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A traumatised and traumatising system: Professionals' experiences in meeting the mental health needs of young people in the care and youth justice systems in Ireland

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It is well recognised that children and young people in the care and youth justice systems typically present with significant and diverse mental health needs. Much has been written about this challenging area of professional practice but the focus has been primarily on the young people themselves rather than professionals' experiences of working in this challenging context. In this study, focus groups and individual interviews were conducted with 26 professionals working in the care and youth justice services in Ireland, representing a range of disciplines, to capture professionals' perspectives of working in this field. A thematic analysis was conducted on the transcribed data. Professionals described frustration and helplessness in the face of what they perceived as inadequate system responses and poor interagency working. Their experiences are conceptualised here as reflecting a traumatised and traumatising system. The implications for practice emphasise the need for staff support through training, collaboration between agencies, and addressing vicarious traumatisation.

1. Introduction

Children in state care¹ consistently show significant rates of mental health difficulties including social, family, and educational problems, aggression, substance misuse and self-harm, complex difficulties that require highly specialised treatment (Tarren-Sweeney, 2008). This finding is similar across western jurisdictions, for example in the US (Armsden, Pecora, Payne & Szatkiewicz, 2000; Teplin, Abram, McClelland, Dulcan & Mericle, 2002); the UK (Ford, Vostanis, Meltzer & Goodman, 2007; Minnis, Everett, Pelosi, Dunn & Knapp, 2006); and Australia (Tarren-Sweeney & Hazell, 2006). Similarly, young people involved in the youth justice system present with significant psychological difficulties. In the youth justice

¹ In Ireland, the term 'state care' is used to refer to children who are in 'out of home' care. In the UK the term used is 'looked after' children. While the terminology varies, the contexts are similar insofar as the form of care involves small residential units, foster care placements or kinship placements.

system, a US multi-state study found that 70% young people warranted at least one mental health diagnosis and over 60% met the criteria for three or more diagnoses (Shufelt & Coccozza, 2006); and in Ireland, 83% of young people in detention centres met criteria for diagnosis of at least one mental health problem, compared to a group attending community-based adolescent mental health services at 60% (Hayes & O'Reilly, 2007). Across jurisdictions, such needs often co-exist with substance abuse problems, learning difficulties and other vulnerabilities, which exacerbate offending behavior (Chitsabesan et al., 2006; Hagell, 2002).

There is also a considerable overlap between young people in the care system, the youth justice system, and the child and adolescent mental health system (see Tarren-Sweeney, 2008 for a review). Children in care in the UK account for 41% of those in young offending institutions (Green, 2005). In the US, children in foster care make greater use of mental health services than those in the general population (Burns et al., 2004), and in Ireland, approximately one in three children attending Child and Adolescent Mental Health Services (CAMHS) have a history of contact with social services (HSE, 2012). Indeed, DeJong (2010) points out that the range of difficulties experienced by children in the care or youth justice system is often under-recognised, as they often experience a combination of multiple 'lower level' difficulties that are below clinical thresholds yet reflect greater impairment than others who do reach the threshold on a single psychiatric diagnostic category.

These considerable mental health needs among children in the care and youth justice systems clearly present a challenge to professionals working in these sectors. Some UK research has explored how professionals experience these challenges. Professionals in the care sector described a sense of powerlessness, attributed to heavy workloads, poor pay and poor supervision leading to problems with staff turnover (Colton & Roberts, 2007). Difficulties with interagency work have also been noted: the UK Department for Education and Skills (2007) noted professionals' confusion regarding understanding of roles, responsibilities and use of language in communicating with other disciplines; this may lead to poor communication and misunderstandings and impacts on interagency collaboration. CAMHS professionals have also described feeling inadequately trained in dealing with education services despite frequent contact with children with educational difficulties (Vostanis et al., 2011).

UK social workers have been reported to feel frustration towards young people in their care (Shaw, 2012). Shaw suggests this is linked to a lack of control and poor understanding of young people and their needs, noting that casework emphasizes interventions aimed at individual 'deficits' and that regular changeovers of social workers militates against relationship-building with young people. Finally, Shaw notes discrepant attitudes between professionals from social work, residential care and the courts about involving police in residential care setting incidents. In UK youth justice, Drake, Fergusson and Briggs (2014) argue for focused research to 're-think' youth justice work and ways to create a central focus on the young person-practitioner relationship.

