such as Social Worker, GAL and Monitoring Officer. The SEN team receive all SENs for all young people in residential care in the country including Tusla, voluntary and private centres.

2.2.1 Requirement to Notify

Children's Residential Services have a statutory requirement to record, report and notify specified personnel within the Child and Family Agency (TUSLA) of Significant Events that take place in Children's Residential Centres. The relevant Regulations and Standards are listed below:

"A Health Board shall satisfy itself in respect of each relevant residential centre that procedures are in place for the prompt notification by the centre to the Board of any significant event affecting a child who has been placed in the centre by the Board" Child Care (Placement of Children in Residential Care) Regulations, 1995 Part III, Article 15

"A registered proprietor and person in charge of a centre shall satisfy the relevant Health Board that procedures are in place for the prompt notification by the centre to the relevant health board of any significant event occurring in relation to a child being maintained in the centre" Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III Article 16

"A Health Board is satisfied that the centre has a prompt notification procedure to the Board of any significant event affecting a child who has been placed there by the Board" National Standards for Children's Residential Centres Section 2.9

2.2.2 Establishment of the Significant Event Notification Processes:

The following SEN recording processes and the establishment of the SEN team were implemented by the Child and Family Agency on 1st November 2015 as part of the ongoing development of a National Children's Residential Service. The SEN team started receiving Significant Event Notifications nationally from 1st January 2016. All Statutory, Voluntary and

Private Provider operated Children's Residential Centres including Special Care services are required to forward Significant Event Notifications to the relevant SEN Team.

-The aims of these processes are as follows:

- To facilitate the establishment of a National Register of Significant Event Notifications with a view to ensuring:
 - Significant Events that take place within Children's Residential Services are notified effectively and within appropriate timeframes to the National Management Team Children's Residential Services (CRS).

Ultimately, the role of the SEN team is to ensure Centre Staff, Management and the National Management Team CRS are supported in their efforts to manage risk and other issues directly or indirectly relating to Significant Events that take place involving the young people in their care.

2.2.3 Significant Event Notification Team

The SEN team consists of eight Social Care Staff and one Social Care Manager based in 2 different locations Castleblaney and The Curragh. The team report to the Senior Manager - National Private Placement Team. The decision to have all staff social care qualified was made to ensure that there was clear understanding from the team in relation to National Standards and policies and procedures. All the SEN team members have a practice background in residential care and therefore understand the nature and processes of residential care.

The SEN team receive on average 500 SENs a week. All SENs should be submitted to the SEN office preferable within 1 working day of the incident occurring to ensure that the database is as close to real time as possible. When the SENs are received they are scanned and distributed to the relevant regional manager. They are then processed onto an excel document (the SEN database) which captures the young person name, date of birth, centre name, centre sector, centre region and social work area. There are 65 categories of incidents. The SEN member reads the SEN and from this populates the SEN database accordingly.

In 2016 there were a total of 643 young people who had SENs in the register from 127 different residential centres. ²

2.2.4 How data from the SEN register is shared and utilised:

The Significant Event Notification system plays a pivotal role in the overall recognition, understanding and management of adverse incidents within CRS. Reporting is a key component in the overall management of the CRS centre and includes the management of behaviour, untoward events and accidents. It is widely understood that staff will be more likely to report in circumstances where they know the report is valued and acted upon. To this end CRS have a multi layered system of reviewing the reports. These reviews commence at local unit level, to regional and national level. Currently each centre receives a “dashboard” report on a monthly basis which gives an overview of incident activity within the centre over the previous month. This allows for a degree of oversight and analysis of incidents. In 2019 the capacity to review and analyse reports will be greatly enhanced with the introduction of an ICT system which will increase our ability to analyse the data inputted through the SEN system. The National Director of CRS is committed to ensuring better use of the data provided by staff and this in turn will lead to better and safer centres for all.

2.2.4.1 Internal use within Tusla:

- The National Management Team Children Residential Services (CRS) are provided a synopsis of Significant Events relevant to their respective region of responsibility daily. They use these daily to review incidents within the service, to monitor young people’s placements and interventions in place to see effectiveness. There is also a collective weekly register sent to each of the National Management Team Children Residential Services, this is used within weekly team meetings to review significant events within the centres and to review the centre and management response to these incidents.

- The Senior Manager - National Private Placement Team receives a daily SEN register with a synopsis of the significant event that has occurred in the private sector. This is used to inform collective risk assessments and to identify the potential risk to the agency or the organisation.

² Not all these centres were included in the final data; this is explained in the findings.

-The National Private Placement Team (NPPT) use the SEN data to look at the stability of a private centre and the presentation of the current resident within a centre. It is also used to inform placement options and risk management payments³. Risks with the private centres can be identified and risk escalated as required. The SEN data and register can be used by the NPPT for governance and oversight and to address concerns raised by professionals such as Social Work or Guardian Ad Litem.

- Regional Significant Event Notification Review Groups (in DML, South, West and Special care) are provided a synopsis of Significant Events relevant to their respective areas of responsibility on a monthly basis. The SEN review group is a multidisciplinary team that review the SENs for all of the centres within their region. They will read the synopsis and based on this the individual member will pick 4-6 SENs to review in full. Upon review they feed back to the group any issues that they could see with the SEN and the management of same. There may be a follow up needed from the centre after the review which will be submitted and reviewed at the next meeting.

- The National Management Team CRS are provided statistics relating to Significant Events relevant to their Child and Family Agency's respective region of responsibility and nationally.

- The National Management Team CRS are provided a copy of the SEN register for each centre monthly; they also receive graphs plotting trends of incidents pertaining to each centre.

- The National Management Team CRS are provided a copy of a yearly graph of all SEN before each monitoring visit.

- Such as for Statutory Child in Care Reviews, report for HIQA, professional meetings.

- Because the SEN team receive SENs for all centres nationally it allows the team to identify links between young people in the service and within regions. It allows the team to find

³ Risk management payments may be sought where there is an escalation in risk taking behaviour for a young person and additional supports are required to manage the presenting risk.

identical patterns of risk-taking behaviours with these groups of young people and to escalate the risk as appropriate.

SEN graphs and numbers can be requested at any time from a centre manager to inform professional reports Child in Care Review and as part of reports for professional meeting in relation to reviewing young people's placements and progress within their placement.

2.2.4.2 Other ways that the SEN data is utilised:

- There is a weekly synopsis of Significant Events sent to the relevant National Residential Child Services Monitor's and Registration and Inspection Services.

- Monitors receive a breakdown of SENs before monitoring visits; these statistics provide a breakdown of the SENs that occurred in centre for the 12 months before the visit.

- The data that the SEN register holds is used to provide answers to Freedom of information requests and Parliamentary Question.

- SEN data has been reported to HIQA as and when required.

The SEN register has adapted and changed since its development. The SEN team identified in 2018 additional categories that could be added to allow for additional information to be captured within the data. There appeared to be a gap in some of the data collection in information that was being requested from the office. Through consultation with The National Management Team CRS, National Residential Child Services Monitor's and Registration and Inspection Services, additional categories were added in June 2018, these included court appearance; urinating / defecating/ smearing: self-harm / suicide attempt medical attention required and Garda assistance onsite.

2.3 Profile of Children in Care in 2016

This analysis is based on the SEN database comprised in 2016, therefore it is relevant to describe the profile of children and young people in care at this time. At the end of Q4 2016, a total of 6258 children and young people were in care, of these, 5817 (93%) were in foster care (general and relative) and 316 (5%) were in residential (general) placement, 17 (0.27%) were in Out of State placements and 179 were in respite care (Tusla Integrated Performance Activity Report, Q4 2016). Focusing specifically on children in general residential care, 307 children and young people were in residential care and 168 of these were placements with private providers. The remaining 139 were in Tusla and voluntary services.

Table 1 shows a comparison of the number of children and young people in residential care by the end of 2016 and the number of children and young people in the SEN database over the same period.

At the end of December 2016 there were 307 children in general residential care and of these 168 were placements with private providers; the remaining 139 were with Tusla/voluntary services. The breakdown by region and gender is as follows:

Table 1 Children in General Residential Care in 2016 compared with SEN database

	Total in General Residential care	Total of children/young people in SEN database
Dublin Mid Leinster	100	180
Dublin North East	87	229
South	83	153
West	37	36
Total	307	598

This table shows the distribution of children and young people in general residential care compared to those included in the SEN database in 2016. Further explanation of why the total values differ is provided after Table 2.

Table 2 Children in Residential Care and in the SEN database by Gender

Total in General Residential care		Total of children/young people in SEN database	
Male	Female	Male	Female
197	110	365	233

Tables 1 and 2 show that the total number of children and young people included in the SEN database is larger than the total number of children in general residential care because the children currently included in the SEN database come from a variety of backgrounds and Tusla does not collect information specifically for these cohorts. Children in the SEN database for this research study include children in residential care, excluding special care, but there is also a variety including children in care under the social work team for separated children seeking asylum and young adults (>18 years) in aftercare who are remaining in a general residential placement, all mainstream community based children residential centres, a very small group of young people with disability that are paid for and placed through the NPPT and SEN's from a respite centre are also included in this dataset.

3 Methodology

3.1 Data Anonymisation

Prior to the transfer of the data to researchers at NUIG UNESCO Child and Family Research Centre (UCFRC), the data was prepared and anonymised by the Manager of the National SEN team. Each young person in the database was assigned a unique identifying code. This code was 'YP' followed by an individual number. The young people's date of birth was changed to year of birth to help make the young person less identifiable. The centre name was also removed from the data. There were also group discussions and decisions made around excluding some of the behaviour categories as there were a small percentage of young people who presented with these behaviours which could possibly mean that they may be identified. The anonymised data was presented to the CRS Regional Managers to ensure that the Young people could not be identified by anything that was included in the data. Specifically, children in Family Centres and Special Care were excluded as these were very small cohorts and therefore the risk of identification was high.

3.2 Quantitative Data Analysis

Researchers from the UNESCO Child and Family Research Centre were provided with an anonymised SEN database including all registered incidents in 2016.

The SEN database contained a total of 17, 049 incidents. The original data had to be carefully prepared to identify incidents, as information on follow up information was recorded in the same database. Every horizontal line in the Excel sheet represented an event but not necessarily a new incident, these could be follow-ups or other kind of information such as school awards and achievements. Horizontal lines in the excel database that were not new incidents were deleted.

Following this, all items in the database were coded, a number was assigned to facilitate analysis and ensure anonymity of the children in the database.

A second database was created to identify the sociodemographic profile of children and young people. All information recorded for every child was added up and a single horizontal variable was generated. Both databases were transferred to Statistical Package for Social Sciences (SPSS) to facilitate analysis.

3.2.1 Analysis of Frequencies

Frequencies analysis were carried out on both databases for every variable. An additional analysis of frequencies was carried out to build the profile of children and young people according to their age and gender. The mean⁴ scores were calculated for all incidents and sub-types of incidents.

3.2.2 Exploring Predictors

Preliminary ANOVAs⁵ were carried out to identify which variables age (continuous⁶), gender (categorical⁷), centre sector (categorical), centre region (categorical) and SW region (categorical) were significantly predicting the number of incidents (continuous) that children and young people were involved in.

Independent sample t-tests are used to compare the mean score of two different groups to determine if they are statistically significant, in this case it was used to compare the mean score of gender (male and female) and the number of placements children and young people had (2 and 2 or more). The dependent variable was the number of incidents reported for children and young people in the SEN database.

Variables that were significant in the ANOVAs and T- tests⁸ were input into a multiple regression to identify which variables predicted the number of incidents children and young people were involved in.

⁴ The mean is the average, a measure of the central tendency of the data in question.

⁵ Analysis of Variance (ANOVA) is used to compare the mean scores of more than two groups. One-way analysis of variance specifically refers to one independent variable which has different levels, groups or conditions. The dependent variable (number of incidents) is continuous.

⁶ Continuous variables have an infinite number of possible values.

⁷ Categorical variables can take on one of a limited, and usually fixed number of possible values.

⁸ T- test are used to determine whether there is a significant difference between the means of two groups

4 Results

4.1 Frequencies Analysis of SEN Incidents

4.1.1 SEN Incidents

This analysis is based on a total of 17,049 incidents reported in the SEN database in 2016⁹.

This analysis is incident based, it is not based on individual children or young people.

4.1.2 Gender

A total of 10611 (62.2%) of SEN incidents were reported for males and 6438 (37.8%) for females.

