



An Roinn Leanaí
agus Gnóthai Óige
Department of
Children and Youth Affairs



LISTEN

TO OUR

VOICES!

**HEARING CHILDREN AND YOUNG PEOPLE
LIVING IN THE CARE OF THE STATE**

Report of a consultation process

Department of Children and Youth Affairs





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VOICES!**

HEARING CHILDREN AND YOUNG PEOPLE
LIVING IN THE CARE OF THE STATE

JULY 2011

DEPARTMENT OF CHILDREN AND YOUTH AFFAIRS

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Dr. Martine Smith, senior lecturer and Head of Department in Clinical Speech and Language Studies, Trinity College, Dublin, conducted the separate consultations with young people with significant disabilities and reports her findings in Chapter 14 of the report.

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MINISTER'S FOREWORD

I am pleased to launch this report on the consultation process with children living in the care of the State, called *Listen to our voices! Hearing children and young people living in the care of the State*.

In the *Report of the Commission to Inquire into Child Abuse* (2009), Justice Ryan recommends that '*children in care should be able to communicate without fear*'. In response, the Government's *Implementation Plan* committed the former Office of the Minister for Children and Youth Affairs (now the Department of Children and Youth Affairs) to conducting a consultation process with children in the care of the State and to publishing the findings.

A total of 211 children and young people who live in the care of the State participated in the nationwide consultations for *Listen to our voices!* between January and July 2010. During November and December 2010, a further 9 children and young people with moderate and severe disabilities participated in a separate process that allowed them to give their views. The children and young people involved in these processes ranged from 8 years of age to young adults living in aftercare.

I would like to acknowledge and thank each participant for their bravery and honesty in sharing their experiences, which have given such enormous insight into the lives of young people living in care. I would also like to acknowledge all those who supported the participants to attend the consultations, including social workers, foster parents, parents, key workers and other support staff.

Those who participated in the consultations included children and young people in the care of the State living in foster care (some long-term) and in residential centres, children and young people detained in St. Patrick's Institution and in detention schools, and children and young people living in residential units because of a disability. Young people who had recently left the care system also participated in the consultations.

The report highlights that the strongest criticisms from young people on the care system in Ireland concern social work services and care plan reviews. The young participants propose a range of recommendations, including a review of social work services; more manageable caseloads; more time for social workers to better engage with young people; a re-examination of care plan reviews to allow young people to express themselves in a less intimidating environment; improved assessment, vetting and training of foster families; and the availability of counselling.

A number of other key concerns emerge from this report, including the importance of regular access to birth parents; being treated as 'one of the family' while in foster care; the lack of information available to young people in care, particularly on aftercare services, which are not consistent in all locations; the impact of disruption and multiplicity of placements experienced by young people; and the importance of having even one person or agency to support a young person in care.

When asked about the mechanisms available to them to express their views, young people reported that they are rarely asked for their views or feedback, and that the current mechanisms in place to seek those views are not working for them. This report recommends that the existing structures designed to ensure the voice of the child is heard are reviewed and that a culture of participation is developed in which young people are consulted on the key decisions that affect their lives on an ongoing basis.

Some of the findings and recommendations in this report make for disturbing reading and challenge all of us who are responsible for children in the care of the State to respond to their needs and listen to their voices.

Children who live in the care of the State are among the most vulnerable of all our children. As Minister for Children and Youth Affairs, I am committed to working with the agencies responsible for children living in the care of the State to ensure they are treated with the utmost respect and love they deserve and that they are given the best possible opportunities in life.

Frances Fitzgerald, TD
Minister for Children and Youth Affairs

ACKNOWLEDGEMENTS

A total of 211 children and young people who live in the care of the State participated in the nationwide consultations for *Listen to our voices!* between January and July 2010. For each person to attend and openly give of themselves and their story was a great act of courage. The Office of the Minister for Children and Youth Affairs (OMCYA) would like to acknowledge and thank each participant for their candour and bravery in sharing their experiences, which have given such enormous insight into the lives of young people living in care. In addition, the OMCYA would like to acknowledge all of the people who supported the participants to attend the consultations, including social workers, foster parents, parents, key workers and a variety of other support staff.

The consultations were advised and attended by a Youth Advisory Group (YAG), which was made up of young people who themselves live in the care of the State. The members of the YAG were:

James	Nadine
Craig	Martin
Ciara	Jade
Catherine	

Some of these YAG members also sat on an Oversight Committee, which included representatives from a wide range of relevant Government organisations and non-governmental organisations and which was responsible for overseeing the consultations. The members of the Oversight Committee and the agencies they represent were:

James (Youth Advisory Group)	Aine McGuirk (St. John of God)
Craig (Youth Advisory Group)	Freda McKittrick (Barnardos)
Ciara (Youth Advisory Group)	Jade (Youth Advisory Group)
Catherine (Youth Advisory Group)	Deirdre McTeigue (Irish Foster Care Association)
Yvonne Coyne (Youth Advocate Programme Ireland)	Carmel Murphy (Guardian)
Linda Creamer (HSE)	Fiona Murray (IAYPIC)
Rosemary Cronin (Young Persons Probation)	Ceilí O'Callaghan (formerly HSE)
Jennifer Gargan (IAYPIC)	Mary O'Connor (St. Patrick's Institution)
Sinéad Hanafin (OMCYA)	Anne O'Donnell (OMCYA)
Karen Henderson (Cheeverstown House)	Mairead O'Hora (OMCYA)
Dunia Hutchinson (HSE)	Claire Quinn (formerly HSE)
Carol Lander (Orchard)	Lisa Ryan (HIQA)
Jeanette Lever (HSE)	Orla Ryan (Guardian)
Nadine (Youth Advisory Group)	Eileen Smith (Extern Ireland)
Martin (Youth Advisory Group)	Miriam Uhlemann (Fostering First Ireland)
Alex McCluskey (Guardian)	Aidan Waterstone (HSE)
Olivia McEvoy (Cnag ar an Doras)	Siobhan Young (Irish Youth Justice Service)
Olive McGovern (OMCYA)	

Particular thanks to Linda Creamer (Principal Social Worker), Claire Quinn (then acting Principal Social Worker) and Ceilí O'Callaghan (then Principal Social Worker) of the Health Service Executive (HSE) for their significant efforts to support the process of accessing and informing young people in care about the event, as well as providing an essential de-briefing service after each consultation. The OMCYA is also indebted to Anne Byrne Lynch, Psychology Manager in the HSE Dublin South City, for coordinating a team of psychologists to attend each of the consultations.

The main consultations were delivered by a skilled team of facilitators and project organisers. A careful balance, to ensure that each young person was given appropriate time and attention without overcrowding the space with adults, was achieved while adhering to child protection guidelines. Members of the Project Delivery Team were:

OMCYA	Anne O'Donnell and Olive McGovern
Project Manager and Author of report	Olivia McEvoy, Cnag ar an Doras
Facilitators	Anne O'Donnell and Olive McGovern (OMCYA) Martin Donohoe (Youth Participation Officer, Foróige) Aine Wallace and Adam Wallace (Dare to Stretch)
Programme Administrator	Niamh McCrea

The consultations with young people with severe disabilities were organised and delivered by Dr. Martine Smith of the Department of Clinical Speech and Language Studies, Trinity College, Dublin. The process to include young people with severe disabilities was greatly aided by the support of Karen Henderson, (Cheeverstown House), Linda Finn (St. Michael's House), Aine McGuirk (St. John of God) and Anne Geraghty (Brothers of Charity, Galway).

ABOUT THE AUTHORS

Olivia McEvoy, Cnag ar an Doras, is an independent consultant and lifecoach in the youth and community sectors and works with a variety of Government and non-governmental organisations. She has written a number of other reports for the OMCYA, including:

- *Teenage Mental Health: What helps and what hurts?* (2009);
- *Report on Teenagers' views on solutions to Alcohol Misuse* (2007);
- Youth-friendly versions of *Teenspace: The National Recreation Policy for Young People* (2007);
- *Report on the consultations with teenagers on the issues to be considered by the Minister for Children when examining the age of consent for sexual activity* (2006).

She has been the independent evaluator of the Comhairle na nÓg Development Fund since 2008 and of the OMCYA's Children and Young People's Forum since 2007. She was also the independent evaluator of the OMCYA's Inclusion Project in 2008 and 2009.

In addition, she has conducted a number of projects for Belong To, Growing Up in Ireland, OPEN, YouthBank and Youth Work Ireland.

Further details are available on www.cnagarandoras.ie

Olivia McEvoy was the Project Manager for the Listen to our voices! consultation project and is the author of Chapters 1-13 of this report.

Dr. Martine Smith is a senior lecturer and Head of Department in Clinical Speech and Language Studies, Trinity College, Dublin, where she lectures on developmental speech and language impairments. Her research focuses primarily on the nature and impact of severe communication difficulties associated with physical and cognitive impairments.

She is a Past President of the International Society for Augmentative and Alternative Communication and has worked extensively with children and adults who communicate using pictures and computer-based voice output systems. She has published widely in international peer-reviewed journals and is the author of *Literacy and Augmentative and Alternative Communication* (2005).

She has undertaken many collaborative research initiatives with educational and health service agencies in Ireland and is currently a mentor to the *youngballymun* project, supported by the OMCYA. She is also advisor to the Literacy and Numeracy Subgroup of Dublin City's Children's Services Committee.

Further details are available on www.tcd.ie/slscs/clinical-speech-language

Martine Smith is the author of Chapter 14 of this report (Young people with significant disabilities).

EXECUTIVE SUMMARY

During 2010, the Office of the Minister for Children and Youth Affairs (OMCYA) conducted a consultation process with children living in the care of the State. The project was called *Listen to our voices! Hearing children and young people living in the care of the State*.

In the *Report of the Commission to Inquire into Child Abuse (2009)*, Justice Ryan recommends that 'children in care should be able to communicate without fear'. The Government's *Implementation Plan*, brought out in response to the recommendations in the Ryan Report, committed the OMCYA to conducting a consultation process with children in the care of the State and to publishing the findings.

The objectives of the consultation process were to seek the views of children and young people in the care of the State, in detention and in residential services for children with a disability on the issues that matter to them, to explore existing mechanisms for children and young people to express their views and to make recommendations on future structures to be established for children and young people's voices to be heard. Advised and assisted by an Oversight Committee that included the HSE and a number of organisations that work with children and young people living in the care of the State, the OMCYA also worked with a Youth Advisory Group to help establish and support the consultation process.

The key questions posed to ascertain the views of young people in care were:

- What are the most important issues for young people in care?
- What services and supports are in place for young people in care and, of those, what works well and what does not work well?
- What recommendations do young people have on the way the systems and supports should work and on ways that young people in care should have their voices heard?

The aims and objectives of the consultations were:

- to seek the views of children and young people in the care of the State on the issues that really matter to them and on which they would like to be heard;
- to explore existing mechanisms for children and young people to express their views;
- to make recommendations on future structures to be established for children and young people to express their views.

A significant challenge in organising the consultations was accessing young people in care, especially in foster care. It must be noted that, despite a number of strong interventions by senior HSE personnel in support of the consultation process, a very disappointing number of children in foster care were informed about the consultations. Due to the absence of a comprehensive database of young people in care, the only mechanism for contacting such young people was via their social workers. Since not every young person is receptive to information coming from their social worker, alternative routes had to be found to contact young people directly and encourage them to participate. A number of non-statutory agencies, working with and advocating for young people in care, were enlisted and assisted in the promotion of the consultations and the recruitment of young people (see *Acknowledgements*). Thus, following an arduous recruitment process, a total of 211 children and young people took part in the consultations between January and July 2010. Young participants included those in the care of the State living in foster care (some long-term) and residential centres, children and young people detained in St. Patrick's Institution and in detention schools, and children and young people in residential units because of a disability. Young people who had recently left the care system also participated in the consultations.

The difficulty in accessing children and young people in foster care resulted in a disproportionate number of young people in residential care and detention facilities taking part in the consultations. However, as this was a consultation process and not a research study, the views of all the children and young people who took part are valid and add strong value to the provision of a better understanding of the care experience for children and young people.

Fifteen consultations were held in Cork, Dublin, Galway and Sligo. A separate parallel process for young people with moderate to severe disabilities was also conducted, with consultations taking place in Dublin, Meath and Galway.

The consultations were run in an informal, open and safe manner. Creative methodologies were devised to cater for the diverse cohorts of participants so that they could be empowered to express their views, depending on their level of ability and interest. The participants were very open and articulate in expressing their views on a myriad of issues pertaining to care. Despite their diversity, there was a remarkable consistency in the common themes and issues identified during the consultations as important to the participants. Among these themes and issues were:

- the complexity and importance of regular access to birth parents and siblings;
- being treated as 'one of the family' in foster care;
- the importance of assessment and vetting of foster families, as well as their compulsory training;
- the lack of information available to young people in care, particularly on aftercare services, which are not consistent in all locations;
- the impact of disruption and multiplicity of placements experienced by young people;
- the importance of having even one person or agency who will listen and 'be there' to support a young person in care;
- issues about confidentiality, privacy, constant record-keeping and the difficulties in gaining consent for relatively normal activities.

The strongest criticisms coming from participants concerned social work services and care plan reviews.

Having identified their key concerns and issues, the young participants made recommendations on how to improve the lives of children in the care of the State and how to ensure that their voices are heard. These included:

- a review of social work services, which would ideally lead to social workers having more manageable caseloads and more time to better engage with the young people on that caseload;
- a re-examination of care plan reviews, which would result in a system that would better allow young people to express themselves in a less intimidating environment and have an input on decisions impacting their lives in care;
- improved assessment and vetting of foster families;
- compulsory training for foster families;
- increased information on a variety of issues, such as the care system itself, organisations that support young people in care and aftercare services;
- availability of counselling.

When asked about the mechanisms available to them to 'express their views' or what allowed them to 'have their voice heard', it was apparent that this notion was alien to many participants. They reported that they are rarely asked for their views or feedback, and that the current mechanisms in place to seek those views are not working for them. This report recommends that the existing structures designed to ensure the voice of the child is heard are reviewed and that a culture of participation is developed in which young people are consulted on the key decisions that affect their lives on an ongoing basis.

Despite struggling with the possibilities of what it might mean to 'have your voice heard', the participants formulated a number of very practical key recommendations on future structures to better enable young people to express their views and have their voices heard. These recommendations included:

- an official 'forum' made up of young people from a variety of care settings, which would work towards positive change for young people in care;
- regular peer support meetings of young people in care at regional level;
- a dedicated support telephone line;
- a 'mentor' for each young person in care.

The young people in detention schools and in St. Patrick's Institution also identified a number of issues of importance to them. These included the significant role that alcohol and drugs play in their lives, as well as the lack of freedom, privacy, facilities and services available to them in detention settings. The lack of respect from staff was also of considerable concern to young people in detention. These participants also made recommendations for the future of young people in detention settings, almost all of which pertained to their practical needs, such as improved facilities, freedom and privacy. However, in relation to having their voices heard, they suggested:

- being treated like human beings (St. Patrick's Institution) and being respected by staff;
- having a representative group to bring the views of young people to management;
- having someone to talk to who does not work in the detention setting;
- having a visit from the Minister for Children and Youth Affairs to discuss relevant issues.

The report concludes that the agencies responsible for children in the care of the State must listen to the voices of the consultation participants and, more importantly, heed their recommendations.

1. INTRODUCTION AND OVERVIEW OF THE CARE SYSTEM IN IRELAND

Consultation process

The Government's *Implementation Plan* of July 2009 in response to the *Report of the Commission to Inquire into Child Abuse* (the 'Ryan Report' of May 2009) recommended that '*children in care should be able to communicate concerns without fear*'. One of the 'actions to be taken' under this recommendation was that: '*The OMCYA will conduct a consultation exercise with children and young people in the care of the State. A working committee will examine methods of communicating with young people in care and detention settings, and ways of establishing permanent forums.*'

To this end, the Office of the Minister for Children and Youth Affairs (OMCYA) spearheaded a consultation process during 2010 with children living in the care of the State, called *Listen to our voices! Hearing children and young people living in the care of the State*.

The aims and objectives of the consultations were:

- to seek the views of children and young people in the care of the State on the issues that really matter to them and on which they would like to be heard;
- to explore existing mechanisms for children and young people to express their views;
- to make recommendations on future structures to be established for children and young people to express their views.

The consultations engaged with children and young people receiving long-term, non-episodic care under the Child Care Act 1991 or the Children Act 2001 in foster care, residential care, detention schools and St. Patrick's Institution, as well as with separated children seeking asylum, children with disabilities and young people who had recently left the care system. A total of 211 children and young people participated in 15 consultations held in Cork, Dublin, Galway, Sligo and Meath.

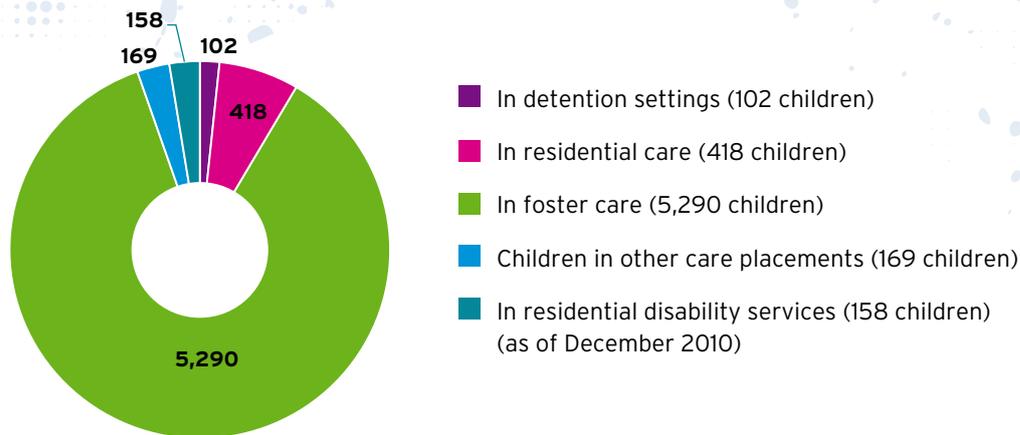
Because the consultations were geared towards young people themselves using their own voice to express their views and opinions, this excluded some disability groups. To this end, a parallel process for groups of young people with disabilities who are living in care but who cannot communicate without considerable support was established. Findings from these consultations are given in Chapter 14.

The children who took part in this consultation process fall into the following three categories:

- **Children in care**
 - Foster care
 - Residential care
 - Separated children seeking asylum
 - Young people who have recently left the care system
- **Children who are detained**
 - Detention schools
 - St. Patrick's Institution
- **Children not in the statutory care of the State but cared for by State agencies or funded services**
 - Children with disabilities living in residential care

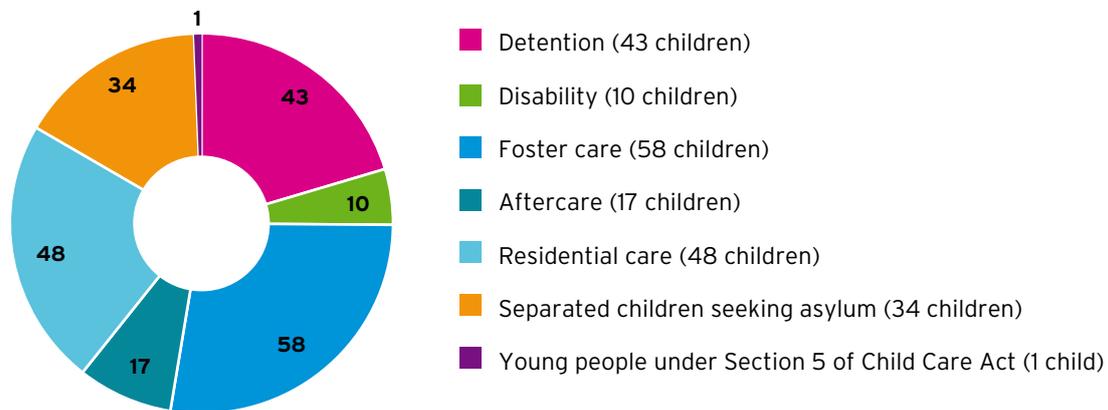
Based on statistics for July 2010, there were a total of 5,877 children in the care of the HSE (see *Figure 1*). This can be divided into 418 children in residential care; 5,290 children in foster care; 169 children in other care placements (this includes separated children seeking asylum); 102 children detained in a Child Detention School or in St. Patrick's Institution; and 158 children living in State-funded agencies on the basis of a disability (as of December 2010).

Figure 1: Total number of children living away from home in the care of the State, in detention settings and in disability services (July 2010)



The 211 children and young people who participated in the consultations came from a diverse group of State care facilities, as shown in the breakdown given in Figure 2.

Figure 2: Participants in the care of the State who took part in the consultations



A separate consultation process was delivered for young people who could not attend the main consultations because of a severe disability and/or difficulty communicating. Nine additional young people took part in this process (see *Chapter 14 for full report*).

Structure of report

The report consists of 14 chapters. Following this introduction and overview of the care system in Ireland:

- *Chapter 2* describes the design and implementation of the consultations.
- Part 1, consisting of *Chapters 3-9*, provides the main outcomes and analysis of the consultations with each cohort of young people in care or in aftercare.
- Part 2, consisting of *Chapters 10-11*, provides the main outcomes and analysis of the consultations with young people detained on remand or in detention.
- Part 3, consisting of *Chapters 12-13*, examines the many common themes identified by the young people in care, despite their diversity of backgrounds, and draws a number of conclusions, with recommendations for the future.
- Part 4, consisting of *Chapter 14*, provides the main outcomes and analysis of the consultations with young people who had significant disabilities.
- The *Appendix* gives details of the consultations held - the number and age range of participants in each care or detention setting, and the date and location of each consultation.

Legislation governing children in the formal care of the State

The primary legislation regulating child care policy for children at risk or in the care of the State is the Child Care Act 1991. Under this Act, the Health Service Executive (HSE) has a statutory duty to promote the welfare of children who are not receiving adequate care and protection. The definition of 'a child' is a person under 18 years of age, who is not or has not been married.

Types of care

If a child is in need of care and protection and is unlikely to receive it at home, then the HSE has a duty to ensure they receive appropriate care, including being subject to a care order.

Voluntary care: In cases where parents are unable to cope due to illness or other problems, they may agree to their children being taken into the care of the HSE. This is known as voluntary care. In these cases, while the HSE has care of the children it must consider the parents' wishes as to how the care is provided. The HSE is obliged to provide care for these children for as long as their welfare requires it. Based on HSE statistics for 2009, 65% of children were admitted to care voluntarily and voluntary admittance was the reason for approximately 48% of children being in care.

Care Orders: The HSE has a number of options when dealing with children who are at risk or who are in need of care. It may apply to the Courts for a number of different orders, which give it a range of powers on care planning and care placements. The following is a summary of these orders:

- Supervision Order - maximum of 12 months, but may be renewed. This type of order gives the HSE the right to visit and monitor a child in their own home.
- Emergency Care Order - maximum of 8 days in care.
- Interim Care Order - a period not exceeding 28 days, but may be extended.
- Care Order - can continue up to the age of 18.
- Interim Special Care Order - maximum of 28 days, but may be extended.
- Special Care Order - The HSE may apply for this type of order where a child needs to be detained for their own safety and protection. The HSE must convene a family welfare conference before applying for the order, which allows the HSE to detain a child where it is deemed by the Court that this is necessary for the safety and protection of the child. It authorises the HSE to provide appropriate care, education and treatment in a special care unit. The order will initially be for a period between 3 and 6 months, and may be extended. Special Care Orders may be varied by the Court on its own initiative or by request of the HSE.