1.1 The Care and Youth Justice Services Context in Ireland

In Ireland, small proportions of children in state care are supported in small to medium sized residential units (5%), high support units (.3%), and special care (.4%), but the predominant mode of care is foster care (93%). As in other jurisdictions, the number of children in care has increased steadily in recent years, with a 20.7% rise from 5,247 in 2006 to 6,332 in 2012 (Brierley, 2012; Health Service Executive [HSE], 2012). The past five years have seen considerable change in service structure and governance in Ireland. Formerly, the care system was governed by the Department of Health while provision for those engaged the youth justice spanned various Departments – Justice, Education and Health in particular. However, many services have recently been streamlined since the establishment of the Department of Children and Youth Affairs (DCYA).

All children who come into contact with the Gardai (the Irish police force) are referred automatically to the Garda Youth Diversion Programme (GYDP), which is governed by The Irish Youth Justice Service (IYJS), under the remit of the DCYA. In 2011, 12,809 children were referred to the GYDP in relation to 27,384 incidents (Garda Office for Children and Youth Affairs, 2011). Children remanded or committed on criminal charges were held in one of three detention centres; these are currently due to be amalgamated into one national detention centre.

Mental health support for children and young people in the care and youth justice systems in Ireland is provided by several disciplines across multiple agencies. Social work teams provide ongoing support, as do child care leaders, often working within local social work teams. Family support workers provide support and therapeutic services to young people

and families, either through statutory family support services or through family support agencies funded by the national health service. Psychological support and therapy is provided by primary care or community psychology services. Of children attending CAMHS in Ireland, one in five was also in contact with social services in November 2011-2012 (HSE, 2012b). In the youth justice system, however, psychological support for young people tends to be provided internally, with no formal links to CAMHS.

Recent national enquiries following the deaths of young people in care in Ireland (HSE, 2010a; HSE, 2010b; National Review Panel, 2011) noted the paradox that CAMHS (including child and adolescent psychiatrists) tended to be involved with children with less severe difficulties, whereas social workers in community child protection services were working with those with more severe difficulties (Shannon & Gibbons, 2012). This is despite the fact that many social workers have no mental health training: McNicholas and Bandyopadhyay (2013) found that, of 92 social workers, 42% reported no prior mental health training during their higher education qualifications in social work and related disciplines.

Irish social workers have caseloads of an average of 23-33 children per whole-time equivalent: this is high compared with maximums of 15 in Australia and 12 in the UK but comparable with the US where caseloads average at 24-31 (Burns & McCarthy, 2012). Burns and McCarthy note that an overemphasis on crisis intervention means many children are neglected – and in turn only receive attention when they reach a crisis. This work practice results in a further stress, a “stress of conscience” (p. 32) for the social worker, affecting their efficacy.

Given increased numbers of children in state-provided care, and the high proportions of young people from the care and youth justice sectors with significant mental health needs, professionals’ responses to these needs are in need of urgent attention. Where this issue has been explored, most of the literature refers to the challenges experienced by social workers and care workers; despite frequent emphasis on interagency and interdisciplinary collaboration, there has been little focus on experiences of professionals from the full range of disciplines working in these sectors. Very little research has explored professionals’ experiences of working with this group of young people; and existing research typically explores professionals’ views of the needs of young people being cared for, rather than experiences of the professionals themselves. In striving to find ways to improve practice, it is

important to listen to the voices of all those working with these vulnerable young people; to obtain a better understanding of the challenges that professionals experience; and to identify opportunities for developing best practice.

1.2 Aims and Objectives

The aim of this study was to explore professionals' experiences of working with young people in the care and youth justice context in Ireland, focusing on the issue of mental health need. We were interested in exploring how professionals from a range of disciplines experienced this work, its challenges and what recommendations they would make for improvement. Given the similar extent and nature of mental health difficulties in young people in care and youth justice systems internationally, these findings have the potential to contribute to the knowledge base in different settings.

2. Methodology

Consultations with professionals were undertaken as part of a larger study examining mental health needs of young people in the care and youth justice systems in Ireland (authors, published report, 2013; peer-reviewed article, 2015). Ethical approval was obtained from [university to be inserted after peer review].