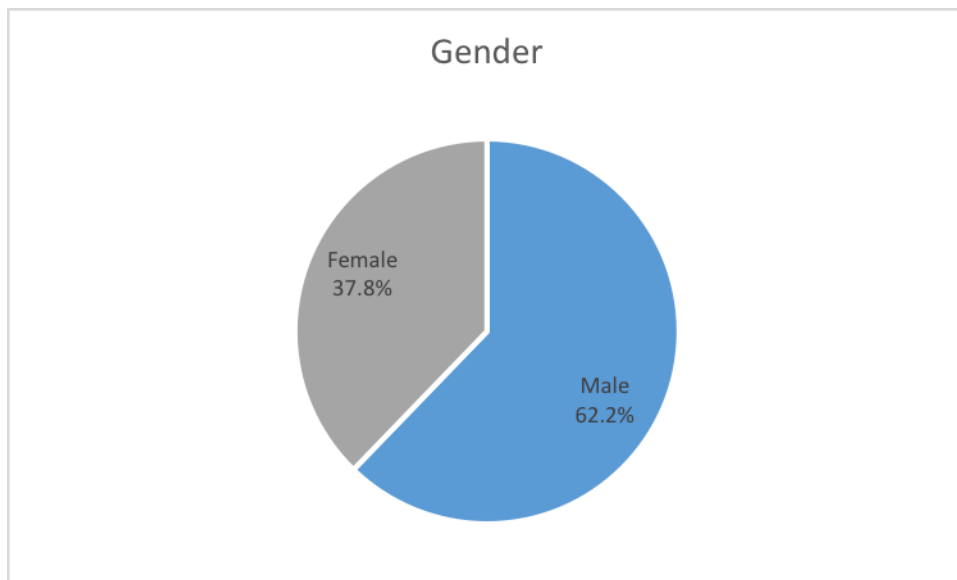


Figure 1 Number of Incidents by Gender

4.1.3 Age in 2016

Age ranged from 6 up to 21 years of age. Most incidents occurred in young people between 16 and 17 years of age.

⁹ Children in family centres and special care were excluded as this was a small group and there was a risk this population could be identified.

Table 3 Incidents by Age

Age	n	%
6	103	.6
7	23	.1
8	47	.3
9	109	.6
10	345	2.0
11	309	1.8
12	624	3.7
13	661	3.9
14	1489	8.7
15	2327	13.6
16	4098	24.0
17	4019	23.6
18	2645	15.5
19	161	.9
20	87	.5
21	2	.0
Total	17049	100.0 ¹⁰

4.1.4 Centre Sector¹¹

A total of 9122 incidents (53.5%) were reported in Private centres, followed by 4434 (26%) in Tusla centres and 3493 (20.5%) in voluntary sectors.

¹⁰ The SPSS programme rounds to the nearest decimal point.

¹¹ This data corresponds to the first Centre Sector reported in the database. Some children may have multiple Centre Sectors reported.

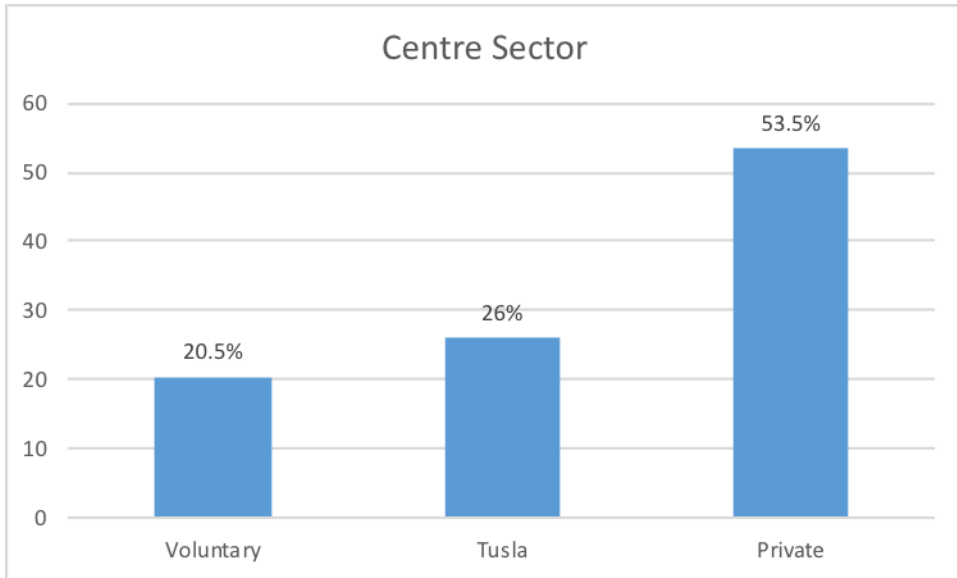


Figure 2 Incidents Reported by Centre Sector

4.1.5 Centre Region¹²

A total of 7510 (44%) of incidents were reported in DNE, 4763 (27.9%) in DML, 3414 (20%) in the South and 1362 (8%) in the West.

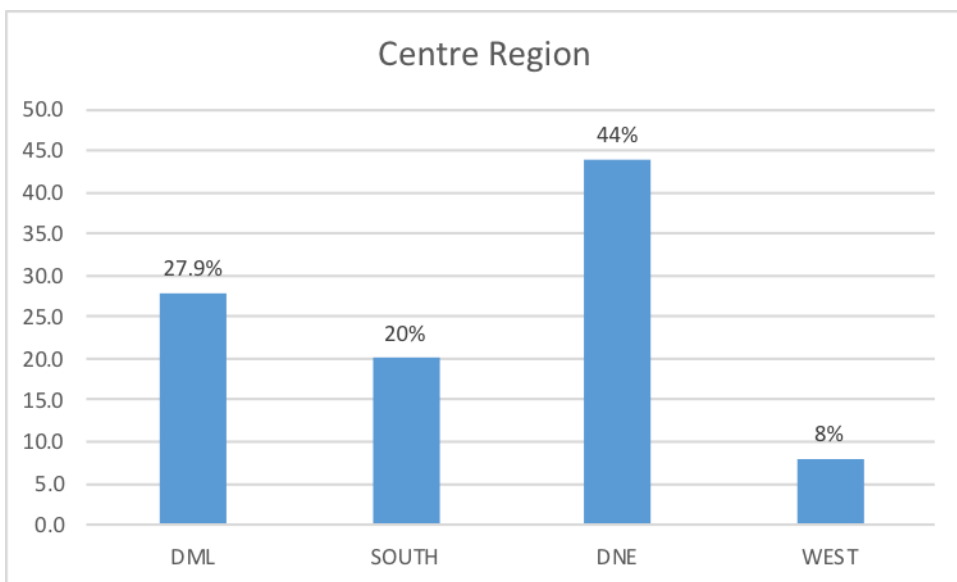


Figure 3 SEN Incidents by Centre Region

¹² This data corresponds to the first Centre Region reported in the database. Some children may have multiple Centre Regions reported.

4.1.6 Social Work Region¹³

Regarding Social Work Region, 6204 (36.4%) were reported in DML, 3118 (18.3%) in the South, 5340 (31.3%) in DNE, 2036 (12%) in the West and 351 (2.1%) in Out of State (OOS)¹⁴.

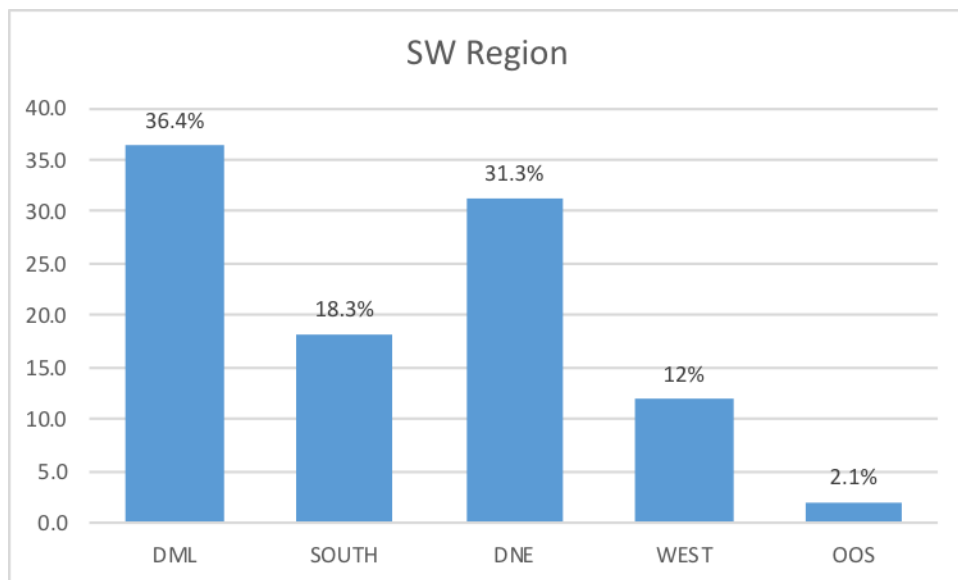


Figure 4 SEN Incidents by Social Work Region

4.1.7 Missing child from care

A total of 5396 incidents (out of the total 17,049 incidents in the database) involved the child/ young person missing from care. Of these, 5389 returned to care, representing a return rate of 99.9¹⁵%.

4.1.8 Missing child from care (Time in hours¹⁶)

Information is provided for 5319 SEN incidents (out of the total of 5396 missing from care incidents). A total of 3816 (22.4%) incidents were between 1 and 20 hours, 448 (2.6%) went missing for one hour or less and 583 (3.4%) were missing between 20 and 40 hours.

¹³ Indicates the area of YP referring Social Worker – DML / DNE / OOS (Out of State) / South / West

¹⁴ OOS refers to young people that are placed within centres in the Republic of Ireland but their social work is outside of this, for example SW Department in Northern Ireland.

¹⁵ The percentage of children missing refers to those that did not return to centre, even though they were found. They were discharged, returned home or back to the care of the SW Department.

¹⁶ Time was rounded to the nearest decimal point and then to the nearest hour to generate seven categories of time.

Table 4 Time Missing Recorded for SEN Incidents¹⁷

Time in hours	n	%
Less than or equal to 1 hour	423	8.0%
More than 1 hour, less than or equal to 20 hours	3801	71.5%
More than 20, less than or equal to 40 hours	619	11.6%
More than 40, less than or equal to 60	224	4.2%
More than 60, less than or equal to 80	100	1.9%
More than 80, less than or equal to 100 hours	51	1.0%
More than 100 hours	101	1.9%
Total	5319	100

4.1.9 Incidents

There was a total of 17049 incidents reported in 2016 that were finally included in this study, once the anonymization process was completed. Table 3 shows the number and types of SEN incidents reported. Potentially unlawful behaviour, physical aggression and verbal aggression were the most frequent incidents reported. Accidents, fire setting and bullying were the least frequent types of incidents reported.

Table 5 Type of SEN Incidents

Type of Incident	n	%
Accident	103	0.36
Bullying	165	0.57
Complaint	305	1.05
Child Protection Concern/Disclosure	762	2.63
Drugs/ Alcohol/ Solvent Use (Suspected)	1221	4.22
Drugs/ Alcohol/ Solvent Use	1623	5.61

¹⁷ The time missing from care may not be recorded accurately as children/ young people may have returned before the information was recorded. The range of time ranged between one up to 100 hours.

(Confirmed)		
Restrictive Practice	683	2.36
Fire Setting	142	0.49
Garda Involvement	1943	6.72
Potentially Unlawful Behaviour	6179	21.36
Property Damage	1964	6.79
Physical Aggression	4667	16.13
Verbal Aggression	5255	18.16
Staff Injury Incident	1536	5.31
YP Injury Incident	980	3.39
Self-Harm/ Suicide Attempt	687	2.38
Reference to Suicide/ Self-Harm	711	2.46
Total	28926¹⁸	100

The most frequent type of SEN incident reported in the data base was potentially unlawful behaviour (6179, 21.4%) followed by verbal aggression (5255, 18.16%). The least frequent incidents reported were accidents (103, 0.36%) and fire setting incidents (142, 0.49%).

4.1.9.1 Incidents by Gender

Table 6 Incidents by Gender

Type of Incident	Male		Female	
	n	%	n	%
Accident	63	0.32	40	0.42
Bullying	107	0.55	58	0.61
Complaint	155	0.79	150	1.59
Child Protection Concern/Disclosure	428	2.20	334	3.54
Drugs/ Alcohol/ Solvent	830	4.46	391	4.14

¹⁸ This total is above 17,050 as some incidents were classified into two or more categories.