Types of care setting

Foster care

Fostering in Ireland means taking care of someone else's child in your own home. When a child cannot live with his or her family either on a short- or a long-term basis (be it due to illness in the family, the death of a parent, neglect, abuse or violence in the home), the HSE, where possible, will place a child in foster care. The majority of separated children seeking asylum are now placed in foster care.

Foster care in Ireland is governed by the Child Care Act 1991 and the Child Care (Placement of Children in Foster Care) Regulations 1995. In addition, the National Standards for Foster Care 2003 have a major role to play in ensuring that foster care placements are adequately supported and that children in foster care receive the best possible care.

The Child Care (Placement of Children in Foster Care) Regulations 1995 require that a Care Plan for the child be drawn up. This sets out, among other things, the support to be provided to the child and the foster parents, and the arrangements for access to the child in foster care by parents or relatives. The Health Information and Quality Authority (HIQA) inspects the HSE's provision of foster care services.

Many children in foster care have been living with their foster families for most of their lives. Others have shorter placements, for example, if placed in care in an emergency while a Care Plan is being developed with long-term plans. Two-thirds of children in foster care live with non-relative carers.

Where a child is in need of care, the HSE will, in the first instance, seek a suitable relative or person known to the child to provide relative care. Relative carers go through an assessment and approval process, in a similar way to general foster carers. The child is allocated a social worker who visits regularly and a Care Plan is developed and reviewed regularly based on the needs and wishes of the child.

As of July 2010, of the 5,877 children and young people in the care of the HSE, 1,733 (29.5%) live in foster care with a relative and 3,557 (60.5%) live with foster carers (see *Figure 3*).

Residential Care

For young people who are unable to live at home or in an alternative family environment, residential care may be considered suitable. Residential care can be in a home run by the HSE or by a voluntary or private company. All residential centres are inspected. Children may be placed in residential care for the following reasons:

- assessment;
- to keep sibling group together;
- specialist treatment;
- own preference;
- care and behavioural needs best catered for in a residential setting.

It is the policy and practice of the HSE not to place children aged 12 years and under in residential care unless for exceptional reasons. Standards for children in residential care are governed by the National Standards for Residential Care (Department of Health and Children, 2001). The HSE residential centres are subject to inspection by the Health Information and Quality Authority (HIQA), while the non-statutory centres are registered and inspected by the HSE.

In October 2010, there were 161 residential units in the country. The great majority of these are children's residential centres, based in domestic houses in the community. Included in this number are 3 Special Care Units, 10 High Support Units and hostels providing short-term accommodation for homeless young people.

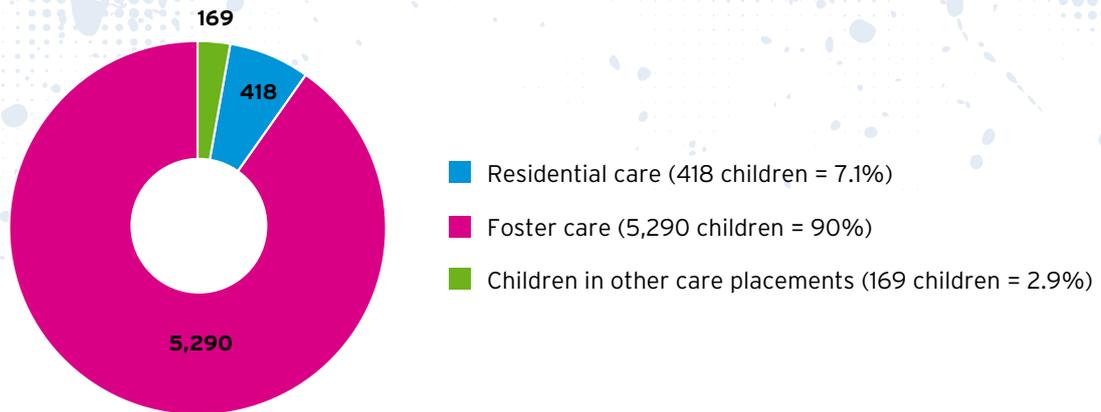
Aftercare

Aftercare is recognised as a key element in achieving positive outcomes for young people leaving care and has been developed to assist young people in care in bridging the transition from care to independent living in the community.

It is the responsibility of the HSE to determine whether a young person is deemed to be in 'need of assistance' on leaving care and for this to be recorded in the Care Plan. Where a young person is considered to be in need of assistance, the HSE should make a rational determination of the nature, duration and quantum of assistance to be provided. For some young people, this could involve accommodation, financial and emotional support, while for others it could be emotional support only or practical assistance at key times. For some young people who have been living in long-term foster care, their aftercare support may be financial in terms of managing third-level education.

The OMCYA directed the HSE in June 2010 to provide aftercare when a Care Plan has identified the need.

Figure 3: Children in the formal care of the State, by category (July 2010)



Source: Information from HSE Supplementary Report, July 2010

Types of detention care setting

The legislation dealing with children found in breach of criminal law is contained in the Children Act 2001 (amended by the Criminal Justice Act 2006). The policy basis for this legislation is that children in conflict with the law should only be detained as a last resort. There are many community-based measures that must be explored and exhausted before detention can be considered.

Children Detention Schools

Former Industrial Schools and Reformatory Schools are now called Children Detention Schools and are overseen by the Irish Youth Justice Service, which is part of the Department of Justice. There are three Children Detention Schools that are considered suitable to detain remanded and committed children. Under Section 142 of the Children Act 2001, a Court may impose a period of detention on a child. Boys under 16 years of age are detained in a children detention school, as are girls until they are 18 years. Boys aged 16 and 17 are detained in St. Patrick's Institution.

On exact dates in May and June of 2010, there were a total of 54 children detained in the Children Detention Schools (see Table 1). Only boys under age 16 and girls under age 18 at the time of being remanded or committed by the Courts can be remanded in these detention settings.

Table 1: Children Detention Schools

	Trinity House (as of 13 May 2010) ¹	Oberstown Boys (as of 27 May 2010) ²	Oberstown Girls (as of 4 June 2010) ³	St. Patrick's Institution (for 28 July 2010) ⁴
Capacity	27	20	12	<i>not applicable</i>
Occupancy	28	18	8	59
Age range	12-16 years	10-16 years	10-18 years	16-18 years

¹ Details extracted from HIQA Inspection Report, ID No. 393

² Details extracted from HIQA Inspection Report, ID No. 396

³ Details extracted from HIQA Inspection Report, ID No. 397

⁴ Details provided by the Irish Youth Justice Service, 28th July 2010

Places of detention

Boys aged between 16 and 17 on remand or following a conviction are sentenced to St. Patrick's Institution. Young boys up to the age of 21 are also detained there. On 28th July 2010, there were a total of 59 boys under 18 years of age detained in St. Patrick's (see *Table 1*). Of these, 41 were sentenced and 18 were on remand.

A new national development detention facility for children under the age of 18 is planned for development at the Oberstown Detention School site in north Co. Dublin. When completed, the new facility will eventually accommodate all boys under 18.

Children with disabilities cared for by State agencies or funded services

Children with disabilities may also live in residential centres. This is usually for one of two reasons: either to avail of suitable education or because they require specialist support for their disability. There are 158 children living on an ongoing basis in residential disability services (see *Figure 1*), while many more children with a disability spend regular shorter time in residential services on a respite basis. Children in these centres are not in the formal statutory care of the State. From time to time, a child in statutory care with a disability may be placed in such a residential centre where a foster carer is not available to them.

2. DESIGNING AND IMPLEMENTING THE CONSULTATIONS

The consultation exercise was a complex process that required considerable expertise, sensitivity, time and resources. The design and implementation of the consultations was also an organic process, which learned from and adapted to the needs of the participants. There were a number of elements to the design and implementation of the consultations and these are detailed below.

Establishing and supporting the consultation process

A number of support structures were established to oversee, guide and implement the consultation process:

1. Oversight Committee

An Oversight Committee of relevant Government and non-governmental organisations was established (see *Acknowledgements for membership of the Oversight Committee*). A sub-group of this committee participated in an OMCYA procurement process to appoint a project manager who would organise the consultations in partnership with the OMCYA. The Oversight Committee comprised a number of key stakeholders, playing various roles, including:

- **The HSE:** The HSE Principal Social Workers on the Oversight Committee agreed to drive the process to access and invite the young people to participate in the consultations, particularly the consultations for young people in foster care. To this end, both the Principal Social Workers on the Oversight Committee and the Assistant National Director for Children and Families conducted conference calls with all Principal Social Workers, encouraging them to prioritise the consultations and ensure that every young person in care received an invitation and had the opportunity to attend the consultations. Social work teams were also encouraged to actively support the consultations.
- **Organisations representing young people in care:** A number of organisations representing or working with young people in care sat on the Oversight Committee to lend their expertise and advice. The Project Manager met with each member of the Oversight Committee that represented one of the cohorts of young people that were to be consulted with. These meetings were devised to glean background information on each cohort of young people and also to seek advice on how best to generate interest among young people in that care setting, as well as to generate support among the organisations and staff that would be key to ensuring the participation of those young people.

2. Youth Advisory Group

A Youth Advisory Group (YAG) made up of young people from a variety of care settings was also established (see *Acknowledgements*). These young people were recruited from the OMCYA's existing Children and Young People's Forum (CYPF) and from the Irish Association of Young People in Care (IAYPIC) - now called Empowering Young People in Care (EPIC). The young people had experience of foster care and residential care, and one young person was a separated minor seeking asylum in foster care. The role of the YAG was to advise the Project Manager and Project Delivery Team on the methodology used in the consultations, as well as on a host of practical matters. The YAG was facilitated to help design the logo used for the consultation and they also chose the name and tagline for the consultations: *Listen to our voices! Hearing children and young people living in the care of the State*. They also selected the style and contents of the 'goody bag' that was presented to each participant at the end of each consultation. Members of the YAG attended each of the consultations, with the exception of those with the younger age groups (aged 8-12), young people who had recently left the care system and young people in the Detention Schools. Some YAG members also sat on the Oversight Committee.

3. Project Delivery Team

A skilled Project Delivery Team was established, including facilitators with experience of:

- using creative methodologies;
- facilitation of young people in care;
- facilitation of young people with behavioural challenges;
- conducting consultations with young people.

The Project Delivery Team was involved in devising the methodology and programme, as well as delivering the consultations. Two members of the OMCYA Participation Team played an integral role on the Project Delivery Team.

4. Child Protection Measures

Child protection arrangements were put in place for all the consultation venues and carried out in accordance with the OMCYA's Child Protection Policy and Code of Behaviour for working with children and young people.

In addition, a HSE psychologist was on site at each of the consultations in the event that the discussions would cause any personal upset for any of the participants. Any participant who wanted to had the opportunity to discuss their issues with the psychologist on a one-on-one basis rather than in the group setting.

A local HSE Principal Social Worker also conducted a de-briefing session with the Project Delivery Team immediately after each consultation. This session allowed members of the team to raise any concerns about child protection issues or any other significant issues with the Principal Social Worker and to have these concerns addressed as quickly as possible.

5. Other support mechanisms

Additional supports were also provided whenever necessary, including childcare facilities and special dietary arrangements.

Accessing and recruiting young people in care for the consultations

Selection of participants

It was agreed by the Oversight Committee that the consultations would engage with children and young people receiving long-term, non-episodic care under the Child Care Act 1991 or the Children Act 2001 in the following care settings:

- foster care;
- residential care;
- children with disabilities living in residential care;
- detention schools;
- St. Patrick's Institution;
- separated children seeking asylum;
- young people who had recently left the care system.

While it was envisaged that the majority of consultations would take place with young people aged between 13 and 17 years of age, there was also provision to conduct consultations with young people in foster care aged 8 to 12 years and with those who had recently left the care system aged over 18.

Taking advice from the HSE, a process was established to access and invite all young people living in the care of the State to the consultations. An information package was sent to every social worker via the Principal Social Workers, containing background information, a poster targeted at young people in care and relevant consent forms. A youth-friendly version of the package, with an invitation letter from the Minister for Children and Youth Affairs, was also included for every young person in care.

These information packages were also sent by the Irish Association of Young People in Care (IAYPIC), the Irish Foster Care Association (IFCA) and the Irish Association of Social Care Workers to their many members. In addition, packages were sent to every residential unit and hostel, as well as to aftercare centres and any other relevant organisations.

For some of the consultations, the participants were selected from the more limited pool available such as those in the Children Detention Schools and in St. Patrick's Institution.

Accessing young people in care

While the OMCYA had the full support of the HSE (including many Principal Social Workers and Social Workers) and many other organisations in promoting the consultations among young people in care, it proved extremely challenging to actually access young people in care, particularly those in foster care. Indeed, it is likely that the invitation to participate in the consultations simply did not reach every young person in care for the following reasons:

- It is quite a complex process to access and get the information to young people in care. The absence of a centralised database meant that young people in care could not be contacted directly and necessitated accessing young people via their social worker.
- Although every case is different, there are often a number of gate-keepers and other complex factors that make it difficult to access young people in care, particularly those in foster care. As social workers have many other priorities, encouraging young people to attend the consultations was some way down their list. In light of all these factors, it would have taken significantly more time than was allocated to access all of the young people in care and it would have been useful to have the option of inviting young people in care independent of the available time of social workers, who have so many other pressing priorities.
- Not all young people are receptive to information coming from the HSE or their social worker. It became apparent throughout the consultations that many young people do not have a positive experience of the HSE or a positive relationship with their social worker. Other participants associated their social worker with separation from family, difficult or changing placements, and other negative situations. As a result of these difficult relationships, young people in care were sceptical of any consultation that they perceived to be organised by the HSE or in conjunction with their social worker.

Although most of the consultations were very well attended, the notable exception was for the consultations involving young people in foster care, resulting in the postponement of some of these initial sessions. Given that the majority of young people who live in the care of the State live in foster care, this was a worrying trend. In a bid to access young people via alternative routes and combat this trend, a number of alternative key stakeholders were identified, including representatives from:

- Barnardos;
- Extern Ireland;
- Fostering First Ireland;
- Irish Foster Care Association;
- Orchard Children Services;
- Youth Advocate Programme (YAP);
- a number of Guardians ad litem.

This group of stakeholders contacted the young people in their care directly and encouraged them to participate. Additional consultation dates for young people in foster care were then made available and the HSE also continued to promote the consultation events.

The collective efforts and support of multiple agencies eventually resulted in some 211 young people who live in the care of the State participating in the *Listen to our voices!* consultations. However, despite these additional and considerable efforts, the complex gate-keeping of and decentralised access to young people in care most certainly prevented countless other young people in care from participating.

Limitations of the recruitment process

In addition to the 'access' issues related above, there were a number of other issues that made it extremely challenging to recruit young people in care, including:

- Not all young people who live in care actually identify themselves as 'being in care'. For many, this is because they have lived with a relative for a very long time and they just consider that this is their home and they do not see themselves as 'living in care'. For others, they are uneasy about the situation and expend significant energy hiding the fact that they are in care from their friends. In both these cases, the young people did not want to attend a consultation where they would be identifying themselves as 'being in care'.
- Some young people experienced difficulties gaining 'consent' to attend the consultations. As emerged in the consultations, gaining 'consent' is a considerable issue for young people in care in general and providing a 'signed consent form' for the consultations was sometimes an arduous process.
- Feedback to the consultation organisers from social workers and other personnel close to young people in care indicated that some young people were simply not interested in participating because their experience of sharing their opinions and views had generally not resulted in any positive change.
- There were a number of situations where 'work to rule' applied for adult support workers. Because the consultations were not seen as core activity, the support workers were not in a position to support the young people to attend the consultations.
- Based on advice from the YAG as well as experience from previous consultations, it was decided to hold the bulk of the consultations on weekdays. By and large, young people are usually more willing to give up a school day rather than a weekend day, when they are more likely to be working or pursuing a hobby of their choice. Previous attempts to attract young people to consultation events on weekends were not successful so the majority of the consultations were held on weekdays. However, feedback from some of the adult support workers suggested that young people in care miss quite a number of days at school for 'care plan reviews' and 'access visits', as well as generally leading more complicated lives, so it was therefore difficult to justify missing another day at school.
- A small number of young people had recently participated in the consultations for HIQA's 'Draft National Quality Standards for Residential and Foster Care Services for Children and Young People' and the OMCYA consultations were perceived as being too similar.

Methodology

The consultations were held in youth-friendly venues wherever possible, with the exception of those in St. Patrick's Institution and the Children Detention Schools where the choice of venue was limited to the on-site facilities available. Using the same general format, the consultations posed a number of key questions under three headings for young people in care, namely:

- **Experiences of young people in care**
 - What is important?
 - What would you change?
- **Care systems, services and supports**
 - What and who do you identify as supports while in care?
 - Of those systems, services and supports, what works well?
 - Of those systems, services and supports, what does *not* work well?
- **Recommendations for the future**
 - What are your recommendations for the way systems and supports should work?
 - What are your recommendations for other ways that young people in care should have their voices heard?

The Project Delivery Team used a variety of tools and activities that were most conducive to enabling young people to express their views depending on the age, level of ability, interest and concentration of each particular cohort. These tools included lifelines, body maps, workshops and feedback sessions, as well as a variety of voting mechanisms where young people had the opportunity to weight their votes behind the priority issues for them. Arts and crafts-based activities were used for the younger age groups and with young people with intellectual disabilities. The methodology and toolset used for the consultations were part of an organic process that was subject to constant self-evaluation by the Project Delivery Team, as well as the young people from the Youth Advisory Group who advised throughout the process. Based on this evaluation and learning, the methodology was devised and revised as necessary, with different tools used in each consultation as appropriate.

Characteristics of the young people who participated in the consultations

Many of the participants who took part in the consultations were extremely vulnerable and hurt. In addition to being angry with their families and the care system, they were also hurt by their perception that they had been let down and rejected by both. However, the 211 participants were also inspiringly open, honest and afforded enormous trust to the facilitators and their fellow-participants in sharing their experiences at the consultations. This trust is remarkable given the fact that so many young people in care have difficulty in trusting adults, often because they have had that trust betrayed in the past.

However, some young people displayed extremely challenging behaviour, while a number of others provided some level of behavioural challenge. This was by no means limited to the young people in St. Patrick's Institution or other detention settings, but was a factor in each consultation delivered. The challenging behaviour took the form of disruptive behaviour and attention-seeking, as well as some attempts to bully or intimidate others or influence the voting process in some way, all of which required careful management by the Project Delivery Team. Indeed, even the young people who did not present significant behavioural challenges still required considerable focus, time and attention due to the fact that they were sharing information about a very sensitive and often painful aspect of their lives.

In light of the above, it was fortuitous that larger numbers did not attend the consultations since the Project Delivery Team needed to afford as much time with and attention to each participant as possible. Naturally, the participation levels of each young person was different: in some instances, many participants did not want to leave the consultations at the end and did everything to linger with the group and Project Delivery Team for as long as possible, while one consultation had to be cut short because the level of interest and concentration by the participants had diminished.

The role of alcohol and drugs in the lives of the participants cannot be discounted. Although none of the young people were under the influence of alcohol or drugs while participating in the consultations, it became evident that alcohol and drugs played an important role for many, particularly as a form of escapism, evidenced by the fact that access to alcohol or drugs featured in some of the votes on the 'most important issues' when in care.

Although a suitably expert and appropriately gender-balanced Project Delivery Team was in place to cope with the participants' behaviour, the characteristics of the participants did influence and provide some limitations on the tools used in and outcomes of the consultation process.



**PART 1:
CHILDREN IN CARE
OR AFTERCARE**

3. YOUNG PEOPLE AGED 8-12 IN FOSTER CARE

There were four consultations with young people aged 8-12 in foster care, two of which were held in Dublin and one each in Cork and Sligo (see *Appendix*). The young people were supported to attend by their foster parents and social workers, as well as by a number of agencies such as Extern Ireland, the Youth Advocate Programme (YAP) and the HSE.

Methodology

The same methodology was used in all four locations, utilising creative methodologies to explore:

- what structures, services and supports were in place to make young people in foster care feel safe and happy;
- who young people in foster care rely on, go to for help and are listened to by;
- what is not good about living in care or any worries young people had about living in care;
- young people's wishes for the future.

For the purposes of the report, the outcomes from all four consultations are amalgamated to provide for collective analysis.

Overall analysis

The most striking aspect of all of the consultations with young people aged 8-12 was the air of positivity that marked each one. While it could be argued that those who were supported to attend by foster parents, support groups and social workers were more likely to be settled and happy, the participants had largely positive experiences to report about their care setting.

Supports and people to rely on

The first exercise was designed to elicit what support structures were in place for young people in foster care and who they went to for a 'helping hand', who they could 'talk to' and who listened to them. A number of support structures were also mentioned throughout the second exercise. The outcomes from the four consultations would indicate that there are a number of support structures in place, including the following:

Birth family: With limited exception, most young people living in foster care still had contact, or aspired to have contact and/or further contact, with their birth family. In a number of instances, the participants aspired to live with their parents again, particularly if the parents had issues with alcohol or drugs or were imprisoned. In these instances, the young people felt that once these issues were addressed, they would be able to return 'home' to live with their parents and the rest of their family. However, even where these issues were not apparent, a number of young people still aspired to return home to live with their parents. This was most apparent when asked about their 'dreams' and the majority of (care-related) answers pertained to '*go back and live with my family*', as well as to see their parents more. In any event, the participants still regarded their parents as one of the most significant supports in their lives and still relied on them to 'talk to', for help and to listen to them.

Siblings were also of special importance and the young people reported a tremendous bond between siblings, as well as an overwhelming will to 'remain together' in care. Where this did not prove possible, it caused particular anguish and sadness and there were many instances where young people had a number of siblings that they did not know, did not get to visit or did not know anything about. They also 'dreamed' of seeing their siblings more than they did.

The importance of the extended family unit (including aunts, uncles, grandparents and cousins) should also not be underestimated. Even where participants did not consider their birth parents as a support, many felt supported by the wider family unit.

Foster family: Foster families were also a bastion of support for the vast majority of participants. Foster parents and foster siblings featured high among those who listened to the participants, as well as those who they would go to for a 'helping hand' or if they had a problem. This was due to the positive treatment of young people in foster families, where the participants felt they had a structure in their lives and were supported and loved. This more 'structured' life included one in which they had imposed bedtimes, were encouraged to go to school every day and had '*proper food*', especially when '*foster parents know your favourite foods*'. Of paramount importance was to be '*treated the same as their own kids*', with many participants saying they liked their foster family '*because they are kind and treat me like their own child*'. In addition, the majority of the participants felt that they had a better lifestyle living with their foster parents, including going on trips and holidays, being allowed a pet and playing more games and activities. This is not to say that all participants were entirely happy with their foster family, with a small handful of participants '*not sure if the foster family wants me to be there*'. One participant also reported that '*you are afraid to ask for food in foster homes*', while another felt that '*you should be able to write a letter to your foster family to tell them about things [you are not happy about] as it is too hard to say it to their face*'. In addition, despite the overwhelmingly positive disposition towards foster families, there were some participants who still wanted to move back to their own families and worried about their foster families asking them to live with them on a permanent basis.