Purposive, snowball sampling recruited a range of professionals with experience in this field. Contact was made through professional bodies and service providers, facilitated by a coalition of interdisciplinary professionals concerned with children's mental health (The Children's Mental Health Coalition). In addition, direct approaches were made to individuals involved in advocating for young people. In total, 26 professionals from 14 disciplines participated, representing the disciplines of psychiatry (2), psychology (2), social work (3), social care (4), occupational therapy (1), speech and language therapy (2), education (2), police (2), detention/probation (4) law (1) and other services (3) They worked in a variety of contexts encompassing child protection, child and adolescent mental health, Garda (police) diversion services, residential services, after-care transition services, addiction services, probation/detention/prison services, schools, education support, and community child and family services, in both rural and urban settings. Four individuals who were not available to participate in focus groups were interviewed individually. Focus groups aimed to have a range of disciplines represented in each. Three focus groups (each with 6 -10 participants)

and four individual interviews were conducted, facilitated by the second author and two colleagues.

The topics addressed were: (i) definitions of mental health; (ii) barriers to service provision; and (iii) professionals' examples of good practice. All focus groups and individual interviews followed the same protocol and all were audiotaped and transcribed. A thematic analysis (Braun & Clarke, 2005) was conducted, to identify themes or patterns shared across the data. Thematic analysis is not wed to any particular theoretical framework and therefore is ideal for analyzing data gathered from a range of professionals representing different theoretical traditions. In this context, it was used as a critical realist method (Willig, 1999): the authors sought to report participants' experiences and reality but also acknowledge how they make meaning of their experiences including the broader social context. The analysis was inductive: there was no pre-existing coding frame. Nevertheless, both researchers are psychologists (one clinical, one developmental) and therefore likely to be influenced by a range of psychological theories.

The initial coding process and the search for themes was conducted independently by each researcher. Codes and themes were then reviewed, discussed and agreement reached that the pattern of themes reflected the overall sense of the data; these were named and defined in a collaborative process. A member-checking stage was incorporated, with a draft of the findings circulated to a sub-sample of participants whose feedback was incorporated into the analysis.

3. Findings

Five themes were identified overall. Three pertained to the challenges identified by professionals: *Impact of working with children with complex needs; Inadequate system responses; Difficulties in interagency working*. Together, these reflected an overarching theme of: *A traumatised and traumatising system*. Finally, the theme *A way forward* captures the professionals' thoughts about how systems could be improved.

3.1 Impact of working with children with complex needs

Professionals described the young people they work with as having multiple difficulties and diverse needs. Complex presentations were a key challenge. Professionals described their concerns about taking on the responsibility of meeting such complex needs:

depending on how many units they've been to, ... they will have a list [of diagnoses] as long as your arm ... and you're looking at these kids, their referral form coming into our service and we're like, you know, 'this is going to be a nightmare', you know, all these different diagnoses, and how are we going to work with them?' (After-care worker)

Particularly given young people's complex presentations, professionals raised the issue of an over-reliance on a medical model of diagnosis,

A traumatised kid may externalise, may internalise, may do neither. So it's often hard to know. And often if they have intrinsic difficulties like dyslexia or a language problem, it can be very difficult to tease out what's what. They're very complex. (Psychiatrist)

This included pressure from the wider system to classify young people in this way, to facilitate service provision:

the Department of Education.. is driving [diagnosis] in terms of children ... is quite horrific, I think it's not based on any valid or informed understanding of child development, or what the terms even mean. So there is a pressure, you know, especially in that context, to be looking for diagnostic categories. (Psychologist)

you're struggling with that, you don't want children to be pigeon-holed, ... but sometimes, to get a service when you *leave* care, that they may not have gotten in care, they will have had to have [a diagnosis] (After-care worker)

The pressure to classify young people was also illustrated by professionals' references to multiple assessments, which they felt interfered with their ability to engage young people in meaningful therapeutic work. Indeed, diagnoses were seen as unhelpful and many professionals believed that labelling interfered with how young people are viewed, and in some cases delayed intervention:

quite often, certainly within my own structure, I am being told, 'no, no long-term work, no, no, no, get them in, do an assessment, how many assessments have you done, how many' – you know, and it's not about building long-term relationships with kids and that's what they need. (Social Worker)

Despite frequent assessment delaying therapeutic work, the complexity of presentation also led to impulsive decision-making processes, which were in themselves a source of great frustration.

And I think ultimately what you have is people running around in crisis trying to prevent tragedy, rather than going back and planning from the beginning. (Psychiatrist)

Professionals described emotional responses such as feeling 'bewildered', 'frustrated', fear in the face of some young people's behaviors, and lacking confidence in their own ability to respond to young people's needs.

particular behaviors as well are very frightening to carers – sexualised problems, self-harm, and people are... they're very frightening to the entire system, they don't know what to do.. because we can't really control it, we can't manage it (Psychologist).