Use (Suspected)				
Drugs/ Alcohol/ Solvent Use (Confirmed)	915	4.69	708	7.50
Restrictive Practice	484	2.48	199	2.11
Fire Setting	111	0.57	31	0.33
Garda Involvement	1408	7.22	535	5.67
Potentially Unlawful Behaviour	4262	21.87	1917	20.31
Property Damage	1467	7.53	497	5.27
Physical Aggression	3353	17.2	1314	13.92
Verbal Aggression	3560	18.27	1695	17.96
Staff Injury Incident	1119	5.74	417	4.42
YP Injury Incident	592	3.04	388	4.11
Self-Harm/ Suicide Attempt	291	1.49	396	4.20
Reference to Suicide/ Self-Harm	344	1.77	367	3.89
Total	19489	100	9437	100

The most frequent incidents by gender were the same for males and females, both genders were involved in incidents regarding potentially unlawful behaviour and verbal aggression. Regarding the least frequent incidents, accidents were the least common for males and fire setting incidents were the least frequent for females.

4.1.9.2 Incidents by Centre Region

Table 7 Incidents by Centre Region

Type of Incident	DML		SOUTH		DNE		WEST	
	n	%	n	%	n	%	n	%
Accident	41	0.55	21	0.33	33	0.27	8	0.28
Bullying	25	0.34	32	0.50	91	0.74	17	0.59
Complaint	99	1.33	57	0.89	128	1.05	21	0.73

Child Protection Concern/Disclosure	219	2.94	207	3.23	293	2.40	43	1.50
Drugs/ Alcohol/ Solvent Use (Suspected)	312	4.19	205	3.20	645	5.28	59	2.06
Drugs/ Alcohol/ Solvent Use (Confirmed)	437	5.87	324	5.06	801	6.56	61	2.13
Restrictive Practice	115	1.55	233	3.64	239	1.96	96	3.35
Fire Setting	44	0.59	35	0.55	54	0.44	9	0.31
Garda Involvement	504	6.77	466	7.28	793	6.49	180	6.29
Potentially Unlawful Behaviour	1630	21.90	1187	18.54	2820	23.08	542	18.93
Property Damage	478	6.42	468	7.31	793	6.49	225	7.86
Physical Aggression	1169	15.71	1054	16.46	1874	15.34	570	19.91
Verbal Aggression	1350	18.14	1143	17.85	2146	17.56	616	21.52
Staff Injury Incident	380	5.11	347	5.42	580	4.75	229	8.0
YP Injury Incident	255	3.43	220	3.44	406	3.32	99	3.46
Self-Harm/ Suicide Attempt	176	2.36	217	3.39	245	2.01	49	1.71
Reference to Suicide/ Self-Harm	209	2.81	186	2.91	277	2.27	39	1.36
Total¹⁹	7443	100	6402	100	12218	100	2863	100

In DML, South, DNE potentially unlawful behaviour and verbal aggression were the most common incidents reported. In the West, verbal aggression and physical aggression were the most common.

4.1.9.3 Incidents by Centre Sector

Table 8 Incidents by Centre Sector

¹⁹ This total is above 17,050 as some incidents were classified into two or more categories.

Type of Incident	VOLUNTARY		TUSLA		PRIVATE	
	n	%	n	%	N	%
Accident	18	0.39	23	0.33	62	0.36
Bullying	33	0.71	44	0.63	88	0.51
Complaint	19	0.41	113	1.63	173	1.0
Child Protection Concern/Disclosure	60	1.29	190	2.74	512	2.95
Drugs/ Alcohol/ Solvent Use (Suspected)	313	6.74	232	3.35	676	3.90
Drugs/ Alcohol/ Solvent Use (Confirmed)	430	9.25	384	5.54	809	4.66
Restrictive Practice	35	0.75	106	1.53	542	3.13
Fire Setting	28	0.60	31	0.45	83	0.48
Garda Involvement	310	6.67	451	6.50	1182	6.82
Potentially Unlawful Behaviour	1256	27.03	1483	21.38	3440	19.83
Property Damage	246	5.29	425	6.13	1293	7.46
Physical Aggression	648	13.94	1107	15.96	2912	16.79
Verbal Aggression	774	16.66	1343	19.37	3138	18.10
Staff Injury Incident	114	2.45	341	4.92	1081	6.23
YP Injury Incident	200	4.30	309	4.46	471	2.72
Self-Harm/ Suicide Attempt	67	1.44	167	2.41	453	2.61
Reference to Suicide/ Self- Harm	96	2.07	186	2.68	429	2.47
Total	4647	100	6935	100	17344	100

Potentially unlawful behaviour was the most common incident in all centre sectors, followed by verbal aggression which was the second most frequent incident reported in all sectors. The least frequent in all Centre Sectors were accidents.

4.1.9.4 Incidents by Age

Table 9 Incidents by Age

Type of Incident	6-12 years		13-17 years		18+years	
	n	%	n	%	n	%
Accident	21	0.56	65	0.31	17	0.42
Bullying	17	0.45	134	0.64	14	0.34
Complaint	19	0.50	229	1.09	57	1.40
Child Protection Concern/Disclosure	87	2.30	580	2.75	95	2.33
Drugs/ Alcohol/ Solvent Use (Suspected)	1	0.03	946	4.49	274	6.71
Drugs/ Alcohol/ Solvent Use (Confirmed)	5	0.13	1230	5.84	388	9.5
Restrictive Practice	392	10.38	274	1.30	17	0.42
Fire Setting	4	0.11	118	0.56	20	0.49
Garda Involvement	51	1.35	1521	7.22	371	9.08
Potentially Unlawful Behaviour	0	0	5067	24.05	1112	27.22
Property Damage	338	9	1401	6.65	225	5.5
Physical Aggression	1067	28.26	3136	14.89	464	11.33
Verbal Aggression	902	23.90	3743	17.77	610	14.93
Staff Injury Incident	611	16.19	886	4.21	39	0.95
YP Injury Incident	97	2.57	734	3.48	149	3.65
Self-Harm/ Suicide Attempt	80	2.12	500	2.37	107	2.62
Reference to Suicide/ Self- Harm	83	2.20	502	2.38	126	3.09
Total²⁰	3775	100	21066	100	4085	100

Physical aggression was the most common incident reported in the 6 to 12-year-old group. Potentially unlawful behaviour was the most common incident in the 13 to 17-year-old

²⁰ This total is above 17,050 as some incidents were classified into two or more categories.

cohort. The most common incident for young people 18 and over was also potentially unlawful behaviour.

4.2 Profile of Children and Young People

The SEN database was transformed to build the sociodemographic profile of children and young people involved in SEN incidents. For this purpose, all incidents and sub-types were added to identify a grand total per child/ young person, according to their identification number, therefore every horizontal line in the excel sheet became a child/ young person. After this grouping, a total of 598 children and young people are included in this analysis. The range of incidents reported per child/ young person in the period included in this study ranged between 1 and 150 (Table 10 below).

Table 10 Number of Incidents per Child

Number of Incidents	n	%
1	67	11.2
2	45	7.5
3	30	5.0
4	28	4.7
5	20	3.3
6	17	2.8
7	20	3.3
8	18	3.0
9	16	2.7
10	14	2.3
11	9	1.5
12	12	2.0
13	9	1.5
14	13	2.2
15	14	2.3
16	7	1.2
17	8	1.3
18	16	2.7
19	16	2.7
20	12	2.0
21	5	.8
22	8	1.3
23	9	1.5
24	2	.3
25	3	.5
26	2	.3
27	8	1.3
28	6	1.0
29	1	.2
30	6	1.0
31	7	1.2
32	7	1.2
33	5	.8
34	3	.5
35	3	.5
36	4	.7
37	5	.8
38	1	.2
39	1	.2
40	8	1.3
41	6	1.0
42	4	.7
43	1	.2
44	2	.3
45	3	.5

Number of Incidents	n	%
46	1	.2
47	2	.3
48	5	.8
49	3	.5
50	2	.3
51	4	.7
52	4	.7
53	1	.2
54	2	.3
55	4	.7
56	1	.2
57	3	.5
58	2	.3
59	3	.5
60	2	.3
61	1	.2
62	2	.3
63	3	.5
64	1	.2
66	2	.3
67	1	.2
69	1	.2
71	1	.2
72	2	.3
73	1	.2
77	1	.2
83	1	.2
85	1	.2
88	1	.2
91	1	.2
94	1	.2
99	1	.2
114	2	.3
134	1	.2
142	1	.2
150	1	.2
Not Reported	31	5.2
Total	598	100

4.2.1 Gender

Children and young people in the SEN research database in 2016 were 365 (61%) male and 233 (39%) female.

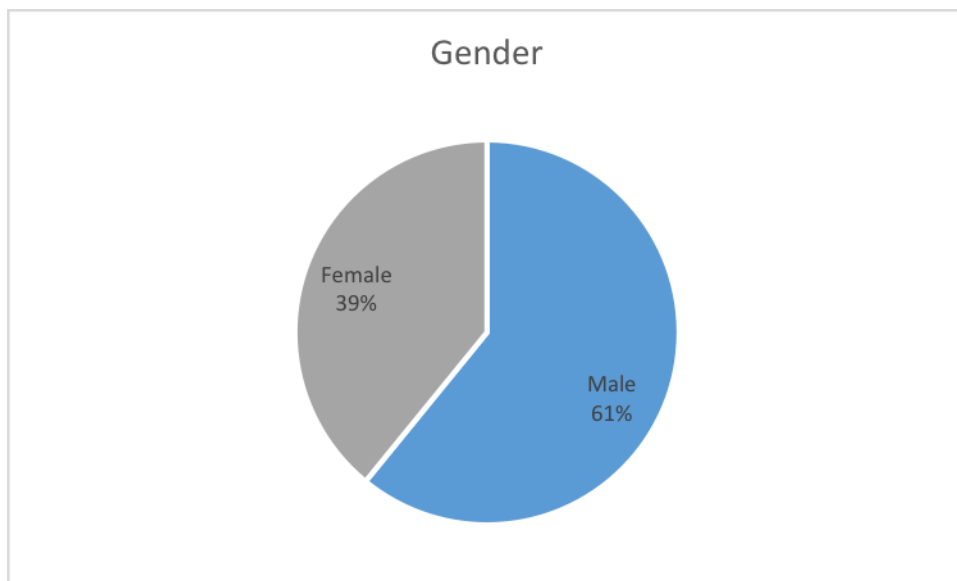


Figure 5 Gender of Children and Young People in the SEN database

4.2.2 Age in 2016

Age was calculated for all children and young people in 2016. Ages were grouped into four categories. There were 51 children between 0 and 12 years of age (8.5%), 146 young people between 13 and 15 years of age (24.4%) and 244 between 16 and 17 years of age (40.8%). Young people with 18 years of age or more in the database were 157 (26.3%).

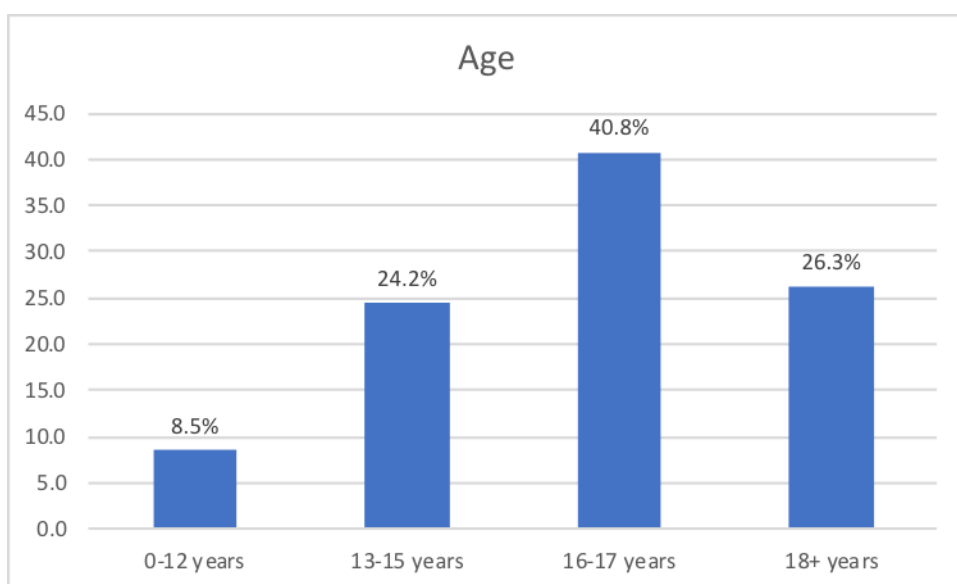


Figure 6 Children and Young People's Age

4.2.3 Centre Sector

Regarding centre sector, 290 (48.5%) were Private, Tusla centres were 164 (27.4%) and Voluntary, 144 (24.1%).