Social workers: Without question, the most positive remarks about social workers came from this cohort of young people aged 8-12. These young people identified social workers as people whom they could talk to if they had a problem or go to for a 'helping hand' or simply as someone to listen to them. At this age, it was clear that those participants who had a social worker saw them as a support and positive force in their lives. The impact of this is that these participants found the change of a social worker to be very traumatic. In one instance, a social worker had brought two siblings in care to meet her replacement social worker and explained to them the reason for the change; while the young people were '*still sad*', they felt that '*at least we understood why this was happening*'.

Worries and restrictions in care

As part of the 'Identity box' exercise, participants were asked what they did not like about being in care, what were the limitations of being in care and what they worried about while in care. The key areas can be captured under four headings, namely:

Disruption: The majority of foster children spoke of the level of disruption in their lives that came from moving house, family and school. The most keenly felt loss was '*the loss of friends*' and '*saying goodbye to friends*', especially when they were not able to explain why they were moving. In addition, the participants felt that '*you can't settle if you keep moving*'. Many of the participants also spoke of the disruption in their lives when living with their birth family: in numerous incidents, this was perceived as due to alcohol and/or drug abuse.

Family-related issues: '*Being away from family*' and waiting to see family for long periods were significant worries for the participants. Even in instances where siblings were in contact with each other and knew where each other lived, there was a sadness that they were not allowed to '*stay over*' with each other. The strain of some relationships with birth parents who '*say things that upset you during visits*' or whom they cannot see without the presence of a social worker were also limitations and worries identified by the young participants.

Difficulties created by being in care: The majority of the difficulties created for this 8-12 year-old cohort centred on difficulties in making friends and being '*picked on*' by friends and other peers for being in care. Many of the participants did not share the fact that they were in care with their friends because '*you have to keep being in care a secret from your friends, otherwise they would slag you about being in care*'.

Intolerable behaviour: The participants also listed an array of behaviours that their foster parents did not tolerate, but which their parents might have, such as '*giving cheek*' and '*going to bed late*'. A small handful of boys admitted that they would be involved in criminal behaviour if they were not living with their foster families: '*I'd be robbing bikes and cars if I was living with my parents - they didn't care, but my foster parents do.*'

Wishes for the future

Like the question on 'dreams', some answers focused on wanting to 'live with my Mum and Dad and live a normal life', as well as having more visits with parents and family. Conversely, others wished to 'stay with my foster family'. In terms of 'having your voice heard', there was widespread agreement that there should be more meetings between young people in foster care since it helped them to 'feel listened to' and to learn from other young people who 'understood'.

Consultation outcomes: Key issues

Body map exercise

The participants were asked to complete sections of a body map in different stages, responding to particular questions at each part of the body. While the majority of the answers given pertained to their care situation, some answers pertained to other aspects of their lives. The questions and responses are listed below, with the responses about their care situation given first and unrelated answers briefly summarised.

MOUTH: Who are all of the people you talk to if you want help with a problem?

Family	Other
<ul style="list-style-type: none"> ● Dad (10 responses) ● Mam (12 responses) ● Foster Mam and Dad (10 responses) ● Parents ● Uncle (3 responses) ● Auntie (3 responses) ● Grandad (2 responses) ● Family (2 responses) ● Sister (2 responses) ● Gran ● Brother 	<ul style="list-style-type: none"> ● Social workers (8 responses) ● Teacher (4 responses) ● Friends (3 responses) - 'My friends make me happy' ● Harry (my dog) ● My best friend ● My YAP worker ● Have a laugh with my friends ● Garda

EARS: Who listens to you?

Birth parents	Birth family	Foster family	Other
<ul style="list-style-type: none"> ● Dad and Mum (14 responses) ● My dad - bit more time ● My sister, foster Mam and my Mam (listen) 	<ul style="list-style-type: none"> ● Sister (6 responses) ● Sister and cousins ● Cousin (5 responses) ● Brother (4 responses) ● My Auntie (4 responses) ● Uncle (4 responses) ● Grandad (2 responses) 	<ul style="list-style-type: none"> ● Foster parents (6 responses) ● Foster sisters and brothers (2 responses) ● My great foster parents ● All my foster family (2 responses) 	<ul style="list-style-type: none"> ● Social worker (6 responses) ● Friends (4 responses) ● Everybody (3 responses) ● My two families (2 responses) ● Teacher (2 responses) ● School Principal ● Me ● My YAP worker ● Youth worker

HANDS: Who do you go to for a helping hand when living in care?

Parents	Family	Other
<ul style="list-style-type: none"> ● Foster Ma and Da (10 responses) ● Dad and Mam (8 responses) ● Mum (2 responses) ● Family, real family 	<ul style="list-style-type: none"> ● My big sister all the time ● My auntie X and uncle Y ● Sister (3 responses) ● Brother (2 responses) ● Auntie (2 responses) ● Family (2 responses) ● Foster sister 	<ul style="list-style-type: none"> ● Social worker (8 responses) ● My social worker comes to my house - talks to me, brings me to Planet! ● Friends (4 responses) - 'They come and say to bullies: pick on someone your own size' ● Teachers (2 responses) ● Harry (dog) ● My YAP worker ● Youth worker ● Garda ● Shopkeeper

HEART: What makes you feel happy?

Family	Other
<ul style="list-style-type: none"> ● Foster family (5 responses) ● Talking with my foster parent ● Mam and Dad (4 responses) ● Seeing my Mam ● My family (2 responses) ● My family make me really happy ● Being with my Mam and sister ● Being with my Mum ● My brother (3 responses) ● Being with my brother ● Sister (3 responses) ● Seeing my sister 	<ul style="list-style-type: none"> ● Talking about care - like today (5 responses) ● Picture of 'me' and 'Mom' ● When my auntie buys me things ● Sport ● Friends ● Food ● Shopping ● Keeping busy

ARMS: What helps you feel safe in your life in care?

Family	Places and things	Other people
<ul style="list-style-type: none"> ● Family (6 responses) ● My sister ● Grandad ● My Ma/Mum ● My nanno ● My auntie (2 responses) ● Foster Mam and Dad (5 responses) ● Foster family (4 responses) ● My foster dad makes me feel safe the most ● Brothers ● Talking to my brother makes me safe ● Being with my brother makes me safe ● My uncle and aunt ● They help you do things (uncle and auntie) 	<ul style="list-style-type: none"> ● Living in my auntie's house I feel safe all the time ● Social workers ● Both my houses ● Everywhere at home ● My bedroom ● My best friend's house ● Talking to others, especially social workers ● Not worrying about my foster parents as I worried about my Mum and Dad drinking and not remembering me ● When my Dad is NOT around ● My fists - I only hit people when they hit me ● Pets 	<ul style="list-style-type: none"> ● Social worker (5 responses) ● My friends (2 responses) ● Counsellor ● Youth workers

HEAD/SHOULDERS: What are your dreams?

Family-related issues	Other
<ul style="list-style-type: none"> ● To live with my brother ● For everyone to live with their mum and dad - so you can have a life ● Go back to live with my family (2 responses) ● To move back with my family soon ● To see my big sister and brothers more ● Seeing my Dad more ● Get a baby sister ● Find out about my Dad 	<ul style="list-style-type: none"> ● Be a social worker ● To have the same social worker ● Foster children when I'm older ● Open crèches after college ● Participants also mentioned a vast array of careers that they aspired to, as well as a world 'without school and full of pizza!'

LEGS: What do you like to do - hobbies and interests

<ul style="list-style-type: none"> ● Playing with both my families ● Playing cards with foster parent ● Bebo: I can chat to my sister on Bebo. It helps me keep in touch. ● Participants also listed an inexhaustible list of hobbies and interests, such as sport, shopping, make-up and playing games.
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Identity boxes exercise

The participants then moved to a different activity where they explored the positives and negatives of being in care.

What's good about being in care?

Treatment by foster family

- I like living with my auntie - she brings us nice places and I can play with my cousins.
- I like everything about my auntie and uncle - they take care of me properly.
- Give me proper food.
- Proper bedtime.
- We are treated the same as own kids.
- She's very nice and she brings us places.
- Going places with my auntie and cousin is cool. She is the best auntie ever.
- I like my foster family because they are kind and treat me like their own child.
- I like my foster parents.
- I call my foster parents Mum and Dad.
- We have a good life now. When I lived with my real family, it was a rubbish life. My older brother minded me even though he was only 7.
- Foster parents know your favourite foods.
- Foster parents listen to you when you have problems.
- I like having rules like bedtimes.
- Being treated properly - I wasn't treated properly by my own family but I am treated really well in foster care.
- Better food.
- You go to school every day - it is easier to get an education when you are living in care because your foster family make sure you go to school.
- I like having a bedtime.
- Going to bed when you are told as you get more rest.

Activities and lifestyle

Activities

- Going to the cinema with foster family
- Playing soccer
- We play more games
- Pets at my new home

Holidays

- Go on holiday with my foster family
- You get to go on trips and holidays
- Get to go on holidays - Legoland

Where we live

- Living in the town and the country (2 responses)
- Living in the countryside (2 responses)

Who looks after you?

- My foster Mum and Dad (7 responses)
- My Mam and Dad (5 responses)
- Brother
- Aunties and Uncles
- Friends Dad
- Nanny and Grandad
- Auntie
- Doctor
- Grandad
- My family (proper)
- Garda
- Sister

- Social worker
- Youth worker
- Me (two of the older boys indicated that they looked after themselves especially if there was any trouble or fighting)

Other

- Having a pet
- You sleep better
- Meeting other people and meeting female(s)
- It is fun and exciting
- Having people to talk to if there is anything wrong
- My Dad and Mum are sick and in a treatment unit - it is better the way it is
- I get to live with my sister
- I like it and I don't like it
- Foster is better than residential
- It's good to be with my family until I'm 18 or longer if I want
- I don't feel different
- I love my foster family
- Making new friends
- Meeting new people
- Two lots of parents
- Loads of presents at Christmas - two lots!

What do you NOT like about being in care? What are your worries?

The participants were asked to put any worries they had inside the box. These included:

Disruption

- Loss of friends (2 responses)
- Going back and forward from my house to foster
- Moving school
- Worried when younger about moving
- If you are in foster care with your sister and she does not like it, you both have to move
- Can't settle if you keep moving
- I did not like changing school. I did not take it very well. I really miss them. I want to see them one more time.
- Had to change school
- Saying goodbye to my friends
- I didn't get to say why I was leaving
- It was really frightening when you had to change school
- I can't tell my friends I live with my auntie - I don't want to tell them or they will probably spread it
- I sometimes feel different
- I don't have a godparent
- My friends know, but they don't tease me

Family-related issues

- Not being with my family
- That I can't live with my brother
- I miss my brother
- Don't like waiting to see my brother for two weeks
- Waiting to see family for three weeks
- Being away from family
- Having to wait three weeks to see family

Difficulties created

- Sometimes you get mocked at school
- It is difficult to make friends
- Sometimes it's difficult to have friends
- I worry that my foster family will ask me to go live with them
- Friends sometimes fight
- Getting picked on by others

Other

- You are afraid of asking for food (in foster homes)
- Not sure foster parents want me to be there
- I was sad when my social worker got changed - my Mum told her it was because she got too emotional about sisters being split up

What can you NOT do when you are in care?

Relationship with birth family

- Get very sad if you see your siblings - it was too much for me to see my sister very often
- I can't see my Dad
- Couldn't talk to real Mum without a social worker (understood why)
- Parents say things to upset you during visits
- Stay over in my sister's house all the time
- Stay over in my brother's house
- You can't have real parents

Intolerable behaviour

- Steal things - if I lived with my own parents, I would be robbing bikes and cars. They didn't care.
- Can't fight - parents wouldn't care, but foster parents do
- Not allowed to go away from the house
- You can't wear your earring
- Can't give cheek (2 responses)
- No lying (2 responses)
- Go to bed late (2 responses)
- Play my Nintendo at night
- Can't drink alcohol
- Curse
- Mess
- Cheat

Wishes for the future

Have your voice heard

- People should get together to have meetings about once a month
- Meetings with young people who live in foster care so that you can understand more
- More days like today where we are really listened to - held often and come if you want
- To be really listened to

Birth family

- That I go back to my Mum and Dad
- Live with my Mum and Dad and live a normal life
- Be back with your Mam
- More visits with parents/relations/to see my family more

Foster family

- Have a good family
- You should be able to write a letter to the foster parents to be able to tell them about things - it's too hard to say it to their face
- Stay with my foster family

Other

- To be in a different area (some areas are really run down and scary)
- To have more rehab centres
- Start my own business (like my foster dad - he is going to teach me to be a welder)
- Live in an estate where there was other young people to play with - we are very far away from everyone and we can't really play games with anyone
- Be allowed to smoke
- Wouldn't change anything - I wish for the same

Some other important points were made during informal conversations, including:

- A number of young people felt that foster families should not be a mix of birth children and foster children *'because you feel left out. They are hugging their parents and you just want to hug your own Mam - it makes you miss your real parents too much'*.
- There should be more rehab centres for people with alcohol issues so that birth parents with alcohol issues can get the help they need and return to looking after their families.
- There were mixed thoughts about care plan reviews. Some had never had one or been to one. Others felt very isolated at the reviews and like they could not say anything, while an older boy felt that he was listened to at his review and that he could make complaints if he wanted to.

Summary

This cohort of young people aged 8-12 was more positive than any other age group about their experiences of the care system. The participants affirmed that they had considerable support mechanisms in place to allow them to be heard and listened to, including their birth family, their foster family and their social worker. However, it is clear that no matter how positive the young people were about their experience of care, they still have considerable 'worries' or concerns. These concerns can be related to their past experiences with their birth family, which were often marred by alcohol and drug abuse, their ongoing relationship with their birth family and the impact that being in the care system has on them.

4. YOUNG PEOPLE AGED 13-17 IN FOSTER CARE

There were three separate consultations with young people aged 13-17 in foster care in Galway, Dublin and Sligo (see *Appendix*). As previously outlined, it proved extremely difficult to access and attract young people in this cohort so only 30 young people participated in total. The young people were supported to participate in the consultations by foster parents, social workers, the HSE and a number of external agencies, such as the Youth Advocate Programme (YAP), Extern Ireland and Fostering First Ireland.

Methodology

The methodology at each of the three consultations was similar to that employed for the 8-12 year-old cohort (see *Chapter 3*). The young people had the opportunity to share some of their life experiences with each other through a lifeline exercise. This was followed by a body map exercise, designed to elicit the most important issues for young people in care and what they would like to change. The young people were then asked to identify the services and supports available to them in the care system and to identify 'What works well?' and 'What does not work well?', before considering their ideas for the future. For the purposes of the report, the prioritised outcomes are presented from each of the consultations individually, before the information is analysed as a whole.

Overall analysis

Many of the issues raised by the young people aged 13-17 in foster care were similar to their younger peers in foster care. However, the older cohort reported additional issues and were also a lot less positive about their overall experience in foster care and overwhelmingly more negative about their experiences of social workers.

Issues of importance

The issues of importance identified by this cohort can be categorised as follows:

Birth family: Having access to one's 'birth family' was considered very important, indeed topping the poll by a sizeable majority as 'most important' in Dublin. However, there were also participants who felt that you should be given a choice at 16 as to whether you had to see your birth family or not because sometimes '*you are sent home and you don't want to go*'. In addition, the participants in Galway felt it was very awkward when you were placed in a foster family very close to your birth family because '*sometimes you see them on the street in town*' and this can be upsetting and awkward. Although there were cases where some young people felt that they should not have been taken away from their birth family, should still be living with them and craved additional access to their birth families, there were also those who bore considerable anger towards their birth families and had limited, if any, interest in continuing to engage with them. While this is a reflection of the diversity of circumstances of young people in care, by and large access to 'family' was seen as something that was both important and positive, with the young people in Dublin feeling that '*parents know and understand you better than anyone*'. There was also a particular keenness from all participants to have access to siblings and the wider family unit. It is notable that having access to family was afforded particular importance in Dublin, where young people indicated that access was in fact quite infrequent since the personnel were not in place to provide supervision or to bring them to visit their siblings.

Foster family: '*Having a good foster family*' and '*being treated as one of the family*' were two of the 'most important' issues that emerged in Galway. In Sligo, all of the 'top three' issues on what was important pertained to foster families, including '*the house you live in*', being able to go on family holidays and '*the foster family you are placed with*'. Having support from a foster family was also seen as something that 'worked well' in Sligo. The participants in Dublin identified a number of negatives about foster families, most notably when '*foster parents don't listen*' and '*when you are left with a foster family that is not working*' (which gained the most amount of votes overall when asked what did not work well - see p. 32).

The participants in Dublin also felt that foster families needed to be more carefully vetted and assessed in the future.

Friends: The presence and role of friends was a very important issue. When young people were asked to identify the services and supports available to them to have their voices heard, 'friends' were identified in all three locations. Indeed, having close friends was voted one of the most important aspects of being in care in both Dublin and Galway, while *'having close friends at school'* also received the most amount of votes when voting on 'what works well' in Galway.

Social workers: While the participants were able to identify positives about the social workers in their lives, particularly outside Dublin (in Galway and Sligo), the young people still had an overwhelming sense of not being listened to, having their confidentiality breached, limited or no consultation between social workers and young people, and *'decisions made independent of what you say or feel anyway'*. Again, when asked to identify the services and supports available to them to help have their voices heard, social workers were mentioned in all three locations. In the two locations where the workshops were thematic and the young people were therefore specifically asked to focus on 'what works well' about social workers, a number of positives were identified, including where a social worker supports and *'looks out for you regardless of the issue'*. *'Getting a straight answer'* from a social worker was also looked on very favourably. However, it was *'when a social worker takes the "right" side and not just the adult concern'* that was given the second highest vote overall on 'what works well' in Galway. Conversely, all three of the overall votes on 'what does not work well' were reserved for social workers, although these issues were not with social workers personally but rather with the system since they perceived that social workers had too many cases and were overworked, were based in different counties to where they lived and were changing constantly. The point about social workers *'constantly changing'* was echoed in Dublin, where the participants also felt strongly that social workers simply *'don't listen'* and *'don't keep confidentiality'*. The Dublin group also concluded that social workers needed to be assessed and evaluated more carefully in the future. While there were many positives identified about social workers, there were many participants who called for the right to choose whether they had one or not because their experience had been so negative. In short, young people felt that they should be able to get support from their social worker when they needed it and that they just needed to know there was someone there to talk to when necessary.

Services and supports in care system

Care plans and reviews: As with other groups of young people in care, there were quite diverse views on care plans and reviews, with some seeing them as an opportunity to have their voice heard and others regarding them as a *'waste of time'* as they were not an opportunity to be heard at all. When asked to focus on the positive or 'what works' about care plans and reviews, the participants in Galway acknowledged them as a *'way of getting what you need'* and *'good for planning for the future'*. However, they also felt that *'sometimes adults don't listen and take over decisions'* at reviews and *'you feel like you are just a number or a file'* after a review. In addition, they voted 'care plans and reviews' as the single biggest thing that 'did not work' in having their voice heard. The participants in Sligo did not have anything positive to say about care plans and reviews, and felt that they were a *'waste of time and were not followed through on'* and more importantly that it was *'very difficult to raise issues when others, e.g. foster parents, were there'*.

Confidentiality and privacy: The lack of privacy and the fact that no information was confidential was a significant concern for many of the participants. In Dublin, the participants felt that their problems were discussed by everyone and that the responsibility for dealing with the issues was shifted from one person to another, resulting in everyone knowing about the issue and a lack of privacy. Indeed, *'not having privacy around your own information'* was considered the second biggest issue that 'did not work' overall in Dublin, with participants citing the fact that *'when you are placed with a new foster family, they know everything about you and you know nothing about them'*. The issue of confidentiality was also something that the participants in Galway voted to change and felt that even in school *'if you share with staff, e.g. the chaplain, it is not confidential'*.

Disruption: The constant disruption of changing placements, *'which means leaving your family, losing your friends and having to change your interests'*, was cited as a considerable destabiliser for young people in care. Coupled with the disruption of constantly changing social workers, the participants felt that it was hard to settle. Again, the practical suggestion to *'be kept in the same area so you don't have to change school and lose all your friends'*, even if you had to change family, was made by the participants.

Consent: The issue of consent was also raised, most notably in Galway but all participants spoke of the complexities of getting consent, particularly for school trips and sleepovers. In the cases where the young people had to get consent from their birth families, this proved particularly awkward and cumbersome.

Role of other agencies: The role of other agencies, such as teachers, youth organisations or indeed any person or agency that afforded a young person time, was very significant in the lives of young people in care. Throughout the consultations with this cohort, there was regard for any mentors from agencies such as YAP or Extern Ireland, youth workers, counsellors or teachers that had given them time and listened to them. In Dublin, the '*OMCYA/IAYPIC helping young people in care*' and '*teachers taking an interest*' accounted for two out of the overall top three things that 'work well' to help young people have their voice heard. From the three consultations, it was clear that young people in care did not mind who or what role the person played in their lives as long as they knew that they had one person on whom they could rely, go to for help or be listened to.

Recommendations for the future

The participants had many recommendations for the future. Some of them pertained to the care system itself, including having more social workers who were more carefully evaluated as well as more foster families that were more carefully vetted and evaluated. In relation to having their voices heard, young people had thoughts on existing services, such as being better consulted on and listened to at care plans and reviews, getting more information on IAYPIC and the Ombudsman for Children, and being consulted on who their social worker is going to be. For new ideas on having their voice heard in the future, it was the recommendation from each of the consultations to '*have more meetings like today*' to give young people in care a chance to meet each other, learn from each other and support each other. In addition, it was also suggested that every young person would have at least one 'mentor' or somebody that they could talk to and a telephone line (like Childline) to be available for young people living in care.

Consultation outcomes: GALWAY

Key issues

The group of 18 was divided into 3 groups, each of which prioritised their 3 top issues about living in foster care. All of these 'Top 3' issues were then presented back to the amalgamated group of participants, who then voted on the 'most important Top 3' issues overall (see *Table 2*).

Table 2: Outcome of voting on 'most important' issues

Issue	No. of votes
Having a good family	2
Have a healthy life	0
Friends	6
To try to understand me and help me with problems	4
Having a good social worker	4
Treated as 'one of the family'	4
Social life/friends	14
More money	7
Not enough responsibility given to young people	4

Most important - Top 3 issues

- Social life
- More money
- Friends

The group went through the same process for what they would like to change in care (see *Table 3*).

Table 3: Outcome of voting on 'what would you change?'

Issue	No. of votes
To see 'birth' family	10
To be 'listened to'	4
Access to family and people close to you	5
Confidentiality for young people in care	8
More freedom for young people in care	12
More consultations with young people in care	1
Being consulted on decisions	4
Not being moved all the time	0
Sharing good experiences so you can learn from them	5

What to change - Top 3 issues

- More freedom for young people in care
- To see 'birth' family
- Confidentiality

Having your voice heard

Services and supports

The participants were asked to identify the services and supports available to them that helped them have their voice heard and to have their say. These included:

- Social workers
- Youth work/Care organisations
- Family
- School
- Care plan/review

Each of the services and supports identified by the young people was then discussed thematically in workshop settings to determine what works about each one and what does not work.

How do you currently have your voice heard? What works?

The participants prioritised 3 issues in each workshop, which were then collated before the participants had the opportunity to vote on all of these prioritised issues to determine an overall Top 3 (see Table 4).