The complexity of young people's needs was seen as a challenge for professionals trying to meet those needs. Professionals felt overwhelmed with this complexity, felt under pressure to provide diagnoses or seek diagnoses, which went against their own beliefs as to what is most helpful for a young person. They questioned the robustness of decisions made and they themselves felt ill equipped to respond to the complex needs of young people they worked with.

3.2 Inadequate system responses

Professionals described multiple limitations in how the care and youth justice systems respond to young people's needs. Limited resources were an ongoing challenge. The social work system was described by one psychologist as "chaotic, overstretched, overworked, and ill-prepared".

When we place a child in care, we're constrained by what we have available. We can have a good sense of what they need, but no suitable placement available. We're constantly being faced with that predicament. (Social Worker)

The fact that there aren't the options, you see the kids are put in the out-of-hours service or the emergency service, you know, for the adolescents... And it's fine if they go into that for a day or two and then somewhere else is found for them. But then you see them in there six weeks later. (Psychiatrist)

However, even when resources for young people were available, professionals found they had differences regarding the timing or appropriateness of interventions such as psychotherapy, leading to frustrations. For example, a social worker noted that

it used to be my pet hate, that you would be having these kids, that were so vulnerable, and CAMHS or a therapy service would say, 'until a child is in a secure placement or is in a stable environment we won't do anything', and we'd be like, 'oh for Jesus' sake, the child can't get stable because they're so all over the place', so there's a catch-22... you know, to do long-term psychotherapy, yes, a child needs

to be stable and in a safe environment – but there is so much therapeutic support that a child and their carers could be offered (Social Worker)

One participant interpreted the system's lack of resources, as a fundamental lack of integrity:

we live in a very *corrupt system*, to be straight with you, and we need to be challenging *far more*, whether it's the HSE, whether it's the Department of Justice, whether it's the courts in my case, we need to be demanding on behalf of our clients a *far, far* greater service (Solicitor)

In this context of limited resources for addressing the high levels of need among young people, professionals experienced multiple sources of frustration. They felt this in relation to organizational pressures from internal performance and bureaucratic demands.

it's really frustrating.... I think resources are a big issue, because everybody is gatekeeping. And everybody's under pressure ... And you're kinda going, 'How many case conferences can we go to? They're not recorded in our stats'. (Psychiatrist)

Professionals experienced the system as simply not working and 'useless', thus magnifying their personal toll. They managed their frustration at times by ignoring aspects that were intolerable to cope with.

[professionals in the system] are trying and are very frustrated in trying to actually work through it and ignore half of it and and keep going – and there's a personal toll on them as well so there's – to me, the system is useless. (Diversion Official)

Professionals' own feelings of helplessness, feeling overwhelmed by this complexity and the lack of clear consensus as to how best to help these young people left them feeling frustrated with their inability to help and dissatisfied with the system within which they work and which they represent to these young people: "what saddens me terribly, apart from their own personal frustrations, is my frustration around this system" (Diversion Official).

In addition to frustration, some professionals described embarrassment at representing a system that was so inadequate to the young people they worked with.

It doesn't work, you know, and the frustration I feel at being part of that – at sitting with a young person ... I feel really embarrassed you know on the part of the system which is a really sad thing to be saying. (Speech and Language Therapist)

it pains me when I'm talking to, kindof, 17½ year olds, *trying* to prepare them for what's coming with adult [services] – and as much as I try to tell them, and I talk to them afterwards, and they go, 'I know you told me, but I didn't think it was going to be *this* bad'. (Psychologist)

Participants noted many systemic inequalities in responses to vulnerable young people's needs. These included difficulties accessing mental health services; waiting times for CAMHS services of a year or longer at times; geographical and financial barriers, with services less available in rural areas; and less affluent families unable to access private services. Differences in service quality were also noted, such as varying services and care arrangements for children from the same family.

Inequality with respect to age was particularly emphasised: "The late teens is the time of greatest need and least services" (Education Officer). The lack of mental health services in late adolescence and early adulthood was a particular concern as young people with mental health difficulties were seen as particularly vulnerable in the transition to independent living. After-care workers explained that some young people dreaded turning 18 and struggled with the many adjustments facing them. Professionals' descriptions of helping young people manage this transition were also fraught with frustration.