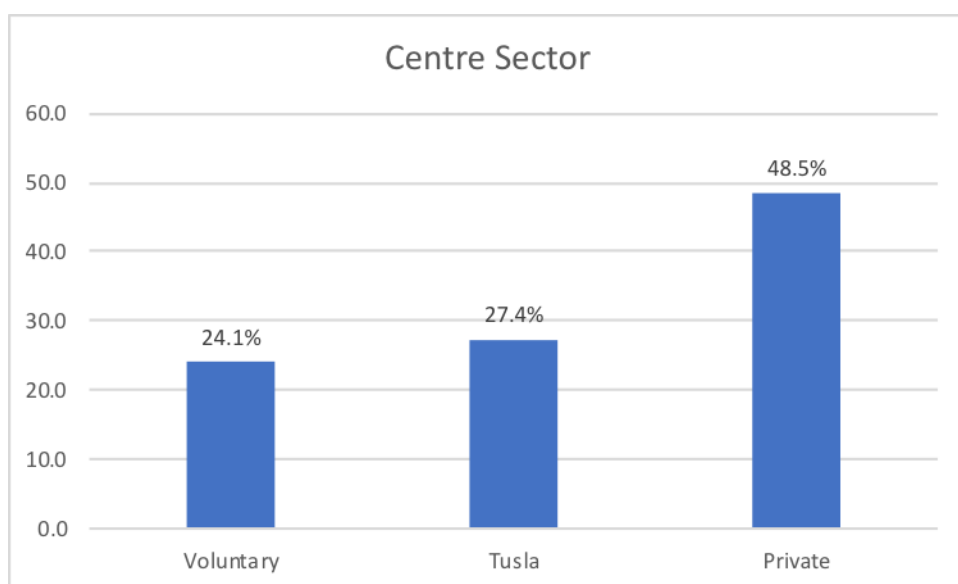


Figure 7 Child and Young Person's Centre Sectors

Some children and young people had more than one centre sector reported. Table 9 includes the breakdown of these additional centre sectors reported.

Table 11 Multiple Centre Sectors

	Centre Sector 1	Centre Sector 2 ²¹	Centre Sector 3 ²²
Voluntary	144 (24.1%)	18 (47.4%)	1 (100%)
Tusla	164 (27.4%)	14 (36.8%)	-
Private	290 (48.5%)	6 (15.8%)	-
Total	598 (100%)	38 (100%)	1 (100%)

²¹ Percentages do not add up to 100 due to non-applicable data, not all children and young people had more than one centre sector.

²² Children/ young people in Tusla sectors and Private sectors only had one or two sectors.

4.2.4 Centre Region

Regarding centre Regions, 180 (30.1%) were from DML, 153 (25.6%) from the South, 229 (38.3%) from DNE and 36 (6%) from the West.

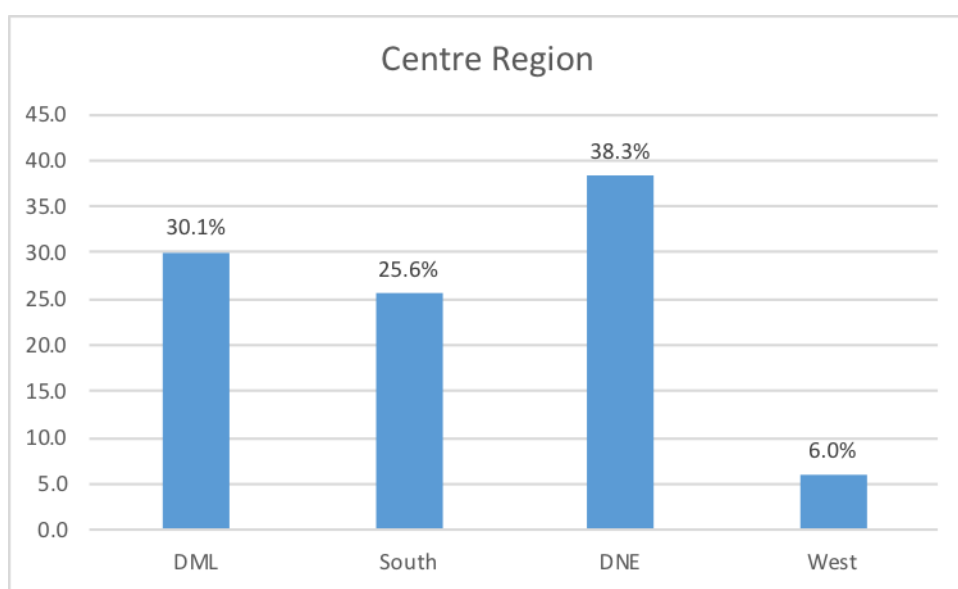


Figure 8 Children and Young People's Centre Region

Some children and young people had more than one centre Region reported. The specification of these regions are included in Table 10.

Table 12 Multiple Centre Regions

	Centre Region1	Centre Region 2	Centre Region 3
DML	180 (30.1%)	12 (32.4%)	1 (16.7%)
South	153 (25.6%)	5 (13.5%)	1 (16.7%)
DNE	229 (38.3%)	19 (51.4%)	2 (33.3%)
West	36 (6%)	1 (2.7%)	2 (33.3%)
Total	598 (100%)	37 (100%)	6 (100%)

This table presents children and young people that experienced changes in the location of their Centre Regions, a small percentage of children reported three different locations; however, there may have been additional placements such as foster care; however, this is not captured in this data.

4.2.5 Social Work Region

Children and young people came from different SW Regions, 225 (37.6%) came from DML, 139 (23.2%) from the South, 161 from DNE (26.9%), 63 (10.5%) from the West and 10 (1.7%) from OOS.

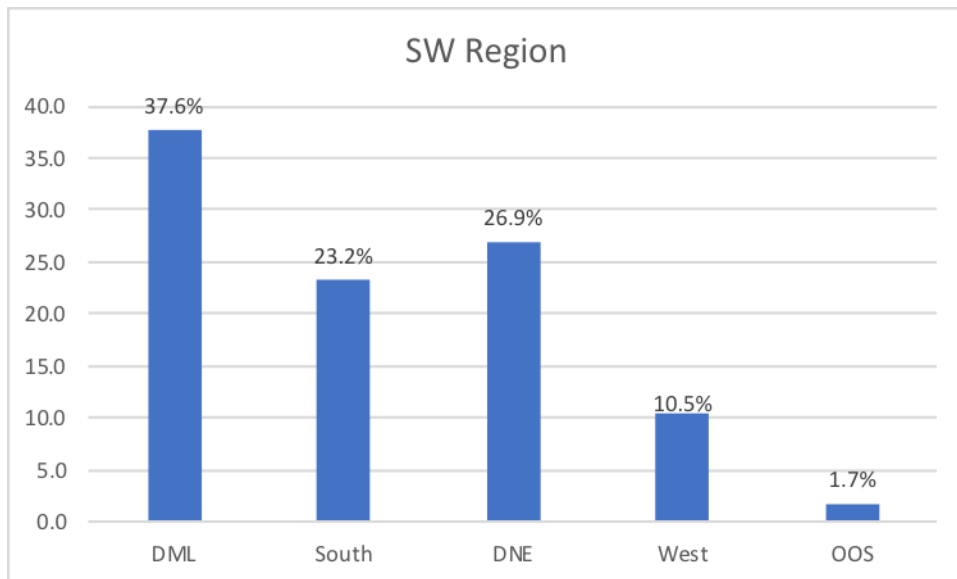


Figure 9 Children and Young People's Social Work Region

Some children and young people reported more than one Social Work Region. The specification of the social work regions reported for children and young people are included in Table 11.

Table 13 Multiple Social Work Regions

	Centre Region1	Centre Region 2
DML	225 (37.6%)	1 (33.3%)

South	139 (23.2%)	1 (33.3%)
DNE	161 (26.9%)	1 (33.3%)
West	63 (10.5%)	
OOS	10 (1.7%)	
Total	598 (100%)	3 (100%)

This table presents children and young people that experienced changes in the location of their Social Work Regions, a small percentage of children reported three different locations, if there is no information provided it means the Region was not mentioned.

4.3 Demographics and Incidents by Age Profile²³

Table 12 shows the profile of children according to the four different age groups, 0-12 years, 13-15 years, 16-17 years, 18+years. Sociodemographic data is included as well as the number, types and characteristics of SEN incidents per age group.

Table 14 Demographics and Incidents by Age Profile

	0-12 years	13-15 years	16-17 years	18+ years
GENDER				
Male	32 (62.7%)	100 (68.5)	151 (61.9%)	82 (52.2%)
Female	19 (37.3%)	46 (31.5%)	93 (38.1%)	75 (47.8%)
CENTRE SECTOR				
Voluntary	9 (17.3%)	18 (12.3%)	64 (26.2%)	53 (33.8%)
Tusla	4 (7.8%)	49 (33.6%)	73 (29.9%)	38 (24.2%)
Private	38 (74.5%)	79 (54.1%)	107 (43.9%)	66 (42%)
CENTRE REGION				
DML	12 (23.5%)	49 (33.6%)	69 (28.3%)	50 (31.8%)
South	19 (37.3%)	44 (30.1%)	61 (25%)	29 (18.5%)
DNE	15 (29.4%)	43 (29.5%)	99 (40.6%)	72 (45.9%)

²³ Centre sector, Centre Region and SW Region include only the first option registered in the database, if children had two or more, this was not included in the analysis.

West	5 (9.8%)	10 (6.8%)	15 (6.1%)	6 (3.8%)
SW REGION				
DML	14 (27.5%)	52 (35.6%)	95 (38.9%)	64 (40.8%)
South	19 (37.3%)	36 (24.7%)	48 (19.7%)	36 (22.9%)
DNE	8 (15.7%)	32 (21.9%)	70 (28.7%)	51 (32.5%)
West	5 (9.8%)	24 (16.4%)	28 (11.5%)	6 (3.8%)
OOS	5 (9.8%)	2 (1.4%)	3 (1.2%)	NA
AVERAGE TIME MISSING IN HOURS				
Mean	0.35	9.58	21.58	11.89
MISSING CHILD FROM CARE				
Mean	5.33	13.91	18.71	13.59
MISSING CHILD FROM CARE RETURN				
Mean	5.33	14.08	19.02	13.77
ACCIDENT				
Mean	2.10	1	1.21	1.13
INCIDENT				
Mean	27.8	21.79	20.61	10.83
BULLYING				
Mean	1.89	2.31	1.76	1.08
COMPLAINT				
Mean	1.58	1.73	2.15	1.64
CHILD PROTECTION CONCERN/ DISCLOSURE				
Mean	2.81	3.37	3.25	2.30
DRUGS/ ALCOHOL/ SOLVENT USE (SUSPECTED)				
Mean	1	3.61	6.63	4.20
DRUGS/ ALCOHOL/ SOLVENT USE (CONFIRMED)				
Mean	1.67	5.16	7.37	4.27
STAFF PHYSICAL INTERVENTION				
Mean	11.88	3.83	2.00	1.21
FIRE SETTING				
Mean	2	1.92	1.76	1.70

GARDA INVOLVEMENT (EXCL. MCFC ABSCOND)				
Mean	3.92	6.03	5.93	4.00
POTENTIALLY UNLAWFUL BEHAVIOUR				
Mean	-	14.48	16.72	8.85
PROPERTY DAMAGE				
Mean	9.14	6.66	5.98	3.75
PHYSICAL AGGRESSION				
Mean	23.71	12.83	9.17	4.80
VERBAL AGGRESSION				
Mean	20.50	13.61	11.60	5.49
STAFF INJURY INCIDENT				
Mean	15.67	7.80	3.39	1.73
YP INJURY INCIDENT				
Mean	3.13	3.15	3.11	2.18
SELF-HARM/ SUICIDE ATTEMPT				
Mean	4.0	4.16	3.41	2.74
REFERENCE TO SUICIDE/ SELF-HARM				
Mean	3.77	3.06	19.53	3.23

Overall, the number of males in all age groups was higher than the number of females.