Table 4: What works well?

Issue	No. of votes
Social workers: When social workers take you for a free lunch	0
Social workers: When the social worker takes the 'right' side, not just whatever is the adult's concern	8
Social workers: When social workers make something happen for you	0
Family: Once you turn 16, you should have a choice whether you see your family or not	4
Family: Financial support from family	1
Family: Some birth families are sound	0
School: Having a mentor	0
School: Having a 'time-out' room or space to deal with things in school	3
School: Having close friends in school	13
Care plan/review: Care plan is good for planning the future	2
Care plan/review: The care plan is a way of getting things that you need/want	3
Care plan/review: You have a say in it	0

What works well - Top 3 issues

- Close friends in school
- When the social worker takes the 'right' side, not the adult's side
- Once you turn 16, you should have a choice whether you see your family or not

How do you currently have your voice heard? What does NOT work well?

The participants were then asked to reflect on what mechanisms for having their voice heard currently did not work (see Table 5).

Table 5: What does NOT work well?

Issue	No. of votes
Social workers: You are kept with a social worker than you don't like	0
Social workers: Talk about you behind your back	0
Social workers: Don't listen to you	5
Family: Sometimes you have to go to your birth family for consent - the consent process is too complex	4
Family: They are the people with problems	6
Family: You might still see your family on the street, which is awkward and upsetting	1
School: If you share with staff (e.g. the chaplain), it is not confidential	0
School: Bullying because you're in foster care	4
School: Getting consent/permission to go abroad or on school trips is very difficult	5
Care plan/review: Feel like you're just a number or file	5
Care plan/review: Sometimes adults don't listen/take over decisions	8
Care plan/review: Too much delay in action	0

What does NOT work well - Top 3 issues

- Care plan/review: Sometimes adults don't listen and take over decisions
- Family: They are the people with problems
- Care plan/review: You feel like you are a number or file OR
School: It is too hard to get permission to go abroad or on trips OR
Social workers: Don't listen to you

How would you like to be able to have your voice heard in the future?

The young people then briefly discussed how they would wish to be able to express their views in the future. None of the ideas pertained to having your voice heard directly, but related to the care system directly. These ideas included:

- That everyone has parents (i.e. birth parents who mind them)
- See your parents more
- No bullying in school
- Be kinder to foster kids
- That everyone is happy in their foster home
- See brothers and sisters more
- Harder for children split up from brothers and sisters
- Go on holidays to old foster carers

Consultation outcomes: SLIGO

Key issues

The group of 5 young people in Sligo included 3 who were non-EU nationals and therefore had some particular issues pertaining to their situation, which influenced the voting on priority issues. However, the group worked together to determine the following priority issues:

Most important - Top 3 issues

- The house you live in
- Family holidays - being able to go on them
- The foster family you are placed with

What to change - Top 3 issues

- Money - 'The allowance we get is small and we are not in a position to earn extra because of non-EU status'
- Not allowed to go to university because we are non-EU members and there are expensive fees
- Not being accepted by foster family you are placed with

Having your voice heard

Services and supports

The young people in Sligo identified the following services and supports as important mechanisms to have their voice heard:

- Social worker
- Youth project
- Care plans/reviews
- Youth club
- Foster families
- School
- Community
- Some teachers
- Friends
- Aftercare worker
- Family
- Guardian ad litem
- YAP

How do you currently have your voice heard? What works?

As the small group of participants were working together in one group, they had a general discussion about what worked and they then prioritised their Top 3 issues:

- **Foster family**
 - Support from family (foster)
 - Foster family is your family (they are there for you)
- **Social workers**
 - Feeling social worker is there to support you
 - If social workers look out for you, regardless of the issue
 - Getting a straight answer makes life easier
- **Care system**
 - Aftercare helps to prepare for independence
 - Link to a person that you know or can trust
 - Reviews can be useful in terms of contact/making decisions
 - Being consulted in relation to changes/moves
 - Discussing issues to try and sort them out

What works well - Top 3 issues

- Discussing issues to try and sort them out
- Aftercare helps to prepare for independence
- Link to a person that you know or can trust

How do you currently have your voice heard? What does NOT work well?

Care plans

- A waste of time and not followed through on
- Very difficult to raise issues when others (e.g. foster parents) are there

Social workers

- Social worker being overworked and being based in a different county
- Social worker has too many cases
- Social worker changing constantly

Disruption

- Being moved to new areas, which means leaving family/friends/interests

What does NOT work well - Top 3 issues

- Social worker has too many cases
- Social worker being overworked and being based in a different county
- Social worker changing constantly

How would you like to be able to have your voice heard in the future?

The ideas for the future largely related to the care system, although it was suggested to have 'more meetings to share experiences with people like you and also to effect change'. The other prioritised issues included:

- College - put in place systems so that international young people can go to college
- More social workers
- Social workers should check on foster families (vetting and assessment)¹

Consultation outcomes: DUBLIN

Key issues

A group of 7 young people in Dublin worked in 2 groups to establish and prioritise the 'most important' issues (see Table 6).

Table 6: Outcome of voting on 'most important' issues

Issue	No. of votes
To see your family/have access to your family	11
To be happy	2
To have access to friends	9
To have someone to talk to	5

Most important - Top 3 issues

- To see your family/have access to your family
- To have access to friends
- To have someone to talk to

The group also discussed and prioritised what they would change about the care system (see Table 7).

¹ All foster carers are required by regulation and standard to be Garda-vetted. In many instances, participants used the words 'vetting' and 'assessment' interchangeably.

Table 7: Outcome of voting on 'what would you change?'

Issue	No. of votes
To choose whether you want to have a social worker	3
To choose whether you should be in foster care or not	8
If social workers suspect abuse, you should be moved and asked about it	5
Try to be kept in the same area when being moved - avoid double disruption	3
If you tell your social worker or anyone else about your problems, they should deal with it instead of passing the problem on	2
Seeing your social worker when needed	6

What to change - Top 3 issues

- To choose whether you should be in foster care or not
- To see your social worker when needed
- If social workers suspect abuse, you should be moved and asked about it

Having your voice heard

Services and supports

The young people in Dublin were able to name a plethora of services and supports available to them to have their voices heard, including:

Youth workers	Lucena Clinic
Social workers that listen and their teams	Barnardos
Gardaí	Foróige
Key workers	Counsellors
Parents	Psychologists
Foster parents	Care plans/reviews
YAP	ISPCC
Extern	Teachers
OMCYA	Ombudsman for Children
Solicitors	Childline
HIQA	Family
IAYPIC	Friends
HSE	

How do you currently have your voice heard? What works?

The participants worked in 2 groups and were asked to identify what ways currently worked to have their voice heard or express their views. The main points identified fell under the following headings:

- **Family and friends**
 - Relatives - sisters and brothers, cousins, aunts, uncles
 - Parents know and understand you better than anyone
 - Foster parents who listen and understand and are strict in a good way
 - Friends help and listen to you
 - Being part of the family in your foster home
- **Care system**
 - Social workers that listen and understand
 - A social worker that listens and that you can trust
 - Reviews because you know what is going on
 - Counsellors when they listen and keep confidentiality
 - Counsellors/psychiatrists (as long as you find the right one)
- **Other agencies**
 - Teachers taking an interest
 - Friends' parents and supportive friends
 - Organisations, such as ISPCC, Childline, Barnardos, IAYPIC, Extern, Ombudsman for Children
 - Youth workers - bring you out and let you talk
 - Key workers - good fun, great help, good tips on life (YAP/Extern)
 - Lucena Clinic - helped me with all my problems

The participants then prioritised these issues in their workshop settings, before taking an overall vote on 'what works' when living in care (see *Table 8*).

Table 8: What works well?

Issue	No. of votes
Parents know and understand you better than anyone	8
Relatives, e.g. aunts/uncles/brothers/sisters	1
OMCYA/IAYPIC helps young people in care	9
Teachers taking an interest	4
Friends' parents/supportive friends	3
Feeling part of the family in foster home	2

What works well - Top 3 issues

- OMCYA/IAYPIC helps young people in care
- Parents know and understand you better than anyone
- Teachers taking an interest

How do you currently have your voice heard? What does NOT work well?

- **Social workers**
 - Social workers who don't listen and who don't keep confidentiality
 - Tell social worker something and everyone is given the information
 - Changing social workers regularly
 - Not getting support you need from social workers when you need it - they are too busy interfering in things that aren't important
- **Care system**
 - Care plans and reviews
 - When you are not listened to at a review
 - When you have to finish with your youth worker (YAP)
 - When the counsellors don't keep confidentiality
- Being sent home (to birth family) when you should not be
- No say in relation to aftercare
- Moving around placements/not having stability
- Not having privacy around your own information
- Lack of privacy
- **Foster family**
 - When foster parents don't listen
 - When you are not treated like part of the family when in foster care
 - Feeling that you are being treated differently
 - When you are left with a foster family that isn't working
 - Life when you arrive with a new family

These issues were then prioritised by the participants in their workshops, before being collated for an overall vote (see *Table 9*).

Table 9: What does not work well?

Issue	No. of votes
Social workers who don't listen and don't keep confidentiality	7
When your foster parents don't listen	2
When you are left with a foster family that isn't working	8
Not having privacy around own information - when you arrive at a new foster family and they know everything about you	8
Social worker not there when you need them, but there to interfere in silly things	2
Life when you arrive with a new family	0

What does NOT work well - Top 3 issues

- When you are left with a foster family that isn't working
- Not having privacy around your own information - when you arrive at a new foster family and they know everything about you
- Social workers who don't listen and who don't keep confidentiality

How would you like to be able to have your voice heard in the future?

Both groups then discussed their recommendations for the future and how they would like to be able to express their views:

- Meetings for other young people in care
- Telephone line/support personnel specifically for young people in care
- Young person consulted and listened to in care plan/review
- More information on IAYPIC/Ombudsman for Children
- Open days/newsletters for young people in care situations - these need to be country-wide and not just Dublin
- Being consulted on who your social worker is going to be, particularly if a change is happening

Other ideas for the future, not necessarily pertaining to 'being heard' but which were also considered important, included:

- Foster parents to be more carefully evaluated
- Social workers to be more carefully evaluated
- All foster children to have an option to have a youth worker/group
- One person/service to deal with an issue rather than everyone being informed
- Constant change in social workers - should be obliged to fulfil a certain length of contract

The participants then prioritised their issues in each of the workshops, before having an overall vote (see Table 10).

Table 10: Recommendations for the future

Issue	No. of votes
Meetings with other young people in care, like today's meeting	10
All foster children to have an option of a youth worker with the likes of YAP/Extern	3
Social workers to be more carefully evaluated	11
Telephone line/support personnel to be available to young people in care on a one-to-one basis	0
One person/service to deal with issue rather than having to involve everyone	3
Having newsletters and country-wide open days from IAYPIC/Ombudsman and other support services to provide information for young people in care	2

Future recommendations - Top 3 issues

- Social workers to be more carefully evaluated
- Meetings with other young people in care, like today's meeting
- All foster children to have an option of a youth worker with the likes of YAP/Extern OR One person/service to deal with issue rather than having everyone involved

Summary

The consultations with young people aged 13-17 in foster care yielded a significant volume of information about the care system and their experience of 'having a voice'. While the young people recounted many positive experiences or positive aspects of their experiences, the overall outlook was certainly not as positive as the younger age group (8-12 year-olds) in foster care. Again, in addition to providing much negative criticism of the care system, the participants offered many practical suggestions on how these deficiencies might be overcome and the system improved.

5. YOUNG PEOPLE IN RESIDENTIAL CARE

There were two consultations with young people in residential care (one in Dublin and the other in Cork), with a total of 48 young people participating (see *Appendix*). The majority of participants lived in residential units run by the HSE and were supported to attend by their social workers and/or key workers. There were also a number of young people from privately run residential homes who were supported to attend. While there was a diverse age range represented at both consultations, there was a considerable group of young people aged 11-13 in Dublin who were facilitated to have all of their workshops together since their issues and priorities differed somewhat from the older cohort.

At the consultation in Cork, there was also a group of boys from a residential care setting that caters for boys who have a disturbed background and are referred through the Courts or the HSE. As the participants from this setting displayed considerable challenging and disruptive behaviour, they were asked to work together separately, but were brought into the main group during the voting process. The participants from this group used this opportunity to vote as a block, influencing some of the vote outcomes. The challenging behaviour also meant that the Cork group did not have enough time or interest to complete all of the consultation process.

Methodology

The participants in Dublin were asked to 'set the scene' and discuss their general experience before identifying the key issues they wanted to focus on in 'open-space' workshop settings. The issues that were prioritised in each individual workshop were then presented together and the young people voted on an overall 'Top 3' issues. The second set of workshops focused on 'how you have your voice heard' and of those services, supports and mechanisms identified, what worked and what did not work. The participants were then asked to identify any recommendations for having their voice better heard in the future. Again, the prioritised issues from each of these workshops were voted on to produce an overall 'Top 3'.

The consultation in Cork worked towards the same outcomes, but used a slightly different set of tools. For the purposes of the report, the outcomes from the consultations are shown separately, while the analysis is conducted together.

Overall analysis

Issues of importance

While the two groups of young people at the consultations in Dublin and Cork came from diverse residential settings and backgrounds and the challenging behaviour of some young people in Cork somewhat influenced the process and outcomes, there was still considerable commonality in the issues that they believed to be important, some of which are discussed below.

Lack of freedom: The number of restrictions cited by the participants were varied and counted among their biggest concerns with the residential care system. In addition to feeling like they had limited privacy and space for themselves, the participants also felt that the 'curfew' and 'bedtimes' did not work, with participants voting 'bedtimes' as the single greatest issue they would change in Cork and as the top issue that 'did not work well' in Dublin. The younger participants also felt that the rules around 'homework' were too strict, with this issue being cited as the most important issue about living in care, a vote that was heavily weighted by the group of younger participants. Others were upset that in some residential units '*you are not allowed pets*'. They also felt limited in the number of hobbies or activities that they were allowed to participate in or have the necessary monies to fund. Voted the second most important issue while living in residential care as well as being the top recommendation for the future, restrictions around 'TV and video games' and the 'Internet' pervaded a number of conversations. Indeed, many participants cited this as the single biggest reason that they were 'different' at school since they did not have access to these facilities for homework purposes or socially. Moreover, it was the fact that '*friends who don't live in care don't have the same rules*' that informed a lot of the upset around their perceived lack of freedom.

Residential unit setting

- **Staff:** There were mixed feelings about all staff, including unit managers and key workers. Young people felt that house or unit managers *'listen to you sometimes'* and could help them if they made complaints. However, they also felt that unit managers were *'mean with money'* and *'don't interact with children and young people'*, only *'telling you bad things'*. There was also a sense that *'staff tell you one thing and do another'*. Nevertheless, most people felt that having a key worker was very important, particularly because they could *'sort out small problems'*, and this was voted as the second most important thing that *'works well'* in Dublin.
- **House meetings:** The experience of house meetings was also mixed, with many participants feeling that house meetings could work well in ensuring young people in residential care settings had their voice heard *'particularly in some settings'*, while others felt that *'there are too many people there'* to have your voice heard.
- **Complaints system:** There were two separate mechanisms identified to make a complaint: either via a complaints sheet or through the house manager. There was general agreement that making a complaint to the house manager could help with small problems, but in general it *'takes too long for complaints to be sorted out'*.

Social workers: The participants in both consultations identified social workers as people who could be a 'service and support' available to them in residential care. Discussing 'what works' about social workers in Cork, the participants spoke of how social workers *'buy you presents'* and *'get you family visits'*, but perhaps most importantly, *'if you get a good one, they work well'*. However, the attitude towards social workers was predominantly negative, with social workers topping the overall vote on 'what does not work well' in Cork and gaining the third largest vote in Dublin. This was coupled with a sense that *'social workers do not listen'* and were mostly around when *'you are being moved around the place'*. However, when asked for recommendations for the future, it is interesting to note that the participants in Dublin felt that there should be more social workers and that young people should have more of a say in the role that they play in their lives. It is also interesting that one of the workshops identified the fact that *'young people feel that social workers are responsible for us going into care'*, which might explain why some of the young people feel so negatively disposed towards social workers in the first instance.

Other

- **Family and friends:** Both family and friends played an extremely important role for young people in residential care. While most people in residential care cited the importance of access to family, the boys in the 'special care unit' who were detained for long periods afforded particular importance to *'family visits'* and *'family, who bring you what you need'*. In addition, people felt that *'brothers and sisters'* are often the ones who *'will listen to your problems'*. However, in the workshops on 'family and friends', it was the role and importance of friends that was most striking. The role of friends accounted for the Top 3 overall votes on 'what works' in Cork, with participants feeling that they could *'trust their friends'* who *'give you advice'* and that ultimately *'friends can be like family to you'*.
- **Aftercare:** The majority of participants reported that they had a fear of aftercare and had no information on what being in aftercare involved. They had heard that *'you can't move in with people you know'* and *'you are not allowed contact staff from previous care units'*, and apart from going to college, which is the *'only thing to look forward to'*, they were hugely fearful of what aftercare would entail and indeed if they would have an aftercare service.
- **Money allowance:** The money allowance afforded to young people in residential care was voted as the single most important issue at the consultations in Cork, while those in Dublin felt that they did not have enough money for *'activities and hobbies'*. In addition, when voting on their recommendations for the future, the participants in Dublin gave an overwhelming majority of votes to having *'more pocket money'*.

Recommendations for the future

The outcomes from the overall vote on 'recommendations for the future' pertained to issues about school, Internet access and money. However, when discussing recommendations on how they would like to be able to express their views, the discussion centred on social workers and having a say in the role social workers played in their lives. The participants also suggested that social workers, principal social workers, parents and young people should all meet together to discuss an issue when it arises.

Consultation outcomes: DUBLIN

Key issues

The main issues identified by the participants for discussion in workshop settings were:

- Activities
- Aftercare
- What it is like to live in a residential unit
- Rules/lack of freedom
- Family and access

Because of popularity, two workshops each were held on 'Activities' and 'Rules', while there were no participants for the workshop on 'Family and access'. The topics were discussed in workshop settings where the participants were asked to prioritise their issues, which were then presented to the group as a whole. The group then voted on their overall Top 3 'most important' issues (see Table 11).

Table 11: Outcome of voting on 'most important' issues

Issue	No. of votes
Home rules: Hate the cleaning rules in the house	1
Home rules: Rules to do with homework are shite	19
Home rules: Rules are made for your own good/are not bad	2
Lack of freedom: Friends who don't live in care don't have same rules. They have more freedom	6
Lack of freedom: Room checks - cleanliness and room searches ²	4
Lack of freedom: Not allowed pets in some places	2
Staff: Don't get time to spend with staff you like	1
Times: Curfew times are all different	3
Living with others: You can't get the staff's attention when others are behaving badly/crazy	1
Video/Internet/PlayStation/TV restrictions	12
More actual PlayStations/video games	1
Money is a problem for activities	3
Cannot contact staff from old house/former care (when you're in aftercare)	1
Aftercare: Cannot move in with people you know	1
Aftercare: Looking forward to college, but no information on anything else	7
Activities: Access to Internet is limited depending on where you live	4
Activities: Hobbies should be encouraged and sometimes paid for	3

Most important - Top 3 issues

- Unfavourable homework rules
- Video/Internet/TV restrictions
- No information on aftercare

The issue of '*Lack of freedom: Friends who don't live in care don't have same rules*' was a very close fourth in this final 'vote off'.

² Under HIQA standards, room checks are not permitted unless there is an identifiable risk. In this case, the young person should be told of the room search and have the option to be present.

Having your voice heard

The participants were split into three groups, but for the purposes of this report the outcomes from the groups are merged.

Services and supports

The participants identified a number of services and supports or other mechanisms to have their voice heard in their lives, including:

- Key worker
- Social worker
- Family (if you have access)
- Care plan
- House manager/staff
- Psychologist
- Friends
- Complaints sheets/systems
- House meetings

How do you currently have your voice heard? What works?

The participants were then asked, of those identified services and supports, what ways helped them to have their voice heard or express their views. The main points identified fell under the following headings:

<ul style="list-style-type: none"> ● People <ul style="list-style-type: none"> • Having a key worker - fixes small problems • Complaining to the house manager • Speaking with parents who go to the social worker on your behalf • Childline • Chatting with friends 	<ul style="list-style-type: none"> ● Other <ul style="list-style-type: none"> • Listening to music • New rules • House meetings - particularly for some situations
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At the end of each workshop, the participants prioritised their Top 3 issues, which were then presented back to the main group for voting on the overall Top 3 issues (see *Table 12*).

Table 12: What works well?

Issue	No. of votes
Having a key worker	14
Childline	10
Listening to music	37
Complaints system to house manager	2
House meetings	1
New house rules can be good	6
Chatting with your friends/support makes you feel better	6
Speaking with parents who approach social workers on your behalf	2

What works well - Top 3 issues

- Listening to music
- Having a key worker
- Childline

How do you currently have your voice heard? What does NOT work well?

The participants were then asked to reflect on what mechanisms for having their voice heard currently did not work. While many of the responses were relevant to this question, others pertained to more general issues, particularly those from the younger age group:

- | | |
|--|---|
| <ul style="list-style-type: none"> ● Residential Unit related issues <ul style="list-style-type: none"> • House meetings - they are not realistic about what they expect you to do and there are too many people there • Bedtime is too early • Punished for doing things and for not doing things ● People <ul style="list-style-type: none"> • Staff - telling you one thing and then doing another • Psychologist • Parents | <ul style="list-style-type: none"> ● Care system <ul style="list-style-type: none"> • Care plans • Social workers change every few months so you can't get to know them and there are not enough meetings with them • Complaints - it takes too long to get them sorted out |
|--|---|

Again, the participants prioritised the most important issues for presentation back to the main group, which then voted on the overall Top 3 (see Table 13).

Table 13: What does not work well?

Issue	No. of votes
Bedtime	18
Sanctions/punishment	6
Punished for not doing things	8
Complaints sheets	4
Social workers	11
House meetings	3
Staff telling you one thing and doing another	15
Not being listened to	6
Complaints take too long to be sorted out	1

What does NOT work well - Top 3 issues

- Bedtime
- Staff telling you one thing and doing another
- Social workers

How would you like to be able to have your voice heard in the future?

The groups were asked if they were 'Minister for the day' or 'had a magic wand', what would they put in place to make sure their views and voices would be heard in the future. Again, while the group of younger boys focused on immediate issues such as the Internet, pocket money and school, the older age group did identify a number of wishes for the future, including:

- Independent living with the supervision of a social worker
- Dealing with complaints more promptly
- More say in the role of a social worker
- More social workers
- Social worker, principal social worker, parents and young people to all meet together to discuss an issue
- Young people should be allowed to choose to attend all or part of their review

As in the previous sessions, the participants prioritised their issues in each of the workshops, before voting on an overall Top 3 in the wider group (see Table 14).