Participants saw a causal link between inadequate mental health service provision and children's negative trajectories: "The sad reality for many of those children is that they ultimately end up in custody rather than having the necessary services in the community" (Solicitor). Indeed, they felt the justice system was being used to fill gaps in mental health provision. One solicitor even described a case of a child living in a residential unit, who was in court facing the possibility of detention, where care services advocated for the child's detention:

I had a really bizarre case about two years ago, where you had the *social worker* get into the witness box to object to bail, rather than the Guard [Irish police]. It was quite incredible (Solicitor)

3.3 Difficulties in interagency working

Participants identified a range of barriers to good interagency working. They referred to mismatched expectations within and between agencies. Not only did professions have different work approaches but also, more fundamentally, they had different conceptualisations of young people's difficulties and the best way to respond to their needs.

There are expectations that are grossly unrealistic from the wider system, when they come to us, in terms of – ‘now, *here’s* what the child needs to talk about...’ Well, no. I’ll wait and see what the child wants. Then we’ll decide. (Psychologist)

Community services, yeah – eh HSE eh, Garda Diversion, all of that – but no – there *is* no follow-through and that’s the most frustrating part, and you know, you’re getting kids being re-remanded – ... for – assessment – and really it’s 28 days in custody to give the HSE a break – so – respite - that’s what we’re providing and I get very angry with that. (Manager, Detention Unit)

Having trained in various medical, psychological, social, behavioral, educational, or criminal justice approaches, professionals found it difficult to communicate: “We work so differently, we all speak different languages” (Speech and Language Therapist). “It is incredibly difficult and incredibly frustrating” (Diversion Project Manager). Some professionals were particularly concerned when others interpreted challenging behavior as a deficit in the young person rather than as a means of communicating underlying distress. Such differences of interpretation led to conflict regarding what was therapeutically appropriate, including the timing of interventions and the role of medication. For example, one professional might offer therapy with the goal of maintaining placement stability, whereas another might hold that psychotherapy could not be offered until placement stability had been demonstrated. A lack of collaborative decision making processes was evident.

Limited resources were seen as adding further barriers to interagency collaboration. Services in general were described as experiencing considerable pressure through waiting lists, resulting in strict adherence to referral criteria: “unless they’re acutely suicidal or psychotic it’s very hard to get a service really” [Occupational Therapist]; “Everyone is gatekeeping” (Psychiatrist). In addition, professionals noted the increasing emphasis on quantification of their work: “Everyone is under pressure regarding KPIs” [Key Performance Indicators] (Social Worker). The idea of ‘battle’ was evident in one respondent’s description of fighting for resources: “You keep fighting you know you keep fighting and you keep trying” (Psychologist).

3.4 A traumatised and traumatising system

Taken together, the themes described above - impact of working with children with complex needs, inadequate system responses, and difficulties in interagency working –reflect an

overarching theme of a traumatised and traumatising system.

The single biggest impact on kids' mental health and trauma...is the system itself.
(Psychologist)

Overall, professionals working with children in care and in the youth justice system feel the burden of working with young people with considerable, complex mental health needs that are not being met.

something about the complexity, and I think there's something around what this population induces in professionals that disturbs the system, and I think part of it is back to what they project, anxiety and risk. (Psychiatrist)

The findings highlight a concern that professionals are acting out this disturbance, anxiety and risk that pervades the system, through interdisciplinary and interagency 'battles', to the detriment of the young people they are trying to help.

According to one professional,

There is a fear of mental health concerns among professionals in Ireland. There is a fear, and there's a reluctance, and there's a concern that if you actually focus on a mental health concern for a young person, you're opening up a Pandora's box, and it's better left. (Solicitor)

Despite the best efforts of many dedicated professionals working within the system, there was a concern that children who are already traumatised by early experiences are being further traumatised by the system, primarily through the lack of early intervention, appropriate, stable placements and mental health supports.

3.5 A way forward

In addition to the challenges of working in the care and youth justice systems, professionals discussed how systems could better respond to young people's needs. They agreed that earlier intervention was needed at all ages and stages of the care system. It was suggested that assessment and supports should be provided on entering care:

The entry to care, that's the point where kids should get mental health services, that's the point where they should go to counselling and getting help. (After-care worker)

All participants identified appropriate, stable placements as a basic need:

What would make the most difference ... would be a commitment to an appropriate stable placement. That's very idealistic, but that is the single most important thing that's indicated for any child in care. (Psychiatrist)

Meaningful interagency collaboration was another requirement for better services:

Ultimately it comes down to interagency relationships are one of the big things I think. If that could be improved, I think there is goodwill on both sides. (Psychiatrist)

we know that in order to make it work that it has to be holistic and it has to be systemic and bringing people together. (Social Worker)

when we do manage to get things together and we form a core group and we're meeting together and we're talking and we've a holistic sense of what a child's needs are – then things can go forward. (Psychologist).