Regarding centre sectors, most children and young people, in all age groups came from Private centres. Tusla centres were the least frequent for 0-12-year olds and 18+ years. Voluntary was the least frequent for young people between 13 and 17 years of age.

Differences were identified by centre Region in all age groups. The South was the most frequent for children between 0-12 years. DML was the most frequent for young people between 13 and 15 years. DNE was the most common for young people between 16 and 17 and 18+ year olds.

The South was the most frequent SW Region for children between 0 and 12 years. DML was the most common between 13 and 18+ years.

Regarding time missing in hours, 16 and 17-year olds had the highest mean, which means their average time missing (21.58 hours) was the highest compared with the other age groups. Children between 0 and 12 years of age had the lowest mean, 0.35 hours.

'Missing child from care' also had the highest mean for 16-17-year olds, 18.71%. This means that more young people went missing from care in this age group compared to the others; this also means that this age group had the highest mean of young people returning to care. The lowest mean was 5.33 for children between 0-12 years. The mean of these children that returned to care is the same.

Children between 0 and 12 years of age had the largest mean score (27.8) for incidents, followed by 13-15-year olds with a mean of 21.79 and a mean of 20.61 for 16-17-year olds.

The type of incidents registered in the database were also explored in more detail according to the different age groups of children and young people.

Regarding accidents, the age group with the highest mean (2.10) and therefore the highest number of accidents reported in the database involved children between 0-12 years.

Bullying was most common in 13-15-year olds with a mean of 2.31, followed by children between 0 and 12 years of age with a mean of 1.89.

Mean complaints were higher for young people between 16-17 years of age (2.15) and less frequent for the 0-12-year olds with a mean of 1.58.

Child protection concerns/ disclosure were higher for young people between 13 and 15 years with a mean of 3.37, 16 to 17-year olds had a similar mean of 3.25.

Suspected drug/ alcohol/ solvent use was higher for 16 to 17-year olds with a mean score of 6.63, confirmed consumption was also highest for this age group with a mean score of 7.37.

RP physical intervention were higher in children between 0-12 years with a mean score of 11.88. The least frequent physical interventions were in 18+years with a mean of 1.21.

Fire setting incidents were most frequent for 13-15-year olds with a mean score of 2. The least frequent were 0-12-year olds with a mean of 1.92.

Garda involvement in incidents was higher for 13 to 15-year olds with a mean score of 6.03, 16 to 17-year olds had an average of 5.93. The age group with the least number of incidents where Gardai was involved was 0-12-year olds with a mean score of 3.9.

Potentially unlawful behaviour was more frequent for 16 to 17-year olds. The least frequent were 18+ year olds with an average of 8.85 %.

Property damage had the highest mean of 9.14 for 0-12-year olds. Two age groups had similar means, 6.66 for 13-15-year olds and 6.01 for 16-17-year olds had a mean of 5.98 and 18+ year olds had the lowest mean of 3.75.

Physical and verbal aggression had the highest mean for 0 to 12-year olds with a mean of 23.71 and 20.50 respectively. This was followed by the 13 to 15-year olds with a mean of 12.83 for physical aggression and 13.61 for verbal aggression.

The mean of staff injury incidents was 15.67 for children between 0-12 years of age, this age group also had the highest mean of injuries to the young person with a mean of 3.39.

A mean of 4 for self-harm and suicide attempts happened for children and young people between 0-12 years and the 13- 15 years of age group. References to suicide/ self-harm were higher for 16-17-year olds with a mean of 19.53.

4.4 Demographics and Incidents by Gender Profile

Table 15 shows the profile of children according to gender (male/ female). Sociodemographic data is included as well as the number, types and characteristics of SEN incidents per age group.

Table 15 Demographics and Incidents by Gender Profile

	Male	Female
AGE		
0-12 years	32 (8.8%)	19 (8.2%)
13-15 years	100 (27.5%)	46 (19.7%)
16-17 years	151 (41.4%)	93 (39.9%)
18+ years	82 (22.5%)	75 (32.2%)
CENTRE SECTOR		
Voluntary	90 (24.7%)	54 (23.2%)
Tusla	97 (26.6%)	67 (28.8%)
Private	178 (48.8%)	112 (48.1%)
CENTRE REGION		
DML	107 (29.4%)	73 (31.3%)
South	100 (27.5%)	53 (22.7%)
DNE	135 (37%)	94 (40.3%)
West	23 (6.3%)	13 (5.6%)
SW REGION		
DML	137 (37.5%)	88 (37.8%)
South	86 (23.6%)	53 (22.7%)
DNE	99 (27.1%)	62 (26.6%)
West	39 (10.7%)	24 (10.3%)
OOS	4 (1.1%)	6 (2.6%)
TIME MISSING IN HOURS		
Mean	17.1	9.76
MISSING CHILD FROM CARE		
Mean	15.36	17.34
MISSING CHILD FROM CARE RETURN		
Mean	15.58	17.59

ACCIDENT		
Mean	1.24	1.25
INCIDENT		
Mean	20.36	16.8
BULLYING		
Mean	1.83	1.87
COMPLAINT		
Mean	1.74	1.99
CHILD PROTECTION CONCERN/ DISCLOSURE		
Mean	3.05	3.1
DRUGS/ ALCOHOL/ SOLVENT USE (SUSPECTED)		
Mean	5.74	4.6
DRUGS/ ALCOHOL/ SOLVENT USE (CONFIRMED)		
Mean	5.25	7.13
STAFF PHYSICAL INTERVENTION		
Mean	5.58	3.69
FIRE SETTING		
Mean	1.78	1.94
GARDA INVOLVEMENT (EXCL. MCFC ABSCOND)		
Mean	6.20	4.02
POTENTIALLY UNLAWFUL BEHAVIOUR		
Mean	15.32	11.57
PROPERTY DAMAGE		
Mean	7.06	4.45
PHYSICAL AGGRESSION		
Mean	12.47	7.93
VERBAL AGRESSION		
Mean	12.66	9.82
STAFF INJURY INCIDENT		
Mean	8.29	4.78
YP INJURY INCIDENT		

Mean	2.92	2.95
SELF-HARM/ SUICIDE ATTEMPT		
Mean	3.15	3.92
REFERENCE TO SUICIDE/ SELF-HARM		
Mean	2.90	18.67

Most males in the database were between 16 and 17 years of age, most females were also in this age group. Regarding centre sectors, most males and females were in private sectors. More males and females were in DNE but most males and females had DML as their reported SW region.

Comparing missing time in hours, males had a mean of 17.1, whereas the mean for females was 9.76. This suggests that males go missing from care for longer than females. Regarding males missing from care, the mean was 15.36 whereas the mean for females was 17.34 suggesting that more females than males go missing from care.

Overall, males have a higher number of incidents than females as their mean was 20.36 compared with 16.8 for females. Incident types were also analysed by gender. Mean scores for accidents are very similar for both, 1.24 for males and 1.25 for females. Bullying was more frequent in females with a mean of 1.87, males had a mean score of 1.83.

Complaints were higher for females than males, their mean was 1.97 and males' mean was 1.74.

Child protection concerns/ disclosures were similar for both genders, males had a mean of 3.05 and females a mean of 3.10. Suspected use of drugs, alcohol and solvent use (suspected) was higher for males with a mean of 5.74 and a mean of 4.60 for females. Confirmed use was the opposite, the mean for males was 5.28 and for females was 7.13.

Physical intervention was higher for males with a mean of 5.58 and 3.69 for females. Fire setting was higher for females with a mean of 1.94, whereas males had a mean score of 1.78.

Garda involvement in incidents was higher for males with a mean of 6.20, the mean for females was 4.02.

Differences by gender were also found in potentially unlawful behaviour, the mean for males was 15.32 and 11.57 for females. The mean for males was higher regarding property damage with a mean of 7.06, females had a mean score of 4.45. Physical and verbal aggression were both higher for males with mean scores of 12.47 and 12.66 respectively. The mean score for female physical aggression was 7.93 and 9.82 for verbal aggression.

Staff injury incidents were more frequent for males with a mean score of 8.29. The mean for females was 4.78. Regarding injuries to the young person, the means were similar, 2.92 for males and 2.95 for females. Self-harm and suicide attempts were higher for females with a mean of 3.92 and the mean of males was 3.15. References to suicide or self-harm were more frequent for females with a mean of 18.67 and a mean of 2.90 for males.

4.5 Demographics and Incidents by Number of Placements

Children and young people were divided into three groups according to the number of placements they experienced in 2016. Most children and young people reported a single placement (457), 105 had two and 35 reported between three and five.

Table 16 Profile of Number of Placements

Placements	Frequency	Percentage
One	457	76.4
Two	106	17.7
Three to Five	35	5.9

Table 17 Demographics and Incidents by Number of Placements

	One	Two	Three to Five
AGE			
0-12 years	42 (9.2%)	8 (7.6%)	1 (2.9%)
13-15 years	105 (22.9%)	30 (28.6%)	11 (31.4%)

16-17 years	182 (39.7%)	46 (43.8%)	16 (45.7%)
18+ years	129 (28.2%)	21 (20%)	7 (20%)
GENDER			
Male	273 (59.6%)	67 (63.8%)	25 (71.4%)
Female	185 (40.4%)	38 (36.2%)	10 (28.6%)
CENTRE SECTOR			
Voluntary	105 (23%)	30 (28.6%)	9 (25.7%)
Tusla	134 (29.3%)	26 (24.8%)	4 (11.4%)
Private	219 (47.8%)	49 (46.7%)	22 (62.9%)
CENTRE REGION			
DML	138 (30.1%)	28 (26.7%)	14 (40%)
South	120 (26.2%)	28 (26.7%)	5 (14.3%)
DNE	170 (37.1%)	45 (42.9%)	14 (40%)
West	30 (6.6%)	4 (3.8%)	2 (5.7%)
SW REGION			
DML	173 (37.8%)	36 (34.3%)	16 (45.7%)
South	112 (24.5%)	20 (19%)	7 (20%)
DNE	115 (25.2%)	36 (34.3%)	10 (28.6%)
West	48 (10.5%)	13 (12.4%)	2 (5.7%)
OOS	10 (2.2%)	-	-
AVERAGE TIME MISSING IN HOURS ²⁴			
Mean	8.5	34.9	27.8
MISSING CHILD FROM CARE			
Mean	12.1	20.6	32.5
MISSING CHILD FROM CARE RETURN			
Mean	12.3	20.9	32.5
ACCIDENT			
Mean	1.3	1.1	1.2
INCIDENT			

²⁴ This mean score represents the average of the average time missing per child. It is not the total number of time missing divided by the number of children missing.

Mean	14.8	28.1	45.8
BULLYING			
Mean	1.72	2.1	2.1
COMPLAINT			
Mean	1.72	2.2	2.6
CHILD PROTECTION CONCERN/ DISCLOSURE			
Mean	2.8	2.9	5.3
DRUGS/ ALCOHOL/ SOLVENT USE (SUSPECTED)			
Mean	4.3	6.3	8.5
DRUGS/ ALCOHOL/ SOLVENT USE (CONFIRMED)			
Mean	4.6	7.3	13.5
STAFF PHYSICAL INTERVENTION			
Mean	3.8	7.3	6.5
FIRE SETTING			
Mean	1.7	1.8	2.3
GARDA INVOLVEMENT (EXCL. MCFC ABSCOND)			
Mean	3.9	6.8	12.1
POTENTIALLY UNLAWFUL BEHAVIOUR			
Mean	10.2	18.9	37.9
PROPERTY DAMAGE			
Mean	4.9	7.6	11.8
PHYSICAL AGGRESSION			
Mean	9	13	20.5
VERBAL AGRESSION			
Mean	9.4	15.3	22.5
STAFF INJURY INCIDENT			
Mean	5.7	8.4	11.9
YP INJURY INCIDENT			
Mean	2.6	3.3	4.6
SELF-HARM/ SUICIDE ATTEMPT			
Mean	3.2	4.1	5.3

REFERENCE TO SUICIDE/ SELF-HARM			
Mean	2.9	36.8	4.6

Regarding the profile of children and young people according to the number of placements, some patterns were identified. Young people between 16 and 17 years experienced two placements more frequently and this age was also the most frequent in the three to five placements group. Children between 0 and 12 years were the smallest group that had two placements as well as three to five placements. Sixty-seven (63.8%) males experienced two placements and this percentage increased to 71.4% (25) in the three to five placements group.