Table 14: Recommendations for the future

Issue	No. of votes
Internet/stuff about Internet	15
More pocket money	35
No school	8
Complaints - deal with them quickly	3
More say in social workers' role and in what they do	7
More choices in our lives	5
Social worker, principal social worker, parents and young person to all meet together and discuss an issue	1
Young person should be allowed to choose to attend all or part of their review	1

Future recommendations - Top 3 issues

- More pocket money
- More Internet access
- No school

Consultation outcomes: CORK

Key issues

Using a body map exercise, the participants were facilitated to establish 'what was important' about living in care and what would they change about living in care. Two of the groups were from the residential setting for boys who are referred through the Courts or the HSE, and who had particular issues relating to their residential care. In addition, the challenging behaviour of this group of boys and other boys at the consultation influenced the selection of issues and especially the outcome of the voting process. The groups then came together to 'vote off' on what were their Top 3 overall 'most important' issues (see Table 15).

Table 15: Outcome of voting on 'most important' issues

Issue	No. of votes
Bag of weed	14
Counsellor	1
Freedom	9
Staying in contact with family	3
Living close to home	1
To be able to go home to see family	3
To have your own phone	0
Money allowance	16
Spend time on your own	3
Social workers who understand where you are coming from	2
Going home every weekend	5

Most important - Top 3 issues

- Money allowance
- Bag of weed
- Freedom

The groups went through the same process discussing 'what would you change?' about living in care. Again, two of the groups focused on issues particular to a detention setting. The outcomes from the workshops and the subsequent voting are shown in Table 16.

Table 16: Outcome of voting on 'what would you change?'

Issue	No. of votes
Pottery class (no more drawing)	7
Town privilege (everyone should have one)	5
Bedtimes should be later	21
Being involved in decisions about your life	3
Closer relationship with family	10
Units should be in suitable settings	1
To be allowed to smoke in residential home (openly)	3
Social worker (needs to be less posh, stop telling what we can't do)	0
To be able to get a job	1
Talk to adults about rules (smoking rules)	2
Confidentiality - more private time	3
More time to go out on your own	4

What to change - Top 3 issues

- Bedtimes should be later
- Closer relationship with family
- Pottery class (no more drawing)

Having your voice heard**Services and supports**

The participants identified a vast array of services and supports or other mechanisms to have their voice heard in their lives, including:

- Key workers
- Complaints sheets/systems
- Social workers
- House meetings
- Family (if you have access)
- Guards
- Care plans
- Judges
- House manager/staff
- Solicitors
- Psychologists
- Probation officers
- Friends
- Youth workers
- Helplines

How do you currently have your voice heard? What works?

The participants in Cork discussed 'what works' and 'what does not work' thematically. Of the services and supports identified, they established the following to be most important and should be discussed in workshop settings:

- Unit managers
- Social workers
- Family and friends
- Counsellors
- Other general supports

The participants first established 'what works' while living in care, before presentation back to the wider group for a vote on the overall Top 3 issues (see *Table 17*).

Table 17: What works well?

Issue	No. of votes
Unit managers: Listen to you (sometimes)	1
Unit managers: Oversee everything	0
Unit managers: House meetings sometimes work	0
Social workers: Buy you presents	5
Social workers: If you get a good one they work well	3
Social workers: Get you family visits	3
Family: Sometimes someone outside is better	0
Family: Brothers and sisters listen to your problems	5
Family: Don't judge you	2
Family and friends: You can trust your friends	8
Family and friends: They give you advice	10
Family and friends: Friends can be like family to you	7
Counsellors: Help you talk about things	1
Counsellors: Help you deal with the past	2
Supports: Psychologist - calms you down when stressed out	1
Supports: Le Chéile/youth worker	2
Supports: Family visits help and they bring you what you need	4

What works well - Top 3 issues

- Family and friends: They give you advice
- Family and friends: You can trust your friends
- Family and friends: Friends can be like family to you

How do you currently have your voice heard? What does NOT work well?

The participants then went through the same process for 'what does not work' (see Table 18).

Table 18: What does not work well?

Issue	No. of votes
Unit managers: Mean with money	8
Unit managers: Don't interact with children/young people	3
Unit managers: They only tell you bad things (about yourself)	0
Social workers: Do not listen to you	9
Social workers: Feel that the social workers are responsible for us going into care	3
Social workers: Are moved around too much	2
Family and friends: I only have a few friends I can trust	0
Family and friends: My family put me into care so I can't trust them	0
Family and friends: Family cannot help you if they are not there/close by	3
Family and friends: Family already know about your life so you have a natural trust	0
Family and friends: Boy/girlfriends are not there for long	6
Family and friends: Boy/girlfriends are not always there to help you	1
Counsellors: Make you feel insecure and below them	3
Counsellors: Very opinionated	1
Counsellors: Tell info to the staff	3
Supports: Male counsellors can be threatening/don't trust them	0
Supports: School	4
Supports: Social worker	14

What does NOT work well - Top 3 issues

- Social worker
- Social workers do not listen to you
- Unit managers - mean with money

Summary

It is clear that young people in residential care perceive a 'lack of freedom' in their residential care settings. It is also clear that while they undoubtedly have a myriad of services and supports in their lives, they have quite mixed feelings and are quite suspicious of whether those mechanisms provide enough safety, support and the vehicle to ensure that their voice is heard.

6. YOUNG PEOPLE UNDER SECTION 5 OF THE CHILD CARE ACT 1991

Section 5 of the Child Care Act 1991 states that: *'Where it appears to a health board that a child in its area is homeless, the board shall enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him.'*

It was the advice of some of the Guardians ad litem that young people under Section 5 of the Child Care Act 1991 might have separate issues to young people in regular foster or residential care, and that it would be useful to conduct a separate consultation for this cohort. However, despite the Guardians ad litem promoting the consultation, only one young person registered to take part in the consultation, through Fostering First Ireland.

Methodology

Determined to hear from every young person that wanted to participate, it was decided to conduct an informal interview with the one young person who registered - a 17-year-old girl. She was essentially asked the same questions as in the other consultations, focusing on the key issues of importance, what services and supports were currently available and of those what worked and what did not work. Lastly, ideas on how better to have one's voice heard in the future were explored with the participant.

Overall analysis

The participant in this interview process had had years of experience of the care system, including the gamut of care options, and was mature and reflective as she neared the age of 18. While enormously critical of the HSE and the care system, she had nothing but praise for the aspects that proved so positive in her life: two foster families *'who loved her'*, her current social worker and Fostering First Ireland (FFI), which organisation continued to offer her support despite no longer being on their books. However, she is effectively counting down the days until she is outside the remit of the HSE.

While this is only the experience of one young person, who lost both parents before she was 7, the evidence is that she had a disrupted childhood in care and has a negative experience of the care system. Now close to 18, she had the insight to offer a broad range of practical improvements to the care system and to ensuring that young people had their voice heard. She was also keenly aware, however, that when younger, she did not have this ability and sat voiceless and intimidated through care plan reviews. Her one hope as she moved towards adulthood is that the HSE would change its care system in line with that already established by FFI because she believed this would afford young people both a positive experience in care and an opportunity to contribute to the decisions that affect their lives in care so significantly.

Key issues

The 17-year-old girl who participated in the informal interview was an extremely open, personable, able and articulate young woman, who had considerable experience of the care system. She had had *'at least 20 and probably more like 30 placements'* over the 11 years she was in care, including stays in foster care, respite care, residential care and supported lodgings, *'even though chopping and changing was never what I wanted'*. She was particularly at home and happy in two of the many foster placements, but was moved from both. It was her view that in both cases the foster parents had wanted her to stay, but this had not been permitted. In one of those cases, she had been 15 and was abusing alcohol, and thus considered it *'her own fault'*. But in the other case, she felt there had been no reason to move her. At the time of her interview, she was living in respite care, *'but I only stay there a few nights a week - otherwise I stay with friends'*. She has asked to be placed near her sister outside Dublin over the last number of years, but this

request has always been denied. She found this particularly hard to accept since she was keen to have a relationship with her sister and nephews, but did not want to burden her sister by living with her: *'Given that my mum and dad are dead, I don't think it is a lot to ask for to be beside my sister. I can't believe there is not one placement in Wexford.'* Mature and reflective, this young girl was effectively *'living for the day I turn 18. I have been wishing away my life since I was 12 so I am free of the HSE and the care system'*.

Having your voice heard

The participant fully appreciated what it meant to 'have your voice heard' and indeed what it was like *'not to have your voice heard'*. She was able to articulate clearly what had supported her in having a voice and what had prevented that from happening, as well as identifying an array of ideas for how this process could be improved for other young people living in care.

Services and supports

The participant identified a number of services and supports in her life, including:

- Foster parents
- Previous foster parents
- Fostering First Ireland
- Sister
- Social worker (only in the last year and a half)
- FÁS

How do you currently have your voice heard? What works?

The participant was unequivocal that the best way of ensuring that a young person in care had their voice heard was to have them *'in a foster placement where you are part of the family and happy'*. Asked to describe what made for a good foster placement, she described a home where you are *'well looked after'* and *'treated like their own children - no differences'*. But she felt there was one single ingredient necessary for a successful placement - *'Basically I was loved ... and I am still in touch with the two foster families where I was loved.'*

How do you currently have your voice heard? What does NOT work well?

In terms of 'what does not work', the participant felt the situation was much more complex and multifaceted. Among the things she felt did not work in ensuring young people in care had their voice heard, she included:

- **Social workers:** With the exception of her current social worker, who is very supportive, the participant had not had a positive experience of social workers since *'you never see them'* and *'nothing was ever acted on'*.
- **Care plans/reviews:** The participant was quite scathing of care plans and especially the reviews because she felt that *'even if you say what you want, you are not listened to - you are just bribed and told you have to go to school and behave'* and that *'nothing changed as a result of the reviews'*. In addition, her experience was that it was *'mostly bad things spoken about so all you hear about yourself is negative - never the positives'*, claiming that the only positives that she ever heard was at a review when she was with foster parents who loved her. However, she maintained that *'it is like you are not even there'* at a care plan review, particularly when younger.
- **Residential care:** The participant felt that although it was mostly teenagers who are in residential care, the residential care system is totally unprepared for teenage residents and have rules that are unworkable. In residential care aged 16 and 17, *'a support worker came into your room every half hour to make sure you were asleep'*³, which made her feel *'belittled and ridiculous'* and did nothing except *'wake you up every time'*.
- **Supported lodgings:** The participant's experience of the supported lodgings she stayed at was also very poor. She described a situation where *'everywhere is locked - it's like living in a prison, even the kitchen was locked at night'*. Again, she felt that the rules were unreasonable for teenagers, with a curfew of 10pm at weekends.
- **Being 'at risk':** The participant felt that *'there were a lot of times when I was at risk - it is very easy to be at risk'* and that *'at the end of the day, nobody cares where I am'*.

³ According to HIQA standards, a support worker should only come into a room every 30 minutes if a high risk has been identified.

How would you like to be able to have your voice heard in the future?

While the participant was very critical of the HSE and the care system, she also had a number of ideas that could improve the system itself and the prospect of young people in care having their voice heard, including:

● Care system

- There should be more visible campaigns for more carers and placements so there is not such a shortage of foster placements.
- HSE carers should be assessed in the way Fostering First Ireland (FFI) conduct assessments *'as they have much higher standards'*.
- The participant felt that the HSE needs to think the whole care system through in a methodical way, *'like FFI'*. With FFI, *'They do assessments. You have an overnight before you move in with the family. There are family days and links to other young people in care'*.
- The importance of *'access to family'* should not be underestimated - the participant felt that *'if you could just spend more time with your family, you might actually be able to have a relationship with them'*. She was afforded one hour on a Tuesday and Thursday with her family (siblings) and even then felt that *'social workers won't give you a minute with your family and they stay in the room and write everything you say down in a file'*.

● Having your voice heard

- The participant felt that young people should be asked what type of surroundings they want to be in and what type of people they want to live with - and they should be listened to.
- She also suggested that the HSE need to consider what the child wants and the child should then meet the family before going to live there to see if they like you and if you like them: *'I know it sounds easier said than done, but if you don't take those two steps, you are going to be changing all the time and spending time looking for more carers and placements because people won't be happy. There is no point sticking somebody down the country if they hate the country'*.

● Care plan reviews

- The participant felt that care plan reviews needed to be more often than every 6 months because *'things change very quickly when you are in care'*.
- In addition, she felt that while the child should be present at the review, *'they should also have a separate review where there are not so many people and you can speak freely. It is too intimidating to speak in front of all those people'*. She advised that the separate review should only have the social worker, the carer and the child present since *'if there are too many people around the child, they are never going to say anything'*.

7. SEPARATED CHILDREN SEEKING ASYLUM

The HSE defines separated children seeking asylum as 'children under 18 years of age who are outside their country of origin, who have applied for asylum and are separated from their parents or their legal/customary care giver'. Recent reports, as well as those who work with such children, indicate that many of these children have high levels of vulnerability and have experienced gross trauma. Others face problems and challenges on particular issues, including separation and bereavement from family and friends, social isolation, language barriers, emotional and mental health problems, discrimination and racism. In addition, they have to live with the anxiety of possible removal from the country or uncertainty as to their future.

The needs of separated children seeking asylum relating to accommodation, medical and social needs, as well as their application for refugee status, are the responsibility of the Health Service Executive (HSE) in accordance with the Refugee Act 1996 (as amended) and the Child Care Act 1991. Although it is intended to end the use of separately run hostels for separated children seeking asylum and accommodate them in mainstream care by December 2010, all of the 34 participants in this consultation were living in direct provision hostels in Dublin, which means that in addition to their accommodation and board, the young people received an allowance of €19.10, the same as adults in direct provision.

The Project Manager for this consultation process had presented the project to a HSE team that included the Principal Social Worker, social workers, key workers and hostel managers. With their assistance, some 34 young people aged 12-18 agreed to participate in the consultations. Most of them were over 16, including a group of young teenage mothers who all lived together in one particular hostel, which informed the issues that the young people were interested in discussing.

Methodology

The participants were asked to 'set the scene' and discuss their general experience of 'care', before identifying the key issues that they wanted to focus on in workshop settings. They were then free to go to whichever workshops they chose and could move from one workshop to another. The issues that were prioritised in each individual workshop were first presented together and then the young people voted on all of the issues to prioritise their 'Top 3'.

The second set of workshops focused on 'how you have your voice heard' and of those mechanisms identified, what worked and what did not work. The participants were then asked to identify any additional ideas for having their voice better heard in the future. Again, the prioritised issues from each of these workshops were voted on to produce prioritised outcomes.

Overall analysis

The consultation with the group of separated children seeking asylum provided for lively debate and engagement from all 34 of the participants. Eager to express their views when asked, they raised a number of issues pertinent to their lives and to their future. A number of key issues emerged on the day that can be captured under the following headings:

- Education
- Rights
- Key agencies/supports in the life of a separated child seeking asylum
- Fear about the future/turning 18

Education

The single most dominant issue for participants was their desire for an education, both before and after they turned 18. Motivated by wanting *'something to do'* and *'to contribute to the community'*, being able to study or *'having access to education during the asylum process'* was of paramount importance to the group. Most importantly, they felt that *'college fees were too high'* and without the possibility of working or attaining the rights of Irish citizens, both of which they wanted, they felt the situation was hopeless. The group was particularly aggrieved that their education could not continue after they were 18, with many unable to finish school because they were moved away from Dublin as soon as they turned 18.

Rights

There were a number of diverse rights-based issues that were discussed, including:

- **Money:** The participants felt that *'€20 is not enough to live on'* since they had a lot of expenses such as *'bus fares, haircuts, school lunches, as well as a social life'*. Dissatisfaction with monetary allowances were most keenly expressed by the young mothers, who voted collectively with the results that *'not having enough money for baby clothes'* emerged as the *'most important'* issue for the group. The participants also indicated that it was common practice among project workers in the hostel to *'take money away as punishment'* for offences, such as arriving home late, about which they were particularly aggrieved.
- **Right to work:** The young people wanted to have the right to work so that they could earn money. They were particularly keen to earn money that could be put towards college fees: *'If we had permission to work, we could pay the fee - we are not given a chance at the moment.'*
- **Right to privacy:** For the majority who still lived in a hostel, there were complaints that their rooms were *'regularly checked when we are not at home'* as *'rooms are disorganised when we return'*, although *'staff denied being in the room when asked'*. However, the *'lack of privacy in hostels and houses'* got the highest number of votes for *'what did not work'*. The group also felt that anything they said or did was recorded by staff or social workers in a book.
- **Permission to do things:** The participants lamented the amount of time that it took to arrange for Garda checks. Because of these delays, they were often not allowed participate in *'sleepovers'* with their school friends or to travel.

Key agencies and supports

With a number of named exceptions (including the HSE Senior Social Worker and the HSE Psychologist for separated children seeking asylum, for whom there was the highest of praise), the young people reported that they did not feel supported by the key workers or agencies in their lives. While they acknowledged that *'some social workers are good'*, most did not want their social worker involved in their lives because *'some are really bad'*. The same attitude applied to many of the project workers or key workers in their hostels, with many of the participants feeling that they went out of their way to *'make life harder for kids'* and to be unhelpful. However, there were others who pointed out that if you could speak to your project worker, they did a better job than social workers at resolving problems. In addition, it is worth noting that in one of the workshops, *'talking to social workers, project workers or other support staff'* comprised the entire Top 3 *'most important'* issues under the topic of *'what works well'*. Conversely, *'social workers'* received the second highest number of votes in the overall vote on *'what does not work well'*. In general, there was a pervasive sense of isolation because *'social workers aren't always good; if you don't have a good project worker, you have no one to talk to'*.

Fear about the future/turning 18

One of the most persistent discussions and concerns among all of the participants was their *'fear of the future'*. Because they perceived that *'at 18 you are an adult, but all of your rights are taken away'*, they were especially fearful about turning 18. Many of them had not been informed what their future would hold, but many others knew that at 18 *'you get moved from Dublin, disrupting your educational opportunities'*, as well as your whole life. There was a call to have an *'aftercare service, like normal aftercare'* or a forum for separated children seeking asylum so that *'you can have a voice when you turn 18'*. It was also the second most important issue to the group that *'the Government should allow you to work when you are over 18'*, principally so that they could earn money to support themselves through college.

Other key issues

Ombudsman for Children: The young people were very aware of the role played by the Ombudsman for Children because many of them or their peers had taken part in a recent Ombudsman consultation process. The group was somewhat divided on whether this worked or did not work: one workshop prioritised it as something that did not work, while the group overall considered it in the Top 3 of 'what did work'. It is interesting to note that some participants felt they could not speak with the Ombudsman for fear that it would negatively impact on their case for asylum.

Recommendations for the future

Although the overall issues were dominated by immediate needs and pressing concerns, there were a number of useful recommendations for 'having your voice heard in the future', most notably the call for '*face to face regular meetings e.g. a forum*' which was the third most important issue in the votes on 'recommendations for the future'.

Consultation outcomes: Key issues

The main issues identified by the participants for discussion in workshop settings were:

- Money (lack of)
- Freedom and the asylum process
- Rights
- Respect/Equality
- Education

Because of its popularity, two workshops were held on 'Freedom and the asylum process', while the workshops on 'Rights' and 'Respect/Equality' and 'Money' were merged to form one workshop. The topics were then discussed in workshop settings and the participants asked to prioritise their issues. These were then presented to the group as a whole, which voted on the overall Top 3 'most important' issues (see Table 19).

Table 19: Outcome of voting on 'most important' issues

Issue	No. of votes
Not having enough money	14
Not enough allowance for baby clothes	23
Permission to do things takes too long to get	0
Fees for college are too high	17
At 18, you move from Dublin, interrupting your education opportunity	13
Citizenship - Irish people have family and opportunities for education that we don't	4
Freedom to do what I want, e.g. curfew	4
Freedom to choose where I live/move to	11
Government should allow you to work when over 18	17
Don't know what the future holds	9
At 18, all rights are taken away	3

Most important - Top 3 issues

- Not enough allowance for baby clothes
- Government should allow you to work when over 18
- Fees for college are too high

Having your voice heard

The objective of these workshop sessions was to focus on how the participants currently have their voice heard and of these mechanisms, what works and what does not work. Ideas on any recommendations for the future were also sought. While they were able to identify a number of mechanisms for having their voice heard and others which they would prefer, the serious nature of their immediate needs and pressing concerns meant that these issues also dominated the afternoon workshop sessions. Thus, many of the outcomes reflect the need to focus on these issues rather than ideas strictly pertaining to 'having your voice heard'.

The participants were split into 3 groups to discuss how they currently have their voice heard and of these current ways, what works, what does not work and what other ways they would like to have their voice heard in the future. For the purposes of this report, the outcomes from the workshops are merged.

How do you currently have your voice heard? What works?

The participants were asked to identify what ways currently worked to have their voice heard or express their views. The main points identified fell under the following headings:

- **People**
 - Social worker (but only sometimes)
 - School counsellor
 - Friends
 - Support of friends who live in the hostel
 - Talking to project workers
 - Talking to (*specifically named*) Senior Social Worker and Psychologist
- Ombudsman
- Manager of hostel
- **Other**
 - School work - being able to study
 - Living in a house (foster care) rather than in a hostel

The participants in each of the 4 workshops were then asked to prioritise their issues, before reforming into one group and voting on their overall 'Top 3' (see Table 20).

Table 20: What works well?

Issue	No. of votes
School work/being able to study	20
Ombudsman for Children	14
Project workers	2
Talking to (<i>specifically named</i>) Senior Social Worker and Psychologist	7
Social worker	7
School counsellor	1
Friends	6
Talking face to face	7
Talking to the person that makes the decision	22
Good communication between staff and children	7

What works well - Top 3 issues

- Talking to the person that makes the decision
- School work/being able to study
- Ombudsman for Children

How do you currently have your voice heard? What does NOT work well?

The participants were then asked to reflect on what mechanisms for having their voice heard currently did *not* work. While many of the responses were relevant to this question, others pertained to more general issues:

- **Recording of information**
 - Everything gets written down or put in a file
 - Everything is said to the social worker
 - Afraid to talk in case it goes against you
 - Fear of talking to Ombudsman for Children in case it affects your asylum application
- **Money**
 - Taking money away as punishment
 - Attempts to get more money (did not work)
- Delaying money for transport
- **Freedom-related Issues**
 - Takes so long to get permission to do anything
 - Freedom to go out when we want - curfews
- **People**
 - Project workers or staff who try to make it harder or who are not helpful
 - Rivalry among people in hostels

The ways for having their voice heard that did not work were then prioritised by the participants, who were then asked to vote on an overall 'Top 3' (see Table 21).

Table 21: What does not work well?

Issue	No. of votes
Project worker	9
Ombudsman for Children	4
Social worker	10
Bad staff attitude - no respect	9
No weekend access to staff - leaves us vulnerable	2
Complaints meetings do not lead to change	6
Workers, especially project workers, are not helpful	9
Staff in hostels and houses do not care	7
Lack of privacy in hostels and houses	14
Tried to get more money, but did not work	8
Taking money away as punishment	10
Trying to cope on your own	0

What does NOT work well - Top 3 issues

- Lack of privacy in hostels and houses
- Social worker
- Taking money away as punishment

How would you like to be able to have your voice heard in the future?

While the larger votes were reserved for what the participants regarded as the priority issues for them (e.g. education), they did identify a number of ideas directly pertaining to having their voice heard in the future, including:

- A group of young people that will work with the social worker/go to the social worker with direct information
- Pick representatives to talk to social workers and management
- Meetings of young people who are seeking asylum (like the CYPF Forum)
- Not being moved without being consulted
- Council of people to have meetings with project workers
- To meet on a regular basis, like a forum/council, so that people's voices can be heard properly
- Need help to have our ideas listened to
- Meeting the Minister for Children and Youth Affairs
- A voice for people over 18
- Young person to attend portion of staff meetings
- Being consulted in relation to food

The participants again prioritised their issues, before conducting an overall vote to produce the Top 3 issues (see Table 22).