Better information and decision making systems were also considered necessary:

we need to have effective systems, we need to be sitting around the same tables, we need to have databases which are shared, we need to have a policy of sharing information from Day 1, which is what doesn't exist (Psychologist)

Information sharing was recognized as a challenging area requiring collaboration by top management in agencies:

But it's getting permission to do that, as well, d'you know, from within your own service – getting, I guess, a management system that allows you do that. (Social Worker)

And finally, professionals recognised that in the context of challenging circumstances, realistic expectations are important. They suggest that systems supporting highly challenged children, and professionals working in these systems, should aim not for perfection but rather that they should

try to produce a 'good enough' model, as opposed to a curative model. (Psychiatrist).

4. Discussion

In recent years, investigations into child abuse or fatalities have highlighted systemic failure as the dominant factor contributing to inadequate responses to children and families. The professionals consulted in this study also highlighted systemic issues. Inadequate resources, a reliance on the medical model to inform care, a focus on assessments rather than intervention, and poor interdisciplinary and interagency collaboration were all identified as representing challenges in the work.

In addition to systemic issues, however, this study sought to explore how professionals who work in the care and youth justice system in Ireland experience responding to the complex mental health needs of young people in their care. Here, professionals' psychological responses to this complexity (helplessness, frustration, feeling incompetent) resulted in mirroring the traumatic response of the young person. They feel traumatised themselves and in their own responses to young people may then contribute to further traumatisation. There are likely to be two intertwined factors underlying this process. One is inadequate system responses to highly complex mental health need, and the second is vicarious traumatization on the part of professionals. Here we consider both these factors.

The complex difficulties experienced by young people in the care and youth justice systems are well recognised by practitioners and researchers in Ireland and internationally. As participants in this study noted, by definition, children in State care have had traumatic experiences, and often experience multiple attachment- and trauma-related difficulties (Tarren-Sweeney, 2008; DeJong, 2010). High numbers of children and young people with experience of youth justice systems have also experienced acute or chronic trauma exposure (50% to 93% across studies; Kinscherff, 2012).

Many systemic factors contributed to the frustration experienced by professionals in this study, factors that are also present in many other jurisdictions such as the US, UK and New Zealand. An over reliance on a medical model of diagnosis that does not reflect the complexity of young people's needs or adequately support trauma-related, developmental case formulations and interventions has been noted by other authors (Kinscherff, 2012; Tarren-Sweeney, 2011). Another source of frustration noted in international contexts is the frequent failure to assess children at the point of entry to care and to develop appropriate therapeutic plans at an early stage of engagement with services (Tarren-Sweeney, 2011). Khan and Wilson (2010) in the UK describe the delayed provision of therapeutic support for young people in the youth justice system, even where earlier assessments were completed, leading to unmet needs that may compromise both the young people's well being and safety and that of local communities. Preventing mental health negative outcomes through early intervention for young people at risk has a substantial evidence base in longitudinal studies (Champion, Goodall & Rutter, 1995; Kazdin, 1990; Rutter, 1996; Scott, 2008).

In addition to descriptions of delays in assessment, there was some evidence in the present

study of an overemphasis on assessment, perhaps due to the search for diagnostic clarity in the face of complex needs, and an underemphasis on providing therapeutic support. Professionals described seeking or conducting further assessments in response to pressure from others, despite believing their benefit was limited. Seeking assessment after assessment can be viewed as part of a traumatic response: wanting clarity and predictability in a context of uncertainty.

Reviews of children's services inevitably refer to the need for collaboration between services and good multi-agency working (Owens, 2010). However, the challenges of such collaboration are highlighted in this study. Different professionals held different theoretical perspectives on the nature of children's difficulties and how best to meet their needs. This contributed to frustration and conflict between professionals, in particular where there are clashes between those who see their role as prioritising child protection and those who perceive their role as child welfare, differing views on the role of medication and differing interpretations of challenging behavior.