Two placements were the most frequent in private sectors, 49 (46.7%). Private sectors also reported the highest number of placements in the three to five group, 22 (62.9%). Considering Centre Region, DNE had the most frequent number of double placements (45, 42.95%). DNE and DML had the same number of placements between three and five, 14 (40%). Analysing the data by Social Work Region, DML and DNE both had an equal number of double placements (36, 34.3%), DML had 16 (45.7%).

Evaluating the mean scores. Children and young people with two placements were missing for the longest period (34.9) compared to the mean of the other two groups; however, the mean score was higher for the three to five placements group (32.5) regarding missing from care and returning after missing (32.5).

Describing SEN incidents, the average number of incidents reported for the three to five placements group is 45.8, 28.1 for the two placements group and 14.8 for the single placements group. The three to five placements group also have the highest mean scores for child protection concerns, suspected and confirmed drug/ alcohol/ solvent consumption, fire setting, Garda involvement, potentially unlawful behaviour, property damage, physical aggression, verbal aggression, staff and young person injury and self-harm-suicide attempts. Children and young people with two placements had the highest mean score for references to suicide and self-harm as well as centre staff physical interventions. Overall, the mean scores for children and young people with single placements are lower than the other two groups.

4.6 Comparing mean scores

4.6.1 Age

A -one way between groups analysis of variance was conducted to explore the impact of age on the total number of incidents for each child. Participants were divided into four groups: 0-12 years, 13-15 years, 16-17 years and 18+ years. There was a statistically significant difference at the $p >.05$ level for number of incidents for all age groups: $F(3,563) = 11.59$, $p=0.00$. The effect size²⁵ calculated using eta squared was 0.06, which is a medium effect. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for the 0-12 year group ($M=27.7$) was statistically significant to the 18+ years group. The mean of the 13-15 years group ($M=21.79$) was statistically significant different to the 18+ years group. The mean of the 16-17 ($M= 20.61$) years group was statistically significant different to the 18+years group.

4.6.2 Centre Sector²⁶

A -one way between groups analysis of variance was conducted to explore the impact of centre sector on the total number of incidents for each child. Centre sectors consisted of three types: Tusla, Private and Voluntary. There was a statistically significant difference at the $p >.05$ level for number of incidents for all centre sectors: $F(2, 564) = 10.01$, $p=0.00$. The effect size calculated using eta squared was 0.03, which is a small effect. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for Voluntary ($M=14.2$) was statistically significant to the Private sector. The mean of Tusla sectors ($M=15.97$) was statistically significantly different to the Private sector, therefore the Private sector mean ($M= 23.05$) was statistically significant different to Voluntary and Tusla sectors.

4.6.3 Centre Region²⁷

A -one way between groups analysis of variance was conducted to explore the impact of Centre Region on the total number of incidents for each child. This was not statistically significant.

²⁵ Effect sizes are an indication of the magnitude of the differences between groups (not only if the differences identified happened by chance). Cohen's d states 0.2= small effect, 0.5= medium effect and 0.8=large effect.

²⁶ This analysis was carried out with the first Centre Sector reported for each child.

²⁷ This analysis was carried out with the first Centre Region reported for each child.

4.6.4 SW Region²⁸

A one-way between groups analysis of variance was conducted to explore the impact of SW region on the total number of incidents for each child. Social work regions were: DML, South, DNE, West and OOS. There was a statistically significant difference at the $p > .05$ level for number of incidents for all centre sectors: $F(4, 562) = 2.8, p = 0.03$. The effect size calculated using eta squared was 0.02, which is a small effect. Post-hoc comparisons²⁹ using the Tukey HSD tests did not specify significant differences between groups.

4.6.5 Gender

An independent sample T-test was conducted to compare the number of incidents for males and females. There was a significant difference in the mean number of incidents for males ($M = 20.36$) and the mean number of incidents for females ($M = 16.81$), $t = 2.0, p < 0.05$. The eta squared statistic indicated a very small effect size of 0.01.

4.6.6 Number of placements³⁰

An independent sample T-test was conducted to compare the number of incidents according to the number of placements (one and two or more). There was a significant difference in the mean number of incidents for children and young people with one placement ($M = 14.75$) and the mean number of incidents for children and young people with two or more placements ($M = 32.50$), $t = -6.97, p < 0.00$. The eta squared statistic indicated a small effect size of 0.08 which is moderate..

4.7 Exploring predictors of the number of SEN incidents reported per child.

Standard multiple regression was used to explore the relationship between number of incidents (continuous) and age (continuous), gender, number of placements (continuous), centre sector and SW region. These variables were selected based on the results obtained in the comparison of means, these variables showed significant differences.

²⁸ This analysis was carried out with the first SW Region reported for each child.

²⁹ Post-hoc comparisons are used to identify where the differences occurred, if these were statistically significant.

³⁰ This is the number of placements children and young people experienced in 2016 as per the SEN register. It excluded previous number of placements.

The overall model included in Table 14 was significant $F=32, p 0.00$ and it explained 21.5% of the variance in the number of incidents reported in the SEN database. Number of placements is making the strongest significant contribution to explain variance in the number of incidents.

Table 18 Standard Multiple Regression

Predictor	Adjusted R Square	Beta
Age	.215*	-.169*
Centre Sector		.129*
SW Region		.104*
Gender		-.048
Number of placements		.383*

*Significant at 0.00

5 Overall Quantitative Findings

The analysis of SEN Incidents consisted of 17049 incidents, belonging to 598 children. Of these incidents, more incidents happened with males. The predominance of males was confirmed by the sociodemographic analysis where 62% were males and 38% females.

Regarding age, more incidents were recorded for young people between 16 and 17 years of age, confirmed also by the sociodemographic analysis where 16- and 17-year olds represent the group with more incidents. Both types of analysis identified that most incidents were recorded in private centres. Some children and young people had more than one centre sector reported, but private continues to be the most predominant.

Comparing Tusla regions both analyses identified DNE as the predominant region, meaning this is the region where more SEN incidents were reported, even including children and young people who reported more than one centre region. This, however, changed by social work region where DML had more incidents and DNE was second, according to both analyses.

Children and young people missing from care returned in 99.9% of cases. Regarding the types of incidents recorded, the most frequent ones were potentially unlawful behaviour, physical aggression and verbal aggression. The database was divided into four age groups to carry out further analyses. This analysis found that most children in all age groups came from the private sector. Differences were found by centre region, more 0-12-year olds were in the South, DML for 13-15-year olds, DNE had more 16-17-year olds and the West had more 18+ year olds. Children between 0 and 12 years of age reported the largest number of incidents, had the most accidents, more RP physical interventions, more property damage incidents, more injuries to the young person and staff; and more physical and verbal aggression incidents compared to other age groups.

Young people between 13 and 15 years of age were involved in more bullying incidents, more child protection concerns/ disclosure, more fire setting incidents and more garda involvements than other age groups. More young people between 16 and 17 years of age went missing from care and took more time to return compared to other age groups. This group also reported more complaints, more drug/alcohol and solvent use incidents, potentially unlawful behaviour and more references to suicide and self-harm compared to other age groups.

Regarding age, most males and females were between 16 and 17 years of age and where in private sectors. DNE continued to be the most common region for both genders. Accidents, child protection concerns/ disclosures and injuries to the young person were similar for both. Males had a higher mean of hours missing from than females; however more females went missing.

Males have a higher number of incidents, more incidents of suspected use of drugs, alcohol and solvents, physical intervention, garda involvement in incidents, potentially unlawful behaviour, property damage, physical and verbal aggression and staff injury incidents; compared to females. Females were more involved in bullying incidents, complaints, confirmed incidents of drugs, alcohol and solvents use, fire setting, self-harm and suicide attempts, compared to males.

Multivariate statistical analyses found statistically significant difference by age, gender, centre sectors, number of placements and social work regions. The analysis did not find significant differences regarding centre region. Significant differences were used to further explore the relationship between the number on incidents and age, gender, number of placements, centre sector and SW region. This model explained 21.5% of the variance in number of incidents and number of placements made the most significant contribution to the overall model suggesting this is a critical variable that can help explain why some children and young people are involved in multiple SEN incidents.

7 Workshop

7.1 Aim

Based on the quantitative findings of the SEN database, themes for further exploration were identified. These are included in Table 19 below. Relevant Tusla stakeholders and practitioners in the field of children in care were invited to take part in a practical workshop to discuss the findings and provide recommendations for the future based on their experiences and backgrounds.

Table 19 Themes Identified for Further Exploration

<p>Further exploration is needed of the impact of multiple placements in outcomes for children and young people and the decision making around this process, as the research analysis showed this is a significant predictor of multiple SEN incidents.</p> <p>Analyse the procedures and mechanisms in place by Region to determine why there are significant differences nationwide that are impacting on children and young people being involved in more than one SEN incident.</p> <p>Explore the differences in centre sectors in terms of prevention and management of SEN incidents as more incidents are taking place in private centres compared to others.</p> <p>Improve and standardise the way information is collected and recorded in the SEN database nationwide so that the same information can be available for all incidents, particularly regarding the time missing from care.</p> <p>Design and implement guidelines for prevention and early intervention of SEN incidents specifically targeted at different age groups and gender as the research found that these differences were significantly determining whether a child or young person was involved in more than one incident.</p>
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7.2 Methodology

This workshop had a practical and interactive design. The workshop was carried out in two phases.

Phase one consisted of providing the context and background of the research study for participants to further understand the origin and aim of the workshop. A brief overview of the origins of the study was provided as well as an overview of alternative care and the policy development process. Following this, members of the research team provided a presentation on the quantitative findings. Workshop participants were then asked to communicate their initial reactions to the findings based on four thought provoking statements: what are the concerns? What is working well? How can this information inform policy developments? and How can this information inform practice?

The second phase of the workshop was carried out using the 'World Cafe' methodology. It consists of a structured conversational process for knowledge sharing in groups. Participants were allocated randomly into three groups and were given 15 minutes to discuss one of the topics in each of the tables. After this, participants were asked to rotate to a different table until all three tables had been visited by every group. Each table was moderated by a member of the research team who was also in charge of data recording. The themes included in the world café were: (i) strengths and challenges of the SEN data, (ii) impact of the SEN data in practice and (iii) impact of SEN data in policy.

All data from the workshops was gathered. This was sent back to research participants to ensure the accuracy of the information recorded to ensure it was the correct representation of the views and opinions shared on the day.

7.3 Results

A total of 27 participants attended this workshop. They came from a variety of backgrounds including the National Private Placement Team, Special Care Committees, Residential Care Management, Regional Managers, Special Care Deputy Director, Monitoring, National Risk and Incident Management Director of Children's Residential Care Services, National Lead

Alternative Care Strategy, Special Care Management, Policy and Management and members of Tusla's National Research Office.

7.3.1 General Reactions to the Quantitative Findings

Workshop participants highlighted the evident difference between Regions in terms of the amount of SEN incidents reported and the frequency of these.

Researchers were asked to provide the number of Centre per Region and the number of children and young people in these centres by Region and gender to calculate the ratio of children in the services with those included in the SEN database. The population under 12 years of age were also of interest. Careful consideration was given to this request, however children and young people in the SEN database come from a variety of backgrounds and therefore accurate statistics are not available from Tusla to be able to carry out this analysis according to the ratio. Children in the SEN database included children in residential care, excluding special care, but there is also a variety including children in care under the social work team for separated children seeking asylum and young adults (>18 years) in aftercare who are remaining in a general residential placement, all mainstream community based children residential centres, a very small group of young people with disability that are paid for and placed through the NPPT and the study database also includes reported SENS for one respite centre.

Feedback was also provided to improve the SEN, data collection and reporting needs to be standardised across all centres nationwide and this would require the SEN form to be updated.

Participants were interested in finding out the implication that mandated reporting would have on the SEN database, specifically in the Child Protection issues included in the database.

7.3.2 Theme One: Strengths and Challenges of SEN data

a) Strengths

The SEN database provides access to concise, comprehensive, easy to interpret and useful data, as there are tangible and visible benefits of data collation including being able to provide useful information for feedback to young people. The database is a 'benchmark' on data quality that provides strong evidence to make informed decisions, reflection and learning.