Table 22: Recommendations for the future

Issue	No. of votes
Pick our representatives to talk to social workers, managers, etc.	0
Have education after 18 years	26
Meetings of young people (like the Youth Forum)	1
Aftercare forum for the over 18s	2
Meet the Minister for Children and Youth Affairs	1
Buddy system	1
Being encouraged/facilitated to engage in activities with others	1
Staff rules and children rules	3
Have a representative	1
Face-to-face regular meetings	10
Young people to be involved in staff training	7
Not being moved without consultation	0
Access to education/employment while seeking asylum, so able to, for example, earn money to pay college fees	24

Future recommendations - Top 3 issues

- Have education after 18 years
- Access to education/employment while seeking asylum, so able to, for example, earn money to pay college fees
- Face-to-face regular meetings, e.g. a forum for young people seeking asylum

Summary

The separated children seeking asylum were extremely vocal and focused in recounting their experiences and expressing their views about what they felt worked and did not work, and how they could better have their voice heard in the future. However, while they made a number of excellent comments in relation to 'having a voice', it is clear that their needs and concerns centre on more basic issues, such as education and equal rights.

8. YOUNG PEOPLE WHO HAD RECENTLY LEFT THE CARE SYSTEM

In addition to consulting with young people who are currently in care, it was felt that it was also important to hear and learn from young people who had recently left the care system. These consultations did not focus on their 'aftercare', but rather on their experiences when they were actually in care. There were two consultations with young people, a small number of whom were currently in specific aftercare programmes and others who had simply had experience of the care system in the past. The first consultation was with a group of 14 people in Dublin and the second with a small group of 3 people in Cork. The majority of the participants were aged 18-23, but a handful were in their late 20s. A number of members from a peer support group for young people with experience of the care system attended the Dublin consultation. The consultations had been advertised through the HSE and with a number of agencies that work with young people in aftercare. The majority of the participants arrived independently, but some were supported by a key worker to attend.

Methodology

The consultation in Dublin with young people who had recently left the care system explored the issues that were important to them while they were in care and what they would change about the system based on their past experience. In relation to 'having your voice heard', the consultations also explored what worked and what did not work, as well as recommendations for the future. The nature and success of their transition from 'care' to 'aftercare' and/or independence was also explored with these participants. The consultation in Cork was more informal, but considered all of the above questions with the exception of the element on 'transition'.

Overall analysis

Key issues

The young adults who participated in the consultations for young people who had recently left the care system were extremely mature in their reflections on their experience of the care system. They were eager to praise any people or services that had contributed to a positive experience and were also enthusiastic in suggesting solutions, as well as providing constructive criticism. These consultations demonstrated that there is much to learn from this group, which is very willing to contribute in any way they can. The main issues discussed during the consultations were not dissimilar to those raised by the young people still in foster care (see Chapters 3 and 4), and included:

Birth family: There were a number of issues in relation to birth family that were discussed and considered important. Having access to one's birth family was of particular importance for the young people in aftercare and was considered the third most important thing that 'worked well'. There was a general consensus that there was not enough access to birth families and that it required a lot of insistence to ensure that it happened. As one participant (who for a variety of reasons is living in aftercare even though she is only 17) pointed out, *'I visit my family once a month for about an hour. That's 12 hours a year where I get to see my family. Sometimes one or two access visits do not happen due to bad weather or the unavailability of the social worker. I just think more time should be allocated to ensuring that foster kids are allowed to see their own family more often'*.

In addition, in some instances, the family history had not been documented and was not available to the young people, which was a great disappointment for them. They felt strongly that the family background and reasons for going into care needed to be explained to young people in care in an age-appropriate manner. Many of the participants felt that they were often the only people that did not know their background and that other people, including their foster families, knew more about their situation than they did.

Foster families: Being '*helped to feel part of the family*' was considered extremely important in ensuring that the foster care system worked for young people in care. Conversely, being '*treated differently*' was very challenging for young people. These differences were sometimes subtle, where, for example, a young person '*was taken to the funfair. Her children got two extra rides and extra money*'. It was even more upsetting and a common complaint from young people in foster care when '*foster kids are sent to respite care, while the family and birth kids go on holidays*'. The issue of what to call foster parents was also a source of concern for the participants, with many not feeling comfortable or wanting to upset their birth mother by calling their foster parent 'Mum' or 'Dad': '*I wouldn't call my foster carer my mum, but I would get her something for Mother's Day.*' The participants in both Cork and Dublin felt it was a matter of utmost importance that foster carers were vetted and assessed properly. Where young people were settled in a foster family, it was considered important that they be allowed stay with that family after they turned 18, just like when a 'birth child' might stay with their family when they were going to college or starting out in employment.

Social workers: Opinion on social workers was somewhat split between Cork and Dublin: the experience of the 14 participants in Dublin was mostly negative, while the experience of the 3 participants in Cork was predominantly positive. In terms of 'what works' about social workers, the participants in Cork felt that the social workers knew how to use the system and '*actually do something for you and be part of the solution*'. When people had a positive relationship with their social workers, '*they could be like a second counsellor*' if they '*listen to what you actually say*'. Social workers who '*meet me constantly*' were also popular as opposed to those who '*just show up because you're in trouble*'. The alternative view in Dublin was that social workers were constantly changing and generally unavailable, and that it was very difficult to get a meeting with them. When these meetings did take place, there was a sense that social workers took the side of the adult or foster carer and often did not act on complaints from young people. In short, 'social workers' received the largest vote overall on 'what did *not* work' although there were a number of concessions that '*some are really good and will help you solve your problems*'.

Care plans and reviews: Care plans and reviews came in for the second greatest amount of criticism, after social workers (see above). Participants in both Cork and Dublin were quite scathing about the care reviews and many considered them a '*waste of time*'. This was essentially because the participants perceived that '*you are not given a voice*' or '*taken seriously*' at the reviews. In addition, many were put off by the atmosphere at the review meetings and by the presence of too many official personnel, including representatives from their schools which they deemed to be inappropriate. In fact, the point was made that '*you have no say in who comes to your review meeting - they decide*'. All in all, the participants felt that it was '*pointless having a review meeting as you end up being sent around in circles*'.

Disruption: The level of disruption due to constant moving around and changing of key staff was something that those who had recently left the care system remembered as especially unsettling when they were in care. Indeed, '*not moving young people around excessively*' was voted as the single most important issue for young people in care by the participants in Dublin. This was emphasized by using their overall vote on what they would change - to campaign against the use of B&Bs for children and to explore the use of neighbours, godparents or family wherever possible to avoid moving a young person unnecessarily. Where possible, the young people were also keen that '*families should not be split up*' when being placed in care and that key staff, such as social workers, should be more '*constant*'.

Residential care: Those who had experienced residential care had concerns about two key aspects of life in residential care - (1) the over-zealous reporting, which made '*you feel like you were in prison; everything is written down*' and (2) the over-use of Gardaí, which results in young people '*getting stuck in the Court system*' unnecessarily.

Counsellors: Participants at the Cork consultation had significant experiences of counsellors in their lives and this service was an important issue for them. While they felt strongly that some counsellors do not listen and '*tell you what works for you even when you know it does not*', as well as being very expensive to access, they had also experienced services that were thorough, open and honest. As one participant said, '*My self-esteem and confidence were built up to help me take some control back in my life*'.

Importance of the voice of the child: The voice of the child, or the need to consult with and listen to the young person in care, was something that was raised throughout the consultations. In effect, the participants felt that people in care '*needed to be consulted more about the decisions made about you*'.

Listening to the voice of young people was also something that pervaded the ideas for the future, with the participants urging that key staff would '*listen to and respect what the young person has to say*' and that ultimately '*the opinion of the young person would be sought before making a decision*'.

Transition: The participants in Dublin were asked about their transition from care to aftercare and independence to ascertain what was helpful in this transition and what was not so helpful in order that any lessons for the future could be documented. The '*reassurance of having support when you go out on your own*' from an aftercare worker or service was important in itself. Having this support throughout third-level education was considered especially helpful. Those who had had an aftercare worker (and not everybody had) felt that '*they were there for you more; they are like a friend*'. However, the participants felt that ultimately a level of independence was vital to make aftercare work; in fact, '*making things happen for yourself*' and '*learning from your own mistakes*' were two of the most helpful aspects of making the transition to aftercare and eventually to independence.

The limited availability of aftercare workers (who generally only work 9am-5pm on weekdays) was cited as the most unhelpful element of transition. The limitations of some aftercare services were also apparent in one instance where a young person in aftercare was only given a place to live during term time and had to find his own accommodation during college holidays (during which time he lived in a scout den). However, it was the '*fear of being left completely on your own*' to cope that was considered one of the most unhelpful aspects of transition. While the participants proved to be resilient and independent, they insisted that there was a distinct lack of information about aftercare and as a result people thought they were going to be left entirely on their own, which was not necessarily the case. They recommended that the aftercare service '*kicks in as soon as possible and sticks with you as long as it can*'.

Recommendations for the future

One of the most impressive aspects of the consultation with young people in aftercare was their solutions-focused approach to the care system. Suggesting a myriad of ideas, their main recommendations for how young people might better be able to express their views in the future are summarised below.

- **Support mechanisms:** There were countless suggestions of peer support groups in various guises. A number of the participants actually came from a particular peer support group, which they reported as having a very positive impact on their lives. This group of young people, and indeed those who heard about it from them, were therefore very positively disposed towards peer support groups and their merits. The support mechanisms suggested took the form of young people in care, or indeed in aftercare, being able to meet and conduct activities together in order to be able to share experiences and support each other. It was also deemed important that this peer network be nationwide and not just Dublin-based, and could perhaps use a web-based structure to communicate in between meetings. It was also suggested to have a mentor or support person for every young person in care. This could either be a skilled adult or a trained person who has been through the care system themselves.
- **Hearing the voice of young people:** As at most consultations, there was a call to have '*more meetings to talk about issues that affect young people*'. It was also suggested that there be an anonymous telephone line so that people could report issues about their care situations without fear of prejudice.
- **Care system:** The young people also had a number of suggestions for the care system itself, including compulsory training for foster parents and further training for social workers. They also sought more constant communication with social workers, as well as '*good, affordable counselling services*'. More information on family backgrounds and the entitlements of young people in care were also considered important in the future.

Consultation outcomes: DUBLIN

Key issues

The group of 14 young people were divided into 3 groups, each of which prioritised their 'most important' issues while living in care. These issues were then presented back to the amalgamated group of participants, who voted on the overall 'Top 3' most important issues (see Table 23).

Table 23: Outcome of voting on 'most important issues'

Issue	No. of votes
Helped to feel part of the foster family	9
Being allowed to stay in foster family after the age of 18	8
Families should not be split up (e.g. brothers and sisters)	1
You are different because you are bullied by other young people/teachers because you are in care	5
Issue of what to call foster parents - calling them 'Mum' can cause difficulty with birth mother	2
There should be more of a background check on foster families because you need to know who you are living with	2
Residential care can be scary, with all the care workers there	0
To have access to your family	3
Do not move young people around excessively	10
Keep the same staff (e.g. key workers in residential units and social workers)	1

Most important - Top 3 issues

- Do not move young people around excessively
- Helped to feel part of the foster family
- Being allowed to stay in foster family after the age of 18

The group went through the same process for what they would like to change about the care system (see Table 24).

Table 24: Outcome of voting on 'what would you change?'

Issue	No. of votes
Children allowed to stay in foster families after 18	3
Foster kids being sent to respite care when birth kids are brought on holidays	3
Being allowed to see family you used to live with	2
Be consulted more on the decisions made about you	5
Your family background should be explained to you - foster family can do this at a young age and a little bit at a time	4
You should be able to speak without everything being written down	3
No matter what happens, don't lose your own value as a person	4
If there is any chance, do not disrupt the young person, i.e. use godparents/family/ neighbours where possible to care for the young person	7
Do not use B&Bs for children	9
Social workers need to stop saying 'That's the rules' - sounds like excuses	3

What to change - Top 3 issues

- Do not use B&Bs for children
- If there is any chance, do not disrupt the young person, i.e. use godparents/family/neighbours where possible to care for the young person
- Be consulted more on the decisions made about you

Having your voice heard

Services and supports

The participants were asked to identify all of the services and supports that had been available to them while in care to help them have their voice heard. They named the following:

- Social workers
- Family resource centre
- Brothers and sisters
- Community child care worker
- Psychologist
- Care plans/reviews
- Individual teachers
- Friends
- Key worker (residential/other)
- Counselling
- Aftercare worker (towards end)
- School
- Foster family
- Youthreach
- Family support worker
- Living with foster family after 18
- IAYPIC Probation
- Youth group (specific to IAYPIC)
- Aftercare service - they work after hours, you can phone anytime, no judgements, you meet other people like yourself, you can talk freely, confidential, unconditional care

How do you currently have your voice heard? What works?

The participants worked in 3 groups and were asked to identify what had worked for them when they were in care to help them have their voice heard or express their views. The main points identified fell under the following headings:

- **Social worker**
 - In as much as possible, be consulted on who social worker is
 - Having a social worker you get on with
- **Care system and supports**
 - Key worker
 - Having someone to talk to - everyone needs someone to lean on/support them
 - A good aftercare worker - this service should kick in as early as possible and stick with you
- The opportunity to build relationships with workers, e.g. social/key/aftercare
- Workers that listen and involve you in decisions, but do not put pressure on you
- **Family**
 - Access to family - when you get it
 - In foster care, being treated as one of the family
- **Other agencies**
 - IAYPIC works as a support
 - Using the legal system (Courts)

The participants then prioritised these issues in their workshop settings, before taking an overall vote on 'what works' when living in care (see Table 25).

Table 25: What works well?

Issue	No. of votes
Access to family (when you get it)	5
Everyone needs someone to lean on/support them	2
When in foster care, treated as 'one of the family'	6
Start aftercare early and maintain service	10
Counselling	2
Child care worker	1
School	3
Key worker	4
Having someone to talk to	6

What works well - Top 3 issues

- Start aftercare early and maintain service
- Having someone to talk to
- When in foster care, treated as 'one of the family'

How do you currently have your voice heard? What does NOT work well?

The participants again worked in 3 groups, but the outcomes of their discussions can be categorised under the following headings:

- **Care system - Care plans/reviews**
 - Not consulted/everything decided for you
 - Talking about you like you're not there
 - You are not given a voice
 - Waste of time
 - Make promises they don't keep
 - Schools attending meetings, such as reviews
 - Young people are not taken seriously at meetings
 - Can't say what you think
 - Put off by the atmosphere at meetings
 - Pointless having review meetings
 - Sent round in circles
 - Skim over detail of reviews
 - Not keeping family histories - worker not having details of birth family history
 - Not being consulted on decisions that affect you
 - Not being able to decide things
 - Keeping such detailed records of young person's life in care (they can be helpful, but not to that extent)
 - Aftercare plan
 - Complaint system does not help you
- **Social workers**
 - Social workers are always changing
 - Some not committed (they leave at 5pm), but some are really good and will help you solve your problems
 - Lack of support from social workers - taking carer's point of view more than yours
 - Social workers leaving without notice
 - Social workers not communicating
 - Difficult to get a meeting
 - Social workers don't act on your complaint
 - Lack of privacy (meetings with workers)
- **Family/Foster family**
 - Treated differently to others in the house
- **Other agencies**
 - Gardaí
 - Counselling

The participants then prioritised these issues in their workshop settings, before taking an overall vote on 'what does not work' when living in care (see Table 26).

Table 26: What does not work well?

Issue	No. of votes
Not being consulted on decisions that affect you	2
Keeping (over the top) detailed records of a young person in care	3
Not keeping family (birth) histories (social worker should have these details to pass on)	3
Review	6
Social worker	7
Gardaí (being so heavy-handed with young people in care)	6
Lack of confidentiality/privacy when speaking to social workers in meetings	5
You can't say what you think (this is in general and at review meetings)	5
Care reviews - the atmosphere at meetings is off-putting (e.g. 2 adults for every young person)	5

What does NOT work well - Top 3 issues

- Social worker
- Care reviews - the atmosphere at meetings is off-putting
- Gardaí (being so heavy-handed with young people in care)

How would you like to be able to have your voice heard in the future?

The groups then discussed their recommendations for how they would like to be able to express their views in the future:

- **Hearing the voice of young people**
 - Listening and respecting what the young person has to say
 - Getting a young person's opinion before making a decision
 - Anonymous telephone line to report problems or complaints
 - More meetings to talk about issues that affect young people
 - Social workers and key workers from different regions to meet up with a representative for young people in care
 - Treat young people as adults, but be aware that everyone is not the same
- **Support mechanisms**
 - There should be a chance for young people to meet up and do activities and talk to each other about being in care
 - Support groups, meetings with other people in care/peer support groups - can help others in care facing the same problems
 - Young people in aftercare to organise events (with a support group) for each other, supported by social workers and key workers
 - A support person to whom you could voice your opinion or point of view
 - Being part of a support group, taking age into consideration
- **Care system**
 - Compulsory training for foster parents
 - More frequent fostering conferences
 - Constant social worker/regular contact with social worker
 - Training for social workers so they learn to care more

The participants prioritised the issues in each workshop and then the whole group voted on the overall 'Top 3' issues (see *Table 27*).

Table 27: Recommendations for the future

Issue	No. of votes
Compulsory training for foster parents (ongoing)	5
Listening and respecting what young person has to say	6
More frequent fostering conferences	1
Constant social worker	5
A support person to whom you could voice your opinion	4
Support groups - young people in aftercare organising events/support groups	9
Meeting with other young people in care (around the country)	5
More meetings to talk about issues that affect young people	7

Future recommendations - Top 3 issues

- Support groups - young people in aftercare organising events/support groups
- More meetings to talk about issues that affect young people
- Listening and respecting what young person has to say

Transition from care to aftercare and independent living

In addition, the participants at the consultation in Dublin were asked to consider their transition from the care system to aftercare and eventually to independent living. They were asked to discuss what was helpful in that transition, what was not helpful and what they would recommend be put in place to aid those in transition. Tables 28-30 show the outcomes of these discussions and the subsequent voting of the 'Top 3' issues in each case.

Table 28: Transition - What was helpful?

Issue	No. of votes
Friends and family	3
Not waiting for someone to do it for you! Making things happen for yourself	4
Learning from your mistakes	8
Learning new skills - communication, cooking, looking after yourself, money management	3
Being independent - this is motivating	3
Foster parents	3
Your peers are your inspiration	0
(when available) Aftercare worker is there for you more; they are like a friend	4
If aftercare worker is not there, a residential worker will come and see you	2
Support group - run by aftercare worker	2
Reassurance of having support when you go out on your own	3
Support being given throughout third-level education	7

What was helpful in transition - Top 3 issues

- Learning from your mistakes
- Support being given throughout third-level education
- (when available) Aftercare worker is there for you more; they are like a friend OR
Not waiting for someone to do it for you! Making things happen for yourself

Table 29: Transition - What was NOT helpful?

Issue	No. of votes
Lack of availability of aftercare worker (hours are 9-5 and not at weekends in most places). Hours of social workers would be the same	15
Promises being made that are not kept	7
When in education, there is nowhere to go/stay during holiday times	3
Being left completely on your own/fear before leaving that you are going to be on your own	9
You have to go straight into education in order to benefit from supports	3
Lack of support if you are not in education/employment (accommodation and '3 strike system'* - sent out of accommodation into homeless shelter)	5

* The young people explained that some accommodation centres operate a '3 strike system' whereby any breach of a code of discipline or house rules is considered as a 'strike'. If a person receives '3 strikes', the accommodation centre can ask them to leave the accommodation.

What was NOT helpful in transition - Top 3 issues

- Availability of aftercare worker (hours are 9-5 and not at weekends in most places). Hours of social workers would be the same
- Being left completely on your own /fear before leaving that you are going to be on your own
- Promises being made that are not kept

Table 30: Transition - Recommendations for the future

Issue	No. of votes
Monthly meet-up around the country - communicate through a webpage (like Facebook/Scouttalk) for people in care	8
Give everyone the same treatment regardless of where you live	2
No matter what care system you are from, when you reach aftercare the treatment should be the same	2
Review '3 strike system' for housing - make it fairer	1
Give young person somewhere to live during college holiday times	2
Have back-up housing for those going into aftercare (if something falls through)	2
Have more support groups around the country (peer support)	5
Have mentors for young people in care - mentors should be young adults who have been in care	5
Young adults and young people who have been in care to train foster carers	4
Supported housing for young people going into aftercare	2
Weekend away for young people who are going into aftercare to meet up, talk, have fun and help one another	4

Future recommendations - Top 3 issues

- Monthly meet-up around the country - communicate through a webpage (like Facebook/Scouttalk) for people in care
- Have more support groups around the country (peer support)
- Have mentors for young people in care - mentors should be young adults who have been in care

Consultation outcomes: CORK**Key issues**

Out of 17 young people registered to participate in Cork, only 3 turned up to the consultations. As in the Dublin sessions (see above), the young people first explored the important issues about living in care, which included:

- **Foster families**
 - Vetting (and assessing) foster carers properly
 - Treated differently in foster care:
 - 'I was taken to the funfair. Her children got two extra rides and extra money'*
 - 'I went to Dublin - I got €30, but the children of the family got lots more'*
 - 'My foster carer said, "It's a business"'*
 - Money situation depends on each family:
 - 'I'd not call my foster carer my "Mum", but I would get her something for Mother's Day'*
- **Residential care**
 - Gardaí presence in residential care results in you getting stuck in Court system
 - Care workers who have a life outside the unit don't really care about you
 - *'The reports were over the top/it felt like you were in prison; everything you say and do is written down'*
 - *'After the care worker played a role in me being arrested, it was difficult to understand the relationship as the next day they would be nice to me'*
- **Care system**
 - Start listening to the child first, not the adult first
 - Inform the child fully, e.g. children should know about pocket money and money that the foster carer gets should be for the foster child. Money causes mistrust. Sometimes foster carer/parent has a dilemma because their children might not have an entitlement to as much money as a foster child.
- **Other**
 - 'Slagging' in primary school for being in care - *'You don't have a proper family'*
 - Anger management and counselling

What was positive about care?

- Learning how to cook
- Learning how to budget
- Family brings you places and takes you out with friends

What would you change?

The participants focused on what sort of families should foster children. They felt that families needed to be caring, able to handle bringing a new person into their home, be transparent about their motivations and expectations, and, most importantly, be vetted and assessed. They also had considerable issues about money: they felt this needed to be a transparent process and that foster children should be given whatever pocket money they were entitled to.

Having your voice heard

Services and supports

The 3 young participants identified a number of services and supports in their lives that aided them in their bid to have their voice heard, namely:

- Social workers
- Youth worker
- Key workers
- Comhairle na nÓg
- Unit managers
- Counsellors
- School Career Guidance Counsellor
- Family centre
- Care plan and review process

How do you currently have your voice heard? What works?