Daniel (2015) argues for more professionals to view child protection and supportive interventions as stages on the same pathway rather than as distinct pathways. Community services reports have also noted that, "despite aspirations to focus on helping young people, case discussions can be absorbed by: discussions about the fears and anxieties of professionals and agencies over procedural issues such as confidentiality, protocols, roles, competencies, boundaries, and training which, at best, are tangential to the helping relationship" (youngballymun, 2010, p.47). Hood (2015) interviewed 17 practitioners working in the field of child protection in the UK from health, education, and social work professions and found that professionals' perceptions of unpredictability and volatility impacted on the process of collaboration. This is another example of how professionals' anxieties can permeate professional relationships and communication, impeding their ability to focus on how best to help young people.

Overall, professionals in this study expressed substantial frustration, feelings of powerlessness and helplessness and perceptions of themselves and the system they work in as inadequate. Less recognised in the literature is the psychological impact that working with young people with such complex presentations has on the professionals engaged in trying to meet these needs. In Ireland, carers in residential units have expressed concerns to

inspectors about feeling overwhelmed by the challenging behavior and complex needs of some children in their care (Children Acts Advisory Board, 2009). This was echoed by the full range of professionals in this study, who described feeling personally frustrated, inadequate, overwhelmed – and also embarrassed at being representative of a system that they saw as providing an inadequate response to a vulnerable and high need population of young people.

To better understand professionals' experience, it is helpful to consider the concept of vicarious traumatisation (McCann & Pearlmann, 1990) and how trauma experienced by children in care can be re-enacted, often unconsciously, in professional relationships: "Professionals and services working with such disturbed but understandable patterns of communication may find themselves affected by these powerful emotional processes, which interfere with clear and rational thinking" (Conway, 2009, p. 21).

Conway refers to the unconscious psychological defence mechanisms of *projection* and *splitting* that young people use to manage their uncontrollable emotional responses. Through the process of transference, traumatised young people may need to avoid feeling the intensity of difficult emotions, by unconsciously projecting their intolerable feelings into their carers. Without appropriate support, carers of such young people and professionals working with them may experience countertransference reactions such as strong feelings of inadequacy that can lead to breakdowns of placements or therapeutic relationships. By splitting, a child attempts to maintain psychological equilibrium in the face of intolerable stress, by dividing the world between 'good' and 'bad' carers or professionals.

If professionals do not recognise and process these unconscious dynamics, they can not only affect their relationships with young people, but also subsequently be re-enacted in inter-professional relationships. For example, professionals may over-align with their client, engaging in conflict with other professionals or agencies who are trying to provide a service for that client. In this way, conflicts that, on the surface, appear to be about the child's needs may actually be professionals' re-enactment of unprocessed, transferred aspects of the child's internal distress (Conway, 2009). Acknowledging the impact that working in this field has on the professionals involved and drawing on the knowledge base on vicarious trauma to support them may represent a way forward for supporting professionals in this complex field of practice, and some examples are given below, after a consideration of

limitations and strengths of the study.

In terms of limitations, despite the wide range of professionals accessed in this study, some professions closely engaged with children in care and youth justice were absent from this consultation. Social workers engaged exclusively in child protection proved particularly difficult to access and were only represented by one social worker who had formerly worked in this area. Also, social care workers engaged in residential care work (rather than after care) were not represented. Therefore, although issues such as instability of placements, delayed referrals and lack of child-centered care were raised, certain professionals directly and legally responsible for ensuring that young people's needs are met, were less well represented. In addition, it could be argued that the use of focus groups did not allow exploration of issues in depth with individuals from specific disciplines or contexts. Although there is considerable overlap in the *populations* of young people in the care system and the juvenile justice system, as noted earlier many *services* for these young people are quite distinct in Ireland, and it is reasonable to consider that the experiences of solicitors, diversion officers, psychiatrists and after care workers, particularly as they do not work in co-located services or do not follow a collaborative interagency model of working, may differ in certain respects.

Overall, however, the diversity of perspectives accessed from a range of practitioners in this study had the benefit of offering a wide lens on the needs and challenges regarding mental health and complex needs of these young people. This offered multiple perspectives from within one overarching system, something that has not been reported before to the best of our knowledge. Interestingly, most professionals experienced similar frustrations and these frustrations are echoed in the international literature, suggesting that the study findings have applicability to other cultural contexts.

5. Implications for practice:

A clear implication for practice emerging from this study is the need to equip professionals with the necessary knowledge and skills to counteract their experiences of feeling overwhelmed with the complexity of needs of the young people in their care. This involves adequate mental health training for all professions, meaningful ways to achieve interagency work, and support for vicarious traumatization in professionals.