This data can be used to identify and inform training needs by target areas, use the data to support team meetings, understand local responses to issues and raise the profile of the work. The SEN data can also be used to provide local and regional data to inform decision makers and managers to push interdepartmental and local changes.

This database provides consistency and standardisation in the categorisation of incidents. The role of the Significant Event Review Group (SERG) was identified as strength, however, significant event review groups are in place in some areas only. SENS should be reported by all residential care services. The data can be used to respond to Parliamentary Question's (PQs) more efficiently

b) Challenges

There is need to disseminate the findings of the SEN database across all sectors. One of the challenges of the database is the lack of IT literacy of staff which can limit their access and capacity to navigate the SEN portal successfully, once it is developed. It is necessary to have a clear understanding of the categories and information included in the database to have an accurate understanding of what the data means.

Staff need to have a say to inform and have input following the review of the SEN and the way data is collected, stored and accessed in the SEN database. It is important to consider what the use and purpose of having this database is, for example the implications of also recording positive data or significant achievement of children and young people.

There is a need for national policy on the SEN database which should also be standardised nationwide. Thresholds of what and when an incident is considered a significant event need to be revised and clearly defined by the SEN review group, otherwise quantification and standardisation will be difficult.

Another important challenge is to further understand the long-term impact of SEN incidents in the service provision system, including service planning, allocation of responses and needs identification and response to. Additionally, it is important to turn the findings into action and change.

The analysis lacks the contextual understanding surrounding the SENS, qualitative analysis may be useful to understand the phenomenon in more detail. Resources are needed for this research to take place.

7.3.3 Theme Two: Impact of the SEN data in practice

This is an account of the views of workshop participants on the impact of the SEN data on informing, changing and improving practice.

a) Evaluating and responding to risk

Risk management and evaluation was given significant consideration in the workshop as clarity is needed around thresholds and when the levels of risk should be considered as 'significant' incidents that need to be reported as such. For example, establish the amount of time needed to consider a child or young person to be 'missing from care' as one hour was perceived as a very short period to be labelled as 'significant'. This would have implications on the number of incidents being reported but would enable a more systematic approach nationwide.

Additionally, workshop participants mentioned the need for specialized services for children and young people with very specific needs such as those that are physically aggressive. Participants also suggested the need to tailor centres to the needs and characteristics of young people as this could increase the success of placements and stop children and young people from having multiple placements. Children between 0 and 12 years of age were mentioned as a population that could benefit from specialized services. A special mention

was given to the children in Private placements, as these are the ones which reported the largest number of incidents. Participants considered important to determine if this population has the same access to services as all other centre sectors.

Careful consideration needs to be given to avoid children and young people having multiple placements. Workshop participants are aware that ideally, children and young people need time to build meaningful relationships that would increase the success of their placement, however external circumstances or mandates (e.g. Social Work Department, Gardai) lead to care break downs and multiple placements. These 'moves' are usually informed by risk assessments however these decisions need to be child-centred and take into consideration the ultimate interest of the child and their well-being.

b) Prevention and Early Intervention

Prevention and early intervention are important to avoid SEN incidents happening in the first instance. It is important to introduce a 'culture of care' where children and young people are supported in transitions and when they enter care. For example, the cohort of 14-15-year olds are usually coming from a foster care background into Residential care. Effective mechanism should be put in place to support these young people transitioning from one type of care to the next to ensure the success of their placements.

Prevention and early intervention is also related to the type of staff that work with this cohort and their capacity to support and respond to their needs. Staff need to be able to access training and support to build resilience and be able to work with children as well as having the correct qualifications for the job.

Additionally, workshop participants mentioned the need for a clear five-year strategy for Residential Care and Special Care that will support the processes and decision-making on the ground.

c) Training needs

The SEN data demonstrated a need for staff training in several areas:

- The needs and management of children and young people at different ages
- Bullying identification and management
- Special consideration through training needs to be given to the 16-17 cohort as more SENS are reported for this age group.
- How to support children and young people with trauma and adverse experiences
- Managing violence and aggression within centres and how to support children and young people that are aggressive

Challenges around training were mentioned, including the need for more formal involvement from Tusla's Workforce Learning and Development (WLD) in training social care staff to target the specific needs staff must deal with the specific needs of children and young people in care. Additionally, there is a need to secure funding for training as some centres have to fund it themselves and this has implications on the amount of training sessions they can offer, informed by budget instead of by training needs.

Additionally, careful consideration needs to be given to the type of training that can be provided according to the subject. Policy and procedures may need face to face training, not online.

Participants also emphasized the benefits of having the possibility to share success stories and 'best practice' at a Regional and National level. Staff could avail of 'internships' at Centres that have shown successful result with the management of SEN incidents.

d) Staff Care

An important concern of workshop participants was the safety and well-being of staff. There is a need to evaluate the impact of injury on staff and the institutional supports that exist to effectively respond to these situations. It is important to evaluate the impact that injury has on staff physically but also in their level of motivation and job satisfaction which will ultimately determine if they remain in their post or not.

e) Access and Data Management

Participants expressed the need to facilitate the access to information in a way that is 'clean' and 'staff friendly'. SEN information templates should be standardized at all levels, starting from practitioners to the ground, going into Team Leaders, Centre Managers and Regional Managers, to fit a national template. They described a need to have a 'complete cycle' of information that fits and is comparable at all organisational levels to ensure everyone has the same access and the same understanding of the data.

The format of the data is also crucial to facilitate access. Workshop participants would like to see accessible 'dashboards' with colours (red, amber, green) to indicate children's level of risk. The system should be able to generate graphics and visuals that are easy for people to understand.

f) Recommendations for the SEN Database

Workshop participants provided details on the type of data they would like to have available through the SEN database:

- Age of the child at entry into care
- The context of the SEN incidents- description of what happened and how it was dealt with.

g) Recommendations for the SEN Portal

Specifically, regarding the SEN Portal, workshops participants felt very positive around the introduction of this resource however there were concerns expressed around quality assurance. Participants appreciate the use of draft reporting; however, this should have a maximum time (e.g. 24 hours) in which these must be completed and uploaded to the system. Centre Managers should oversee the closing and uploading final SEN reports. There should be a clear workflow of responsibilities on how to submit SEN reports to the portal.

7.3.4 Theme Three: Impact of SEN data in policy

There were a number of policy areas highlighted for consideration, which include:

a) A national policy on completing SENs and use of the SENs

This needs to include a definition of SEN. A broad definitions document was requested accompanied by training in relation to identifying SENS etc. to ensure a standardised approach by all staff, including thresholds for reporting.

SENs are noted as being typically quite negatively defined and the suggestion is to include a small number of specific positive SENS to highlight positive outcomes e.g. Sitting State Exams or sporting achievements.

b) A standardised template for recording SENs

A standardised template for recording SENs on the Tusla portal that would include positive and challenging events is recommended. It was further recommended that this would apply to community voluntary and private sector also and a need to train agency staff also in how to use this.

c) Guidelines for recording and reviewing of SENS by management in Residential Centres

This information can be used for learning and development and to ultimately improve practice. It needs to include reference to the roles and responsibilities of manager, staff, and senior team members.

d) An updated policy regarding the interface between SEN and other reporting requirements (such as mandatory reporting)

Specific questions were raised regarding how is the information on SENs is issued to others? Is this GDPR compliant? It was noted that at the moment information is being sent to GALs through Gmail accounts.

e) A need to clarify the purpose of collecting the SEN data

Where is the information held and for how long is it being used to assess the outcomes of SENs or to evaluate the response to SENs and the impact of this. Is it to improve practice?

f) A policy on managing violence and aggression in residential centres

This needs to be developed according to a range of age categories. It also needs to include a policy on supporting staff members who have been involved with SENs as appropriate and linked with a 'fast tracking' of access to the Employees Assistance Programme.

8 Conclusions

This research study was set out to analyse Significant Events Notifications to inform Tusla's alternative care policy and practice developments. The report consisted of a quantitative analysis of a purposefully created database from all SEN incidents reported in 2016. The findings of this analysis were then shared with relevant practitioners and policy makers in Tusla to seek their views and provide recommendations to inform policy and practice.

Overall, there is a positive attitude and perceived usefulness of having access to a resource such as the SEN database. The data included is useful to inform local and national service planning and to identify unmet needs of children, young people and families.

The effectiveness and usefulness of the SEN database needs to be supported to ensure its full potential is achieved. There is a need for a national policy and procedures to standardise the use of the database and the type of data that is collected, recorded and shared.

The analysis identified that being a male between 16 and 17 years of age increases the risk of being involved in significant events. This suggests the need for adequate and targeted services at this population. Additionally, it was found that the most significant predictor of incidents is multiple placements. Further research and careful consideration should be given to further understand the reasons and circumstances that lead to multiple placement and how to prevent them, taking the child and young person's interests and well-being as the ultimate interest. Sharing local examples of effective and good practice can also inform future policy and practice with these vulnerable groups.

The analysis also identified the need for local evaluations of SEN events as the profile of children and events is not uniform. Regional differences were found in the most common types of incidents but also in the age groups that report the most incidents. This suggest the need for national policies and procedures but considering the individual needs and characteristics of Regions and the availability of resources and services locally to ensure the needs are adequately targeted.

This research also identified a perceived need from staff for additional training to work with specific cohorts, for example physically aggressive children and young people. It is also important to ensure staff self-care and safety when dealing with these children and young people. Overall, there is openness towards being trained but there is also a perception that staff currently lack the appropriate skills to deal with incidents more effectively but they are open to learn.

9 Issues for consideration

9.1 Issues for consideration for the SEN notification system

- The SEN notification system needs to be aligned with all Tusla services and databases to ensure an effective flow of information that can inform service planning and decision making nationwide.
- Standardised templates need to be developed to ensure information on SEN incidents is systematically collated nationwide.
- Clear guidelines need to be developed to ensure SEN incidents are clearly and systematically defined. This also includes a clear definition of thresholds and which incidents are considered to be critical and need to be recorded.
- Need to align the populations included in the database with All Tusla databases to be able to effectively identify and track children and young people in the system.

9.2 Issues for consideration for Policy

- There is a need for national policy on the SEN database to ensure its purpose is stated and the same information is collated nationwide from the same populations and ensure that this is in line with other Tusla databases such as the NCCIS and other reporting requirements, such as mandatory reporting.
- The SEN database and portal should have quality assurance guidelines that will ensure the correct input, access and data sharing protocols.
- Tusla needs to ensure the safety and well-being of staff that work with children and young people in care, particularly those that deal with high risk cohorts that can potentially be aggressive towards staff.
- There is a need to adopt an approach of a 'culture of care' and prevention and early intervention to avoid the occurrence of incidents in children and young people. Special considerations need to be given to children between 0 and 12 years of age to ensure their safety and well-being and avoid incidents in their teenage years.
- Develop a clear five-year strategy for Residential Care and Special Care based on the findings of this study.

- Develop a national policy on how to manage violence and aggression in residential centres.

9.3 Issues for consideration for Training

- Practitioners have an interest and need for training on how to cope with aggressive behaviours in children and young people.
- Practitioners also expressed an interest in training in IT literacy to improve their ability to input and access information on the SEN platform.

9.4 Issues for consideration for Research

- Qualitative research is needed to further understand the circumstances surrounding incidents carried out by children and young people as well as the current types of protocols and responses that practitioners and staff follow to deal with them.
- Collect information on the age of the child/ young person at entry to care to be able to describe and follow the process and experiences of young people in the system and the impact age at entry has on their trajectories.

Appendix 1 Descriptions Document

SEN Date:

Date of incident as noted on Significant Event Notification (SEN) Form

SEN Reference Number:

Each SEN is allocated an individual reference number which is designed to ensure they can be readily accessed and identified on the SEN Register. Each reference number consists of the date of the SEN in reverse and a processing code. Process Code Include:

- A: Letter A following the reverse date indicates a new event
- MCFC: Indicates a new episode of Missing Child in Care
- FU: Indicates a follow up to that incident. Each follow up report is entered as a separate entry. Reference numbers for each follow up report should be given additional number to denote the number of follow up reports received.
- CPC/D: Indicates this SEN relates to a Child Protection Concern or Disclosure. Any follow up evidencing closure or follow up is given the same reverse date and number as the original SEN.
- IN: Indicates 'Incident Notification' – Notifies that YP has been involved in an incident and the SEN Report will be forwarded in full as soon as completed.
- FX: Added to reverse date to indicate SEN Team Member identified a deficit in SEN forwarded and is awaiting a corrected version.