Of these services and supports, the participants considered the following as working well for them while in the care system:

- **Social workers**
 - Social workers who know how to use the system
 - Social workers who actually do something for you and be part of the solution
 - Social workers can be like a second counsellor - simple things like taking you for a cup of tea and listening to what you actually say
 - Social workers who are not afraid to give you honest feedback and also constructive criticism
 - Social workers who meet me constantly
 - **Learning to look after yourself**
 - Learning how to fend for yourself
 - Cooking/budgeting/independence preparation/planning - this happens in residential care
 - Going to gym for anger management and hobbies
 - Earning money in care
 - **Care system**
 - Care plans and care plan reviews can work sometimes, but in general they do not. One of the participants said: *'It records everything and it's good to see progress and petty issues got addressed.'*
 - **Other**
 - Youth workers
 - Spending holidays and access with your parents
 - When I was 7, my care worker used to give me a hug
- It was good to know what school actually thought of you. I also like when it's straight and honest, whether I liked it or not.'*
- Care worker who helped with anger management
 - Family Centre counsellors:
 - thorough and communicative;
 - open and honest;
 - *'Even though the things that happen are not nice, I was treated respectfully and my self-esteem and confidence was built up to help me take some control back in my life'*

How do you currently have your voice heard? What does NOT work well?

The participants also identified what did not work while they were in care:

- **Social workers**
 - Social workers have sometimes failed me
 - Social workers who just show up because you're in trouble
- **Care system**
 - Reviews/care plans:
 - *'I didn't get on with the person who led my review'*
 - *'You have no say in who comes - they decide'*
 - *'Even though the things that happen are not nice, I was treated respectfully and my self-esteem*
 - *and confidence was built up to help me take some control back in my life'*
 - Counsellors who don't listen:
 - *'They want to tell you what works for you, even when you know it doesn't'*
 - *'€90 per hour (counselling) - very expensive'*
 - *'Patronising exercises - not appropriate for your age'*

How would you like to be able to have your voice heard in the future?

The participants also considered what might work in the future:

- Meetings *'like this'*
- More (constant) communication with social workers
- Good, affordable counselling services (choice)
- Prepare children to be confident and able to speak about who they are
- Care system: More access with parents
- Care system: Explain what is happening to the child when being placed in care
- Care system: Explain financial situation between carers and children
- Care system: Make sure children know their prospects

Summary

The issues raised by young people who had recently left the care system were not dissimilar to those of young people still in care. However, with the benefit of distance from the system, this group offered a very mature reflection on the system of care and were particularly keen to make suggestions to improve it and ultimately the experience of all young people in care.

The group also had valuable information on the transition to aftercare and independence. Their thoughts could be especially useful to learn from for the benefit of young people currently still in care and facing aftercare with some trepidation.

9. YOUNG PEOPLE WITH DISABILITIES: RESIDENTIAL SCHOOL

It was intended to run a separate consultation for young people with disabilities, but despite the considerable efforts of HSE staff, not one young person registered for this consultation. However, it transpired that several young people with mild disabilities attended and ably participated in a number of the other consultations, including those for young people in foster care and residential care, as well as in St. Patrick's Institution and the Children Detention Schools.

In light of the above, a separate consultation was held for young people with mild learning difficulties in residential care. The staff at the residential school were very keen that the voices of this cohort be heard and were extremely helpful and supportive in organising the event. A total of 10 young people aged 13-18 participated in the consultation, selected and supported by the staff at the school. All the participants lived in the residential school from Monday to Friday; at the weekend, they returned home to their families, some of which are foster families.

Note: A separate consultation was held with young people with significant disabilities and this is the subject of Chapter 14 in this report.

Methodology

A creative methodology was used at this consultation, utilising body maps and identity boxes to explore what structures, services and supports were in place to make young people with disabilities in residential care feel safe and happy. Key questions were also asked to find out who these young people rely on, go to for help and are listened to by. In addition, participants were asked about what is not good about living in care, any worries they had about living in care and their wishes for the future.

Overall analysis

Key issues

Almost all of the information gathered relates to the young people's immediate environment and their feelings about their system of care, with limited comment on 'having their voice heard'. However, what is even more striking is how positive the young people were about their immediate environment and the staff charged with their care. The majority of the information gained falls under the following three headings:

- **School staff:** The '*staff in the houses*', the '*manager of the house*' as well as the 'speech therapist', and indeed a variety of staff in the school, were identified as people that the young people felt they could talk to about a problem or go to for a helping hand. They were also identified as people who listen to and look after the young people. Interestingly, it was staff or other external agencies, rather than family members, who made young people '*feel safe*'. Overall, the young people perceived the staff as approachable and as people that they could trust to listen to them and to help them if they needed. Indeed, the only direct negative comment about staff was that '*they follow you around everywhere*'.
- **Family:** Despite this huge regard and positive relationship with the staff of the school, many of the young people '*wished*' that they could see their family more in the future, even if this was just to '*go on holidays with my Dad*'. One young person indicated that not being able to see her family every day made her feel '*lonely sometimes*', although only one young person indicated that they would prefer to live with their mother on a full-time basis. Again, however, the relationship between the young people and their families was an extremely positive one, with the participants identifying their parents, siblings and some extended family members as people they could talk to about a problem or go to for a helping hand. They also felt listened to by their parents, who made them '*feel happy*'.

- **School environment:** Overall, the young people were extremely positive about their environment and the 'vibe' in the school. The importance of sport and activities was emphasized, with many of the activities and 'having fun' mentioned as something that was 'good about being in care'. The biggest grievances were that they were not allowed to go out on their own or play after a certain time. Some of the participants also wished that they were listened to more about 'activities' and about 'bullying between young people'.

Worries and restrictions in care

The participants were asked what they did not like about being in care or how they were limited by being in care, as well as any other worries they may have had. The majority of the limitations focused on the restrictions of the residential setting - young people felt restricted by the fact that they were not allowed to go out and walk on their own, even if that was just to the shops or to the estate. One young person also lamented not being able to see her family every day, which made her feel 'lonely', which was also the only sentiment expressed as a 'worry'. On the whole, there were limited worries or negativity about living in this residential care setting.

Wishes for the future

The majority of the wishes for the future pertained to seeing family more often. It is interesting to note that while the information gathered in this consultation was almost entirely about the system of care, 'to be heard' was also a wish for the future. While it is apparent that every young person has a care plan and is ably looked after by caring staff in an environment that the young people are happy and feel safe in, it remains important to ensure that all of these young people have the opportunity to be heard and listened to.

Consultation outcomes: Key issues

Body map exercise

The participants were asked to complete sections of a body map in different stages, responding to particular questions at each part of the body. Some of their answers relate to their care situation, while others concern other aspects of their lives.

MOUTH: Who are all of the people you talk to if you want help with a problem?

Staff	Family	Other
<ul style="list-style-type: none"> ● Staff in the houses (3 responses) ● Care workers 	<ul style="list-style-type: none"> ● Mam (2 responses) ● Dad (2 responses) ● Sister (2 responses) ● My Mam and Dad at weekends ● Brother ● My parents 	<ul style="list-style-type: none"> ● Teachers ● Friends ● Write the problems in the book ● Feel happy to talk

EARS: Who listens to you?

Staff	Family	Other
<ul style="list-style-type: none"> ● House staff (2 responses) ● Staff ● Care worker ● Social worker ● Speech and Language Therapist ● Doctor ● Manager of house 	<ul style="list-style-type: none"> ● My Dad ● Mam and Dad (3 responses) ● Sister 	<ul style="list-style-type: none"> ● OMCYA: Minister for Children and Youth Affairs ● Nobody listens about the bullying between young people ● Wish house would listen more about activities

HANDS: Who do you go to for a helping hand when living in care?

Staff	Other
<ul style="list-style-type: none"> ● Manager of house (3 responses) ● Boss of School/Principal ● Speech Therapist ● Helpers 	<ul style="list-style-type: none"> ● Everyone has a care plan ● Friends ● Mum and Dad ● Teacher ● Principal

HEART: What makes you feel happy?

Family	
<ul style="list-style-type: none"> ● Dad (2 responses) ● Mum (2 responses) ● Going to see my Mum 	<ul style="list-style-type: none"> ● The participants also listed a variety of people (such as their friends and staff) and a host of things (such as swimming and flowers) that made them feel happy.

ARMS: What helps you feel safe in your life in care?

People	Places and things
<ul style="list-style-type: none"> ● Social worker - I visit every week ● Staff at night ● Being able to talk to people ● Being with my friends ● Speech and Language Therapist 	<ul style="list-style-type: none"> ● Being at home ● Staying together when they go out places - don't talk to strangers

HEAD/SHOULDERS: What are your dreams?

<ul style="list-style-type: none"> ● Spending time with Dad 	<ul style="list-style-type: none"> ● The participants also listed a host of other dreams, which included being a hero, travelling to a vast array of exotic locations and going to a chocolate factory.

LEGS: What do you like to do - hobbies and interests

Sport	Other
<ul style="list-style-type: none"> ● Basketball (2 responses) ● Football (2 responses) ● Swimming (2 responses) ● Skipping ● Trampoline ● Hurling ● Baseball ● Gaelic ● Walks 	<ul style="list-style-type: none"> ● Shopping (2 responses) ● Shopping when I have money to go shopping ● Singing ● Soaps on TV ● Fashion/make-up ● BBQ ● PlayStation ● Not allowed go out - it's a bit boring ● No play space

Identity boxes exercise

The participants then worked in 2 separate groups in an identify boxes exercise and considered the pros and cons of being in care.

What's good about being in care?

- Having fun
- Good to get away from family
- Ringing home
- BBQ with family
- Games - PlayStation
- Playing with friends
- Journey to Cornelscourt

Who looks after you?

- Staff
- House manager and staff
- Mum
- Auntie

What can you NOT do when you are in care?

Family

- Can't see your family every day
- lonely sometimes
- Go home

Restrictions of residential setting

- Staff follow you around everywhere
- Go out and walk on your own - just into the estate
- Go to shops on own
- Go out late to play
- Stay up late

What are your worries about being in care?

- Being lonely

What do you wish for?

Family

- To see my Mum more
- To live with my Mum
- To see my family
- I want to see my family sometimes
- To go on holidays with my Dad

Other

- To have my own house
- To be heard

Summary

In addition to how positive the environment and the experience of the young people is in the residential school, it is also very striking how self-contained the unit is. With the exception of one young person who mentioned her social worker as somebody who makes her feel safe, there is not one other mention made of any external agencies or personnel in the lives of these young people in residential care.





**PART 2:
CHILDREN DETAINED ON
REMAND OR IN DETENTION**

10. DETENTION SCHOOLS

An Irish Court may impose a period of detention on a child under Section 142 of the Children Act 2001. Only boys under the age of 16 and girls under the age of 18 at the time of being remanded or committed by the Courts can be remanded in the Children Detention Schools. However, the Court can only impose this detention order where it is satisfied that it is the only suitable way to deal with the child and, for a child under 16 years of age, where a place is available in one of the Children Detention Schools. There are three such schools for children in Ireland, all located in the Dublin area and managed by the Irish Youth Justice Service.

The purpose of detention schools is to provide a safe and secure environment for the young people who receive a detention order. While detention schools are not prisons, the young people live in a locked environment and are obliged to live their lives according to the policies and procedures in place in the detention schools, as well as any legislation that bans smoking and the use of alcohol and drugs. They are not allowed to leave and are not free to communicate (e.g. by telephone) with whomever or whenever they like. With the exception of when they are locked in their own bedrooms, the young people are also not normally allowed to be on their own at any point and are supervised by staff, as well as on camera in the public areas of some of the schools. Based on this current system in the detention schools, many of the views expressed by the young people in these consultations cannot be readily improved to their satisfaction.

The organisation of the consultations in the Children Detention Schools proved extremely difficult. The directors and staff of the schools were opposed to the idea of bringing young people from the individual schools together to form a consultation group and also to using a methodology whereby the participants played a key role in the direction of the consultations, which they felt would not be suited to the young people in the schools. In addition, the timing of the consultations coincided with the closing of the Finglas Child and Adolescent Centre and the amalgamation of staff. This meant that Oberstown Boys School was not in a position to facilitate a consultation in any form.

Many of the young people who took part in the consultations from the Detention Schools had experienced difficult childhoods and were already living in the care of the State when they were committed to the detention school by the Courts.

Methodology

To accommodate the issues outlined above, a number of informal interviews, rather than a group consultation, were held. There was one informal interview with two boys from Trinity House and two informal interviews with one group of two girls and another of three girls from Oberstown Girls School (thus making a total of 7 participants in the consultation process, *see Appendix*). Some of the young people involved in these informal interviews were in the care of the State in advance of being committed to the detention school. The facilitators conducting the consultations were obliged to follow the schools' procedures and wear personal alarms, as well as being observed on camera throughout the consultations. While the interviewees were largely asked the same questions as participants in the other consultations, the process was obviously very different.

Oberstown Girls School

Analysis

It was clear from the interaction with the participants from Oberstown Girls School that they were well attended to by the staff, although they had a number of issues with the facilities and staff of the school as well as the perceived lack of freedom afforded to them. However, it is also clear that the participants felt neither supported nor listened to by the key agencies and personnel in their lives. While they were able to identify numerous supports and services in their lives, there was no indication that any of them had worked

effectively or that they could rely on any of these supports or services to improve their lives after they had left Oberstown. The girls displayed the most passion and interest for sex, drugs and alcohol, yet their greatest fears were of *'ending up on drugs'* and eventually becoming homeless when they *'got out'*.

Key issues

The main issues identified by the girls in Oberstown Girls School as 'important' were:

- **Lack of privacy:** The girls felt they were constantly monitored and that there was no opportunity to *'speak to each other without staff being there'*. They felt that the *'staff listen to us too much'* and there was nowhere to go and just 'hang out', either alone or with the other girls in the school.
- **Lack of freedom:** In contrast, the girls resented being *'locked up in your room'* for so long - *'being in your room alone from 9.30pm to 10.00am makes you depressed and want to cry'*. They suggested that the rooms be doubled up so that they could share with a friend. The girls also wanted the freedom to meet the boys from the neighbouring boys schools *'even once a week'*.
- **Facilities:** The girls were also critical of the facilities, including the fact that they were only allowed to phone their families and not their friends, and also the lack of cigarettes and money for clothes. On the other hand, the girls pointed out that the school was comfortable.
- **Social workers:** The girls had had negative experiences of social workers in their lives, with some notable exceptions, but as a result were quite critical of social workers whom they felt *'make promises of things they don't do; all they do is make it worse'*. One girl was feeling pressurised by her social worker to live on her own when she turned 18, which was something she did not feel able for.
- **Staff:** The girls acknowledged that *'some staff were very good'*, while others were *'very critical of you personally'* and others *'need to be more respectful of us'*. As outlined above, they felt overwhelmed by the constant attention of the staff and they felt that *'there are too many people asking you how you are'* and *'a lot of the controls just make you angry'*. However, it was also clear that the young people were very dependent on the staff to help them organise and prepare for Court dates and their lives when their period of detention was over.

Having your voice heard

Services and supports

The girls were able to name a number of the supports and services available to them to help them have their voice heard, including:

- | | |
|--------------------------|--|
| ● Key workers | ● Mother (at times) |
| ● Psychologist | ● YAP workers |
| ● Social workers | ● Family meetings with Psychiatrist |
| ● Psychiatrist | ● Courses - AA meetings and anger management courses |
| ● Care plan and review | ● Medical Department |
| ● Big Brother Big Sister | |
| ● Probation worker | |

How do you currently have your voice heard? What works?

The participants were overwhelmingly negative about 'what works' and felt that *'nothing works'*. Indeed, the only positive aspect that they could muster was that *'some staff are very good'*. The other suggestions about 'what works' included drugs, alcohol and cigarettes.

How do you currently have your voice heard? What does NOT work well?

The participants were especially vehement in their criticism of social workers, whom they felt *'only made things worse'*. When asked why this was the case, they felt that social workers *'assume they know what you want and they never ask you what you want and do what they think is good for you'*. In this regard, they did not think that they could have their voice heard by or through their social worker. They were also critical of care plan reviews, which *'make you thick'*, and of their probation officer, who *'only comes to tell you that you are getting locked up'*. Finally, they did not find the courses (anger management and AA) helpful since they *'only tell you what is wrong with you'*.

How would you like to be able to have your voice heard in the future?

Neither of the two groups of girls from Oberstown Girls School were able to offer any ideas about how they would like to have their voice heard in the future. While they understood what was being asked, they could not make any suggestions about anything that might help them voice their opinion better in the future. However, throughout the interview, they indicated that they did not feel listened to or respected by staff, social workers or any of the key agencies in their lives.

Trinity House Detention School for Boys

The two boys interviewed from Trinity House, both of whom were extremely open and articulate, were very positive about their experiences in Trinity House. They were comfortable in their environment, with the staff and with each other as friends in the same 'class' at school. Both boys had reached a point in their sentence where they were on leave every weekend, which was a source of significant joy for them.

Analysis

It is hard to know whether these boys represent the typical experience or outlook of boys in Trinity House. Both were exceptionally confident, articulate, close to their families and nearing the end of their detention period. While they had a number of suggestions for improvement around access to facilities and the lack of freedom, as well as being critical of a key staff member, they were predominantly positive about their experience of the school and the wider staff, albeit living to '*get out*' permanently. In addition, if necessary, they would both make their voices heard and ensure they were listened to by staff and other agencies.

Key issues

Services and supports

The boys were able to identify a number of supports and services, including:

- their key worker
- their unit manager
- going home to family

Both boys felt very supported by their family and friends at home. They were also very confident in their own ability to support themselves.

What is good about living here? What works?

Both participants felt that '*most staff are dead on*'. Their key worker was also a positive influence in their lives and somebody whom they respected. They were also positive about the rooms and the food, which they described as '*grand*'. They both had various hobbies, such as singing and watching sport, and welcomed other activities like school, '*mostly because they make the day go faster, otherwise you're thinking about going home all the time*'.

What does not work well?

- **Staff:** The boys were critical of the child protection system in place. In addition, they expressed a lack of confidence in the mechanisms for reporting complaints.
- **Lack of freedom:** While the boys were at a stage in their sentences where they were very accepting of their detention, they had some issues about their lack of freedom, most notably:
 - Not being able to smoke - they felt that if you were over 16 and/or if you had consent from your parents to smoke, you should be able to smoke.
 - Too hard for friends to visit - the boys felt the school made it too difficult for friends to visit, by requesting ID and quizzing them at the door - one said, '*You wouldn't even bother asking your friends to come and visit*'. They also felt that people in regular prisons had more access to friends, while the Detention Schools were determined for people not to have friends.
 - Taking away home visits as punishment - while the occurrence of this was relatively rare, taking away home leave was often used as a threat and '*was always hanging over you*'. Because this was what the boys actually lived for, they were very anxious that this could be taken away.

- **Facilities:** The boys were aware of what they perceived as better facilities in Oberstown School for Boys, including a weights room and tennis. They had asked for access to these facilities, but were denied. They felt that they should have these facilities as well. They also complained about the 'boredom' and routine, and felt that there should be something different to do every two weeks to break the monotony.

Having your voice heard

While both boys understood what was being asked, they mostly felt that if they needed to voice their opinion or have their voice heard, they would make sure that happened. This is, in large part, to do with their own self-confidence and self-belief. However, they also felt well supported inside and outside of the detention school and to that end said that if they needed to be heard, they would approach their 'key worker' or 'unit manager' and be confident that what they had to say would be listened to, if not acted on. Asked what they would most like to have their voice heard on currently, they referred to three issues:

- Visiting times and procedures: The times should be extended and it should not be so difficult for friends to visit.
- More phone calls: There should be more than three phone calls (15 minutes each) allowed per day.
- The Director and Child Protection person should be different since '*I wouldn't go to the Director if I had a complaint*'.

11. ST. PATRICK'S INSTITUTION

St. Patrick's Institution is a closed institution for male offenders aged 16-21. It is managed by the Irish Prison Service. Young boys are sent to St. Patrick's because they have been sentenced or are on remand for a criminal offence. Although the majority of young people aged 16-17 are accommodated separately, their freedom is limited in the same way as any regular prisoner.

The consultations were open to all of the boys in 'B Division', i.e. those aged between 16 and 17. Each received a poster advertising the consultations and the Project Manager made two visits to explain what the consultations were about. The Assistant Governor and other staff members also encouraged the boys to participate in the days leading up to the consultation. In all, 36 boys participated in the first consultation to be held. Many of them displayed challenging and disruptive behaviour. This was the first occasion on which these young offenders were permitted to take part in an activity with so many of their fellow-inmates, so while the OMCYA team were permitted to conduct the consultation without the presence of any of the Institution's staff, the entire event was observed by numerous guards from an overhead gallery and observation office lest there was any significant trouble. In addition, aspects of the boys' daily routine needed to be maintained, including returning to their cells to eat their meal at lunchtime.

Methodology

The 36 participants were invited to identify the issues that they felt were 'most important' to them. These key issues were then discussed in workshop settings and the participants chose the workshops they wanted to attend, with the option of moving from one workshop to another. The participants were asked to choose the three most important issues and these were then presented back to the main group for a final 'vote off' on the Top 3. The participants were given 3 'sticky dots' each for the voting, which they could use in any way they wanted to determine 'the most important issues' overall.

The second set of workshops centred on what opportunities the young people currently had to express their views in St. Patrick's and of these, what worked well and what did not work. The participants were then invited to contribute any ideas that they had on how they could have their voice better heard or express their views in the future. Another 'vote off' was then staged, using the same 'sticky dots' (per round of voting) to prioritise the outcomes.

Overall analysis

It is clear from the outcomes of the workshops and voting sessions that there were a number of issues of particular importance to the participants in the consultations. Independent of what topic was being discussed, these issues pervaded every conversation and discussion, and can be captured under the following headings:

- staff;
- facilities;
- freedom issues;
- alcohol and drugs.

Staff

The participants reported that the relationship between staff and the participants was not good. While a lot of the anger and grievance pertained to a number of alleged serious incidents that were directed at one participant, all of the participants felt aggrieved by these incidents and also claimed that they were subject to verbal and physical abuse on a daily basis. The participants felt that the underlying reason for this was that *'staff think we are scum'* and *'do not treat us with any respect'*. This was accompanied by an expressed belief that *'we are scum and don't deserve respect'*. The participants also felt that the *'staff were lazy'* and in some instances came to work *'with drink on their breath'*. However, the participants were also aggrieved that the officers *'ran for our drosies'*⁴, with only a small number acknowledging that this was part of their

⁴ A 'drosy' is a package of drugs thrown into the prison yard for use by the inmates.

job. The participants did acknowledge that where staff treated them with respect and talked to them like human beings (*'about 2 in 20 guards are alright'*), this was something that worked well and which helped them greatly.

Facilities

The participants were critical of a number of the facilities, but were particularly unhappy about the following:

- **Telephone:** Participants wanted more calls and more people on the phone card. However, most important to them was a phone box to give them some privacy while making their calls.
- **Shop:** The participants felt that the shop should be open on more days during the week (about 3-4) and have more stock.
- **Showers:** Currently, the participants are allowed to shower twice a week. They were calling to be allowed to shower every day and especially after gym sessions.
- **TV/video games:** The participants were keen to have more TV channels available, claiming that some of the available channels were in German, and actually voted bringing in or buying PlayStation as the second most important issue overall.
- **Cells:** A number of cell windows did not close, which meant that the cells were extremely cold. To counteract the malfunctioning windows, the boys had asked for an additional duvet for the winter.⁵

Freedom issues

A number of the issues raised related to the *'lack of freedom'* afforded to the boys in St. Patrick's Institution. The *'freedom to wear our own clothes'* or at the very least *'to have our own jumpers'* emerged as the top issue in all three of the final voting sessions. Citing the fact that prisoners in Mountjoy were allowed to wear their own clothes, this issue was particularly important to the participants and they maintained that *'if we wore our own clothes, we'd take more care - they wouldn't get ripped'*. The other issue that sparked much debate was the need for screens and/or guards during visits. While many campaigned for others not to waste a vote on this (because *'they'll never change that'*), others felt strongly enough to vote it as the third most important recommendation for the future. While the participants acknowledged that *'this will never happen'*, the desire for *'privacy'* and some *'conjugal visits'* meant that *'no screens on visits'* was voted as the single most important issue for young people in St. Patrick's.