In Ireland, the Independent Child Death Review Group Report (ICDRG, Shannon & Gibbons, 2012) noted that child protection professionals had not recognized emerging mental health issues or treated warning signs with sufficient seriousness and recommended awareness training for all child welfare and protection professionals. This is consistent with findings about the lack of mental health training reported by social workers (McNicholas & Bandyopadhyay, 2013), who wanted further training regarding mental health disorders, abuse and neglect were considered the most important topics.

Studies in other countries have also described the lack of training in mental health for frontline workers (Ross, Hooper, Stenhouse & Sheaff, 2009). For youth justice, Kinscherff (2012) has argued that there is a clear need for good quality training in adolescent development and mental health for all professionals, encompassing frontline and direct contact professionals such as police, probation officers, social services, all detention unit staff and judges as well as senior administrators in all systems. It would appear that across different contexts such as care and youth justice and across different cultures, the issue of upskilling professionals in recognizing and addressing mental health concerns is an area in need of urgent attention.

Dorsey, Kerns, Trupin, Conover and Berliner (2012) argue that case workers should be able to identify emotional or behavioral problems requiring intervention; know about evidence-based interventions for common mental health problems; be familiar with available interventions and how to access them; be able to identify relevant services for particular mental health needs; maintain contact with the young person throughout the intervention to ensure progress toward identified agreed treatment goals; and identify incentives or supports needed to facilitate engagement and participation. They have developed a training and case-based consultation programme (Project Focus) of lectures, small group activities, video demonstrations, and engagement training, as well as bi-weekly supervision to review cases for four months following training. Khan and Wilson (2010) note that specialist service support for frontline professionals is an economic use of resources, as this could facilitate outreach therapeutic services, obviating the need to refer some young people to specialist services with risk of drop out.

Interagency collaboration has been identified throughout the literature as a necessary component of best practice in this field. Haight, Bidwell, Marshall and Khatiwoda (2014)

conducted a 2-year long ethnographic enquiry across five U.S. counties into professionals' experiences of a model of practice designed to foster multi-agency collaboration in responding to the needs of young people in both child welfare and youth justice systems. Some of the positive outcomes were psychosocial, such as improved professional support, strengthened relationships with other professionals and improved shifts in their way of thinking and feeling about the young people and their families. Given the similar challenges experienced in different countries, this model may have some relevance to other cultural contexts.

Finally, a further issue to be addressed is professionals' capacity to provide a caring supportive relationship when they themselves are feeling overwhelmed by the challenging behavior and complex needs of children and young people in their care. The findings from this study are not unique to Ireland; the trauma experienced by young people in the care and youth justice contexts in Ireland are a universal phenomenon, as are as the challenges experienced by professionals. Strategies to avert vicarious traumatisation are available. These include having a balanced workload, ongoing support, and education and training regarding the psychological impact on workers themselves of working in this field (Pearlman & Saakvitne, 1995; Rothschild & Rand, 2006). Indeed, O'Connor and McQuaid (2013) argue that organisations have an obligation to provide support to workers dealing with traumatised clients and that employers and managers and colleagues should foster a culture where vicarious traumatisation is considered natural, acceptable and even expected. Permission to name the projections and unconscious dynamics that operate within the working system facilitates discussions about the impact of the work and fosters professionals' capacity to focus on their primary task of caring for vulnerable young people.

6. Conclusion

Children and young people in the care and youth justice system are the most vulnerable in our society. Their needs are complex and they require well trained, highly skilled and well supported professionals to help them navigate their way in life. This study has again highlighted the need for training and interagency collaboration. It has also highlighted the high level of professionals' commitment to trying to improve the lives of the young people they work with. However, without awareness of the cumulative impact of working with trauma and direct support for this work, there is a danger that despite professionals' commitment, young people will be further traumatised. Although this study was conducted

with a small sample of Irish professionals, the themes identified reverberate throughout the international literature. The complexity of need of young people in the care and youth justice systems and the challenges of interagency collaboration are acknowledged as universal phenomena in this field. While the adequacy of system responses varies from one cultural context to another, the awareness and recognition of the potential impact of how the system responds to young people is not dependent on resources. The role of vicarious traumatisation in the context of care and youth justice services should be acknowledged, and integrated strategies developed to address the impact of working in these contexts on professionals alongside changes in service development.

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