YP Code:

Code used to identify each YP for the purposes of research

Gender:

To identify sex of YP as recorded on YP Birth Certificate

Year of Birth:

Year YP was born

Centre Sector:

Identifies which sector YP placed in – Voluntary, Tusla or Private

Centre Region:

Identifies the region the centre YP is located – DML (Dublin Mid Leinster) / DNE (Dublin North East) / South or West

SW Region:

Indicates the area of YP referring Social Worker – DML / DNE / OOS (Out of State) / South / West

Absence without Permission / Missing Child from Care:

Significant Event Notifications (SEN) of Absences without Permission and Missing Child from Care episodes can be distinguished by whether An Garda Síochána were formally notified of the episode.

If the Gardai were notified of the absence, the absence is classified as a Missing Child from Care episode. Where an absence is classified as a Missing Child from Care episode, all Centres nationally are required to inform An Garda Síochána using a Missing Child from Care Report Form in accordance with *Children Missing from Care - A Joint Protocol between Garda Síochána and the Health Service Executive Children and Family Services, 2012*.

In these instances, SEN Team Members are required to ensure the Missing Child from Care Report Form is forwarded in all cases. The Team will distribute a copy of the Protocols and Report Form to any Centre that is unaware of their obligations in this regard. Forms designed by other organisations are also accepted if that form contains all of the information outlined in the Missing Child from Care Joint Protocol.

Episodes of absence that are not notified to An Garda Síochána are not recorded as SEN on the Register. The exception is where cumulative absences and / or a single absence is considered significant by a Centre Manager & are reported accordingly.

An important aspect of processing SEN Absence or Missing Child from Care Reports is determining the duration of the absence or missing episode for each young person. The duration may be determined by:

- The period of time between the young person's Curfew Testing Limit time and the time s/he actually returned home;
- The period of time between when the young person was otherwise expected home and the time s/he actually returned home;
- The period of time between when a young person left the Centre (or other location) without permission and his/her whereabouts became unknown and when s/he actually returned home;
- The period of time between when a young person is reported as missing from care to An Garda Síochána and when s/he actually returned home / to the Garda Station?

If for any reason, it is reported to the SEN Team that An Garda Síochána have refused to accept Missing Child from Care Forms from a Centre and / or they have not processed forms received; i.e. entered the information onto Pulse; before a young person has returned, the SEN Element and Form Types selected will include Missing Child from Care regardless and the matter brought to the attention of the Senior Manager CRS to be addressed.

Where the YP return and minutes missing are absent/ not selected among the elements, this may be due to one of a number of issues;

- If the YP did not return to the centre before being discharged by their Social Worker
- Where the centre did not send in the correct paperwork for these elements to be ticked
- The correct paperwork would have been requested from the centre by the SEN team but may not have been received before he YP was discharged.
- There was no young person that was MCFC and did not return to either the centre or an alternative placement.

Accident:

Accident is selected when the Young Person is involved in an accident inside or outside of the centre.

Incident:

Incident is selected for most SEN's received. Along with incident being selected there may also be a number of different elements selected that give more information as to what happened throughout the SEN. A SEN reporting a MCFC on its own does not require incident being selected unless there was an incident that occurred while the Young Person was MCFC.

Bullying:

Bullying is selected when a Young Person is engaging in bullying behaviour towards another person. It is not selected for the victim of the bullying.

Complaint:

Complaint Open is selected when the Young Person, or a staff member on their behalf, makes a complaint within the centre. The complaint process is usually internal with in the centre. The complaint may be investigated by the Centre Manager or Social Work Department depending on the nature of the complaint. The complaint may, on the Young person's request, be forwarded to through "Tell us" or to EPIC. The Young People on admission to the centre will be informed of the complaint process and given complaint forms. The complaints must be investigated and responded to by the Centre Manager or Social Worker and the Young Persons view of the outcome recorded.

Complaint Closed is selected when communication from the Social Worker or Centre Manager confirms they are satisfied with the investigation & outcome

Child Protection Concerns / Disclosures:

Child Protection is concerned with the protection of children and young people from abuse i.e. neglect, physical, emotional and sexual abuse as defined in *Children First – The National Guidelines for the Protection and Welfare of Children, 2011*.

When working in Children's Residential Services, Social Care Workers may be informed directly or indirectly that abuse is taking place / has taken place / or is at risk of taking place. This is categorised respectively as first or third-party disclosures. Social Care Workers may

also have concerns themselves, or have concerns expressed to them that a young person is being, has been or is at risk of being abused, which are categorised respectively as first or third-party concerns.

The SEN Team may receive Child Protection Concerns or Disclosures (CPC/D) on Standard Report Forms (SRF) or on Service specific forms and will process either. Where it is the case that a CPC/D has been identified by a SEN Team Member but was neither recognised nor reported appropriately by Centre Staff or Management forwarding the form, it is the responsibility of the SEN Team Member to query this with the Senior CRS Manager with responsibility for the SEN Team who will advise on any action(s) to be taken. (See also SEN Deficits / Issues). In these instances, the Child Protection Concern / Disclosure Open element is selected & the Child Protection Concern / Disclosure Closed element is selected when the SEN team receive correspondence from a Social Worker confirming that they feel the matter has been investigated & that there is no longer a risk to the Young Person.

Fire Setting:

The Fire Setting element is selected for a young person settling any fires within the centre or in the community.

Garda Involvement:

Garda involvement is selected when;

- Gardai have been contacted by the centre to report unlawful behaviour from the Young person or to call to the centre because of unlawful behaviour
- When a young person is arrested in the centre or community.
- When a Young Person is in court facing charges

Property Damage:

The SEN element 'Property Damage' is selected if a young person intentionally damages property that does not belong to them. Where a Young Person is over age 13 years & they engage in property damage the property damage element is always used in conjunction with the SEN elements 'Unlawful Behaviour' & 'Physical Aggression'. If the young person damages

property s/he owns, the Unlawful Behaviour element is not selected. Further, if property damage is accidental, only the SEN Element Property Damage is selected.

Aggression (Verbal / Physical):

For the purposes of SEN Processing, verbal aggression includes taunting, jeering, shouting, ridiculing others, swearing and making threats excluding threats of harm. Physical Aggression is behaviour causing or threatening to cause physical harm towards others and also includes intentional property damage. Where it is identified that the above are stated to have occurred or are otherwise noted by SEN Team Members in the SEN they are reviewing, the relevant Element should be selected of the SEN elements available. It may also be the case, where the element is selected as the behaviour has been documented in a SEN that the behaviour may not be included in the description of the event on the register.

Drugs/Alcohol/Solvent Use – Suspected/Confirmed:

This SEN element in relation to ‘Suspected Drugs/Alcohol/Solvent Use’ is selected when YP presents as being under the influence of an unknown substance. If outlined in the SEN staff believe, due to YP presentation/engagement with staff or YP presenting behaviours, YP is under the influence of an unknown substance; SEN Team will select ‘Suspected’ Drugs/Alcohol/Solvent Use along with Potentially Unlawful and YP Illness. When YP advises staff or staff receive confirmation elsewhere that YP has consumed Alcohol/Drugs/Solvent SEN Team will select ‘Drugs/Alcohol/Solvent Use Confirmed’ along with Potentially Unlawful and YP Illness.

Physical Intervention:

The SEN Element Physical Intervention is selected when Centre Staff use any form of physical intervention with a young person in their care. Physical Intervention that is carried out in accordance with TCI / PMAV / CPI etc. guidance, will be accompanied by a Critical Intervention Record Form (or equivalent) and can therefore be distinguished as a ‘formal’ SEN on the Register as needed.

Potentially Unlawful Behaviour:

The SEN Element Unlawful Behaviour is selected as an Element in the SEN Register when a young person over the age of 13 years is reported to have engaged in what is declared, or the SEN Team suspect, is unlawful behaviour. It is important to note, SEN Team Members are not expected to have a working knowledge of the law in this regard but rather to apply common sense to their determinations, consulting with colleagues or the Senior CRS Manager as necessary.

Unlawful behaviour may involve intentional property damage, theft, drug use, underage alcohol consumption, underage sexual activity, assault, misuse of the Centre fire alarm, smoking in the centre (or somewhere else it is not legal to smoke), fire setting etc.

For the purposes of SEN Registration, the SEN Element Unlawful Behaviour is not selected when verbal aggression presents but does when a young person is physically aggressive resulting in unlawful behaviour and / or assaults another person.

Staff Injury Incident:

The SEN Element Staff Injury is selected when Centre Staff or Management are subjected to hitting, kicking, punching, slapping, spitting, biting, causing an impact with another object etc... This Element is less concerned with the nature or extent of injury received than it is with the action but attempts to avoid assigning legal terminology / labels e.g. assault, in respect of the young people in Residential Care. The Staff Injury Element is further delineated by whether the Staff Member concerned requires first aid or professional medical treatment. The Element 'Unlawful Behaviour' is selected instead of 'Illegal / Criminal Behaviour' for the same reason.

YP Illness / Injury:

In most instances, it will be clear to SEN Team Members when they should select the YP Illness / Injury Elements in the SEN Register. SEN Team Members are aware that the YP Illness Element is selected when a young person is known to or suspected of taking drugs or consuming alcohol and when a young person visits a medical practitioner, mental health professional etc... For non-routine assessment / treatment. The YP Injury Element is also delineated by whether the young person concerned requires first aid or professional medical treatment.

Self Harm:

Self harm is selected where a Young Person deliberately hurts themselves. This can include but not limited to cutting, scrapping, burning, hair pulling, hitting their head / punching walls, tying ligatures.

Reference to Self Harm:

This element is selected with the Young Person speaks about wanting to deliberately self harm or kill themselves.

Appendix 2 Example of Significant Event Notification Templates

Ref No: _____
Registered:

Notification of Significant Event Form

Young person's name:		Date of Birth:	Date of Admission
		Age:	
Name of centre/unit:		Telephone number:	
Date of event:	Time of event:	Date of notification:	

TYPE OF EVENT

Type of Event					
Absent at risk		Educational		Missing Child in Care (Return)	Other
Absent at risk (return)		Family Issue		Physical intervention employed	
Accident		Health and Safety		Property damage	
Admission to centre		Inappropriate sexualised behaviours		Self Harm	
Assault/violence		Medical		Significant Life Event	Gardai
Bullying		Medication error		Significant substance misuse	Arrest
Discharge from centre		Mental Health		Treats made by or against a young person	Assistance required

Synopsis of Event (including full names of staff and young people and times):

Antecedents: (as they relate to this event)

Significant Event - Further Information Form

Ref No: _____
 Registered:

Are there particular concerns with regard to this event?

Actions undertaken in response to this event	By Whom	Completed by

Please identify further action required following this event:

Pending Actions Required	Persons Responsible		Completed by
Individual Work/LSI conducted	Yes	No	Form attached

Was there a physical intervention used in this event	Yes	√	No
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Nature of any Physical Intervention Employed (complete where applicable)			
Standing hold	Small child	Breaking up a fight	
Team restraint	Seated restraint	Supine restraint	
Non-routine intervention (please identify the nature of the intervention below)			
Staff involved (names):			
Leader:			
Assistant 1: Assistant 2: Assistant 3:			
PMAV Intervention	YES	No	Details:
Number of physical intervention to date since admission			
Was LSI completed	Yes	No	Form attached completed Y/N
Details:			
Duration of restraint/intervention		Was anyone injured during the restraint?	Yes No
Does this incident necessitate a review of the child/young person's ICMP/DICES	Yes	No	Details:

Ref No: _____
 Registered:

Notification Details							
Notified to			Date	Details	Response required		
Parents/Guardians	Yes	No			Yes		No
Social Worker	Yes	No			Yes	x	No
Monitor	Yes	No			Yes		No
Guardian ad Litem	Yes	No			Yes	x	No
ACM	Yes	No			Yes		No
National Office	Yes	No			Yes		No
Other:	Yes	No					

Author: print name SCW/SCL: _____ Signed: _____ Date: _____
 SCW/SCL: _____ Signed: _____ Date: _____

Read by: SCM _____ Date: _____
To be reviewed by SERG Yes <input type="checkbox"/> No <input type="checkbox"/> Date for review by SERG: _____