Alcohol and drugs

The role of alcohol and drugs could not be ignored in St. Patrick's Institution. Many of the participants' lives revolved around alcohol and drugs before they came to St. Patrick's and in many cases this does not change while they were there. As the Top 3 issues of the workshop on 'Alcohol and Drugs' indicate (see below), *'alcohol and drugs are the reason you're here'* and *'nobody wants to get off them in here. You need help, but you don't want it'* because *'they make the day go quicker'* and *'help you forget'*. *'Having a few joints'* was the third most important issue when asked 'what works well?'

Consultation outcomes: Key issues

The main issues identified by the participants for discussion in workshop settings were:

- telephone (lack of);
- freedom (lack of);
- facilities;
- food;
- visits;
- family, friends and relationships;
- staff and abuse;
- alcohol and drugs;
- entertainment.

All of these topics were discussed in workshops where the participants prioritised the main issues of importance. These prioritised issues were then presented back to the larger group of participants who were invited to vote on the Top 3 'most important' issues overall (see Table 31).

⁵ Additional duvets were provided the week after the OMCYA consultations for anybody that needed them.

Table 31: Outcome of voting on 'most important' issues

Issue	No. of votes
More visits and phone calls	3
Better shop stock	1
No screens on visits	37
Bring in/buy PlayStation	18
Showers after sport	0
Change of clothes after sport	1
Daily showers	5
Shop open 3-4 times a week	1
Better mattresses	0
Phone box/privacy	2
More choice/changes to food	0
Bigger meals at dinner and lunchtime - not enough	0
Staff abuse - sexual assault	5
Staff abuse - physical assault and verbal abuse	7
Complaints system - never goes anywhere. Ombudsman on the outside	4
Conjugal visits/miss girls	1
Longer visits	1
More people on phone card	15

Most important - Top 3 issues

- No screens on visits
- Bring in/buy PlayStation
- More people on phone card

Having your voice heard

While the afternoon sessions were dedicated to exploring 'how do you have your voice heard?' and what works and does not work about that, much of the discussions veered back towards 'immediate needs and issues' since the notion of 'having your voice heard' was quite alien to the majority of the participants. Although they understood what was being asked, they were quite unanimous in their view that *'nothing ever changes anyway'* and that *'having a riot in the yard was the only way to get listened to'*. In light of this, they were not especially interested in exploring the merits or otherwise of how they currently 'express their view' or in making recommendations for the future. Because of this, many of the outcomes and points made refer to the issues that they were most eager to talk about.

Four individual workshops were held, but for the purposes of the report, the outcomes from all the workshops are amalgamated.

How do you currently have your voice heard? What works?

The participants were asked to identify what ways currently worked to express their views. However, the participants identified what works and what would work in a more general sense. The main points raised were:

- **Having your voice heard**
 - Being listened to
- **Staff**
 - A good Governor
 - Having a sound officer
 - 2 in 20 guards are alright
- **Facilities**
 - Having more phones
 - Get a 6-minute phone call
 - Telly
- **Freedom-related issues**
 - Having freedom to wear your own clothes
 - Having your own property in your cell
 - Getting recreational time back (e.g. missed phone calls)
 - Having a watch
 - Visits from family and solicitors
- **Other**
 - Don't get punished for other people's mistakes/wrongs
 - Having a bit of company
 - A few joints

The participants in each of the 4 workshops were then asked to prioritise the most important issues, which were then presented to their peers before an overall vote to establish the 'Top 3' overall issues (see Table 32).

Table 32: What works well?

Issue	No. of votes
A few joints	12
A good Governor	2
Visits from family and solicitors	9
Having sound officer	0
Get a 6-minute phone call	4
2 in 20 guards are alright	12
Telly	6
Getting recreational time back (e.g. missed phone calls)	5
Having freedom to wear own clothes	45
Don't get punished for other people's mistakes/wrongs	6

What works well - Top 3 issues

- Having freedom to wear own clothes
- 2 in 20 guards are alright
- A few joints

How do you currently have your voice heard? What does NOT work well?

Responses related to the expression of views or having your voice heard included:

- Not listened to - 'told to fuck off'
- Being moved wing with no consultation
- Simple requests not listened to/nothing done
- No action for investigation or complaints
- Waiting to see professionals for months

However, the responses kept coming back to more general issues, such as:

Staff

- Staff are lazy
- Staff don't care
- Officers running for 'dropsies'
- Officers putting mice in cereal and toothbrushes down toilets
- Behaviour of staff who have drink on their breath at work
- Officers are liars
- Being a prisoner, you are a scumbag to officers

Freedom-related issues

- Wearing prison clothes - If we wore our own, we'd take more care - they wouldn't get ripped. Jumpers would be good
- Sending us to protection landing
- Technically an institute, but feels like a prison

Facilities

- TV
- Visits, family and solicitor
- Someone to help you get through - friends on the outside and inside
- Telephone calls
- Exercise
- AA/NA don't work
- Treated like kids

The participants identified their priority issues in workshop settings, which were again presented to their peers before a vote to establish the Top 3 overall issues (see Table 33).

Table 33: What does not work well?

Issue	No. of votes
Officers putting mice in cereal and toothbrushes down toilets	13
Behaviour of staff who have drink on their breath at work	19
Wearing prison clothes - If we wore our own we'd take more care - they wouldn't get ripped. Jumpers would be good	52
Officers running for 'dropsies'	3
Staff don't care	4
Staff are lazy	0
Officers are liars	0
Being a prisoner, you are a scumbag to officers	11
No action for investigation or complaints	0

What does NOT work well - Top 3 issues

- Wearing prison clothes - If we wore our own, we'd take more care - they wouldn't get ripped. Jumpers would be good
- Behaviour of staff who have drink on their breath at work
- Officers putting mice in cereal and toothbrushes down toilets

How would you like to be able to have your voice heard in the future?

A number of suggestions centred on 'having your voice heard' were put forward by the participants, including:

- Having a person that can represent us
- Be treated like humans, with respect
- Respect from prison officers
- Have someone we can speak to who does not work here
- Council of lads to meet with management
- Get Minister for Children and Youth Affairs in to visit and discuss issues
- People who will listen

In addition many of the recommendations again related to general issues, including;

<ul style="list-style-type: none"> ● Facilities <ul style="list-style-type: none"> • More TV channels • Better drug and alcohol treatment • Better detox facilities when you come in first (alcohol) • Phone cards; more time to talk to family/ friends (privacy) • Shop - more stock, more time ● Staff <ul style="list-style-type: none"> • Officers should not smell of drink 	<ul style="list-style-type: none"> ● Freedom-related issues <ul style="list-style-type: none"> • Later lock-up at night - more freedom • Have our own jumpers • More privacy when talking on the phone • No screens for visiting/privacy around visits ● Other <ul style="list-style-type: none"> • Medication for depression
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The participants again prioritised their issues in each of the 4 workshops, before an overall vote was conducted to establish the 'Top 3' (see Table 34).

Table 34: Recommendations for the future

Issue	No. of votes
Officers should not smell of drink	0
Have our own jumpers	33
Have someone we can speak to who does not work here	3
Shop open more	11
No screens on visits	11
More privacy when talking on the phone	1
Later lock-up at night	3
Get Minister for Children and Youth Affairs to visit and discuss these issues	7
Be treated like humans, with respect	7
Council of lads to meet with management	0
Medication for depression	0
More TV channels	43

Future recommendations - Top 3 issues

- More TV channels
- Have our own jumpers
- Shop open more OR
No screens on visits

Summary

Although the notion of 'having your voice heard' was somewhat alien to the participants locked up in St. Patrick's Institution - and they felt they could only express their views successfully by '*having a riot in the yard*' - the participants were very willing to engage in the consultation process and were open and honest in their accounts of their experiences. While they acknowledged that some of the issues they presented could not be addressed, they were keen to express all those issues that were important to them, even if that were the case. Although the participants made some suggestions on mechanisms to express their views in the future, such as '*having someone to talk to who does not work here*' and were especially interested in '*a visit from the Minister to discuss these issues*', these points received few votes compared to their more practical, immediate and pressing needs. However, it was clear that these boys have rarely been asked for their input or opinion, never mind being listened to, either inside the confines of St. Patrick's Institution or perhaps outside.





**PART 3:
ANALYSIS AND
RECOMMENDATIONS**

12. KEY FINDINGS AND ANALYSIS

It is clear from the previous chapters that while there was a multitude and diversity of issues put forward by each of the groups consulted with, there were also a number of common themes that emerged during the consultations.

Birth family

The issue of 'access' to the birth family is quite complex. While the majority of young people want to have access to their family, there are also those who feel that visits to their family are somewhat foisted on them and something about which they have very little say. That said, the importance of having 'access to family' was stressed by the great majority of the different care groups consulted with, especially those in foster care and residential care. Indeed, having access to one's family generally topped the polls on what was 'most important' and what 'works well' in Dublin, where access seemed particularly difficult to organise and much more infrequent than desired by the participants. Moreover, the young people who had recently left the care system felt that maintaining 'access to family' often required insistence from the young person in care to ensure that it actually happened.

Having access to siblings and the wider family unit was also considered pivotal for young people in care, even in instances where there was no aspiration to have a relationship with the parents. The participants spoke of the very significant bond between siblings in care and there was an overwhelming desire to be placed together in care. Indeed, it was a source of considerable sadness when siblings were separated and forced to live in separate houses and even separate locations. It also emerged that many participants did not know or have a relationship with many of their siblings since they rarely or never got to see them. In a number of cases, they did not even know where their siblings lived, which was also a source of considerable sadness for the young people concerned. The young people also noted that when they did get to visit their siblings or indeed their parents, '*social workers don't give you a minute on your own*', which made it difficult to develop real relationships. Quite significant numbers hoped that '*one day*' they would return to live with their parents. This was especially the case if the issue with the parents was seen by the young people as something temporary, such as the abuse of alcohol or drugs or if their parents were incarcerated.

However, a number of the participants also felt that young people in care should have a choice about whether or not they have to visit their parents once they reach the age of 16. They felt that young people should be asked on a case-by-case basis whether they actually wanted to see or have a relationship with their birth family. Nevertheless, it remains the case that, on the whole, young people craved more regular access to their birth family. It should be noted that the desire for more regular access was steadfast even where there had been considerable emotional upheaval and difficulty in the relationship between the young person and their family, which accounted for the majority of cases.

Care system

A number of the common themes related directly to the care system, namely:

Social workers

The information in the previous chapters would indicate that the participants had a predominantly negative attitude to and experience of social workers. However, some of the participants acknowledged that '*some are really good*' and that '*if you get a good one, they work well*'; others acknowledged that social workers are adept at working the care system on behalf of young people and can '*get family visits*' for young people. The participants also appreciated when social workers were honest and open with them, when they gave them '*straight answers*' and when they considered their opinions to make the 'right' choice rather than just automatically addressing the concerns of adults or carers. Indeed, the 8-12 year-old participants in foster care were almost entirely positive about social workers and considered them as people who listened, helped and supported them in their lives, with the result that a change of social worker was quite

a traumatic event for these participants. However, it is important that this information is contextualised by the fact that the Project Delivery Team met with a number of caring and supportive social workers who were actively encouraging and supporting young people to attend the consultations in the course of the consultation process.

The vast majority of participants, aged 12 and over, had negative experiences of social workers, who generally featured in the overall votes on 'what does *not* work well'. This was often because young people felt that they were simply not being listened to by their social workers and therefore could not count them as people who helped them to 'have their voice heard'. In addition, the participants felt that the social workers made promises, but did not act and that '*all they do is make it worse*', to the extent that many participants wanted to have the option to choose whether they had a social worker or not. The other most significant complaint from the older age groups was that '*you never see them*' and it proved impossible to get a meeting because they were generally unavailable. Indeed, many participants felt that their social worker was only around when they were being moved or in trouble. This was most acute in Dublin. Much of the negative comment pertaining to social workers was not directed at any individual, but at the system: young people perceived that social workers were overloaded with cases, based in different counties to where young people were living and were changing constantly. In addition, they felt that social workers should be more carefully assessed before they were qualified and more carefully evaluated in their role.

Despite this overwhelming negativity, it is interesting to note that the young people recommended the need for more social workers, indicating that if the young people had the opportunity to meet with their social workers more regularly, this is a system that could still work. In effect, the young people indicated that they just wanted to know that social workers would be available to talk to if or whenever they needed them.

Care plan reviews

While there were some people, particularly those in foster care in Galway, who felt that care plan reviews could be an opportunity for young people in care to 'have their voice heard', the vast majority of participants did not agree and were very critical of the review process. In fact, some of the fiercest criticism was reserved for the care plan reviews, which were largely seen as a '*waste of time*'. In any event, the description of the care plan reviews would not indicate that they are ideal places for young people to 'have their voice heard'. On the contrary, many participants described the atmosphere as intimidating, which is explained in part by the large number of officials and personnel present at the review meetings, none of which is the decision of the young person. Young people reported that it was very hard to raise issues in this atmosphere, but even if they did, they did not feel listened to or taken seriously, and found that adults just '*took over decisions*'. In addition, the experience of the participants was that '*nothing changed*' or that there was no follow-up as a result of the review. With this experience, combined with hearing a raft of negative things about themselves, it is little wonder that the young people '*felt like a number or a file*' and that the reviews were a complete '*waste of time*'. Ultimately, this pessimistic attitude means that young people in care do not feel that they can contribute to the process where key decisions are made that greatly affect their lives. The participants suggested that review meetings should take place more often and comprise fewer people so that young people could make their contributions in a safer and less intimidating space.

Disruption

The participants deemed the constant moving between placements (and sometimes care settings) as an extremely destabilising factor in their lives in care. Even the young people who had recently left the care system remembered the constant moving as one of the most unsettling aspects of living in care. While many participants reported being settled with a family for the majority of their lives in care, particularly in the case of relative care, it was also extremely common that participants had had multiple placements, especially those who were slightly older. The multiplicity of placements, which might mean having 20-30 placements in a lifetime, meant that young people were constantly moving families, houses and schools. This resulted in '*losing your friends*' each time, which was highlighted as a particularly painful impact of this constant moving. In effect, the young people were quite unanimous that '*you can't settle if you are constantly moving*'. The disruption of '*constantly moving*' placements was coupled with '*constantly changing staff*', whether this was social workers or key workers in residential units, which further unsettled

the young people. The disruption was made worse again if the move involved families or siblings being split up and placed in different locations with limited contact between each other.

This trend lent itself to a recommendation, if not a plea, that young people in care are '*not moved around excessively*' and that all available options, such as neighbours, godparents and other family members, are explored first before moving the young person to another placement and location. The participants also made the practical suggestion that even if their placement does change, they should be '*kept in the same area*', so that even if they have to change family and house, they do not have to change school, their interests and lose their friends all in one move.

Confidentiality and privacy

The lack of privacy around personal information was considered a very significant issue for young people in all care settings. Many young people referred to the '*constant record keeping*' and questioned the need to document everything in writing, particularly during visits between siblings or with family which they found unnerving. The participants in aftercare felt that the constant documentation of what was perceived as less important information was ironic in light of the fact that '*important family histories*' were not documented. One participant also questioned the wisdom behind giving a full case history to a foster family so that '*when you arrive, they know everything about you and you know nothing about them*', which she felt immediately disempowered her in a new setting.

The fact that '*nothing is confidential*' was also of concern to young people in care. There was a feeling that no one person took responsibility for their issues or problems, but instead everything was discussed by everyone with the result that '*everybody knows everything about you*'. This resulted in young people in care feeling that they could not confide in anyone, even in school, because '*if you share with the staff, it is not confidential*'.

Money

Young people in care did not feel that their monetary allowance was enough to allow them to conduct the same lifestyle as their peers who did not live in care. This was especially acute in residential settings and among separated minors seeking asylum. Some of the young people in aftercare felt that the monetary system with foster families needed to be more transparent and that young people in foster care should be given clear information on what allowances they were entitled to.

Provision of clear information

The young people identified a need for clear information on being in care, including an explanation of the 'rules', benefits and entitlements. More important was that young people would be informed, in an age-appropriate manner, about their family history and care situation.

Difficulties created by being in care

Consent: The issue of consent was discussed at length by the participants, both formally and informally. Depending on the circumstances of each care situation, gaining consent for school trips and other regular activities proved problematic for many young people in care, particularly where consent needed to be sought from the birth parents. Young people were particularly upset at not being able to participate in spontaneous 'sleepovers' with their friends since Garda clearance/consent could not be obtained quickly enough.

Making friends: Because of the constant moving and disrupted lifestyle imposed by the multiplicity of placements, young people in care continually found themselves in a position where they needed to make new friends. Aside from the fact that the young people were already coping with an enormous load because of a recent move, they also found it increasingly difficult to make friends as they got older because their peers had already established friendship circles.

Aftercare

It became apparent throughout the consultations that young people had very limited, if any, information on aftercare and as a result had an immense fear of *'turning 18'* and of what aftercare involved. Indeed, many of the young people in care had erroneous information on aftercare services and what living in aftercare, and eventually independence, actually meant. This fear resulted in young people actually dreading their life after care, with the prospect of going to college the only aspect that they felt they could look forward to. It was also apparent that aftercare services varied enormously in each area, resulting in considerable confusion and increased fear among young people about what they could expect. It was only the young people in aftercare or now living independently who were able to confirm that the lack of information on aftercare and the resulting fear about aftercare was actually worse than the experience itself, which had been quite positive for many of them. These fears about aftercare were much more acute for the separated children seeking asylum since it marked the end of their lives as they knew them because they perceived that *'all of your rights are taken away'* once you turn 18.

Role of other agencies

The participants in all of the consultations named a variety of organisations and individuals that played a key supportive role in their lives. The organisations included Government organisations and non-governmental organisations involved in the care system, as well as more general youth organisations. School played something of a mixed role for them, with some young people in care, especially those minors seeking asylum, seeing school as a significant support, while others had a more negative experience of schools because they were *'slagged for being in care'*. The individuals mentioned as supportive included youth workers, mentors, counsellors and teachers.

While these individuals and organisations play varied roles in participants' lives, the need for and the importance of them to the young people in care stem from one need - to have one person in their lives that they can trust, go to for help and, most importantly, who will listen to them. The participants had no preference about who the individual was or what agency they came from as long as they had one person in their lives that they could rely on to listen to them and help them. However, the role of this person was considered vitally important and a key positive in their lives.

The role of friends is worthy of particular mention since *'having close friends'* was voted among the 'most important' and 'what worked' issues in both foster care and residential care, including in detention settings. The participants considered their friends as people whom they could trust, who *'stuck up for you at school'*, gave advice and ultimately who were like their family.

Importance of the voice of the child

There was a general consensus that there was more need to consult with young people on decisions being made and practically all of the participants called for *'more meetings like this'* (meaning the consultations). The young people who had recently left the care system were particularly strong on this point, emphasizing the importance of *'listening and respecting what a young person has to say'* and *'getting a young person's opinion before making a decision'*. It was also suggested that young people should be consulted on the type of family that they wanted to live with, as well as the type of environment in which they would like to live (e.g. an urban or a rural setting). Overall, the participants felt that the opinion of young people in care should be sought before any critical decisions about their lives were made and it was obvious that the care plan or care plan review did not satisfy this need (see above). It is also interesting to note that in a number of consultations, the young people really struggled for ideas on how best to 'have your voice heard': it was apparent that there was a limited understanding of this concept because it had not been their experience to be asked for their opinion.

Limitations of being in care

The lack of access to one's family was considered the main limitation of being in care (see above). In addition, the difficulty in making new friends when constantly being moving around and living a disrupted existence has also been documented. Being picked on by 'friends' was also a difficulty created by being in care and it was predominantly for this reason that many young people in care expended considerable energy hiding the fact that they were in care from their friends. This resulted in them hiding some facts about their lives and lying about others in order to maintain the secret of their identity.

Role of drugs and alcohol

The role of alcohol and drugs in the lives of young people was certainly a common theme, especially, but not exclusively, for young people who were in the detention schools or in St. Patrick's Institution. Effectively, many young people in care abused alcohol and/or drugs as a form of escapism from their lives and moreover did not have any intentions of changing that practice. In addition, many of the participants in the consultations recounted experiences of their alcoholic or drug-abusing parents, which ultimately led to them being taken into care.

Common themes specific to young people in residential/detention settings

In addition to the commonalities listed above for all of the young people in care, there are a number of key common themes for young people in residential and residential detention-style settings that emerged at the consultations. These included:

- **Staff:** While the young people obviously had varied experiences in such a diversity of residential settings, it was clear that their relationship with the staff in their residential setting was really important to them. Where the relationship was not a good one, this had a very negative impact on their lives and if the young person felt that even one key staff member was not on their side, it made life quite difficult for them. Conversely, where the relationship was good and young people felt supported and respected, young people really benefited positively from this relationship. Even in St. Patrick's Institution where the relationship between the young people and staff was not good at all, the young people acknowledged that where staff members did treat them with respect and '*as human beings*', it made an enormous difference to their lives. In all instances, young people were extremely dependent on the staff in their individual settings, making that relationship with them all the more critical. However, many young people did not feel supported or listened to by the staff in their lives.
- **Facilities:** While there was criticism of a variety of facilities in each of the residential settings, the most common criticism was of the limited access to the Internet as well as restrictions on video games such as PlayStation and television. In fact, young people felt that their limited access to these facilities most marked them out as different among their peers since they could not participate in conversations about these facilities as equals.
- **Lack of freedom and rights:** The lack of privacy was further emphasized by those in residential settings. Some of the young people complained of their rooms being checked in their absence. They also felt '*constantly monitored*' and that they had no time just to '*hang out*' and '*be alone*' as other teenagers like to do. In addition, the perceived excessive recording of information seemed to be heightened in residential settings with '*everything written down*' about even daily events.

It was also a common complaint that the rules in residential settings were unworkable, particularly for teenagers. Both the curfews and bedtimes were perceived as too early and prevented them from having a social life with their friends, especially at weekends, which, again, they believed marked them out as different from their peers.

Common themes specific to young people in foster care

There were two separate key common themes that emerged from the consultations with young people who were living in foster care or who had previous experience of the foster care system.

- **Being treated as '*one of the family*':** To credit a foster family with treating foster children the same as their own children was the highest praise that could be afforded by a young person in foster care. Conversely, when young people perceived that they were treated differently to birth children, this provided some of the greatest hurt and difficulties for young people in care. Being treated differently was measured in quite a practical way, such as being given different monetary allowances, meals or even extra rides at a funfair. However, the young people maintained that they experienced most rejection and hurt when the birth children were taken on holidays while the foster children were sent to respite care, something that many foster children had experienced. The young people felt that the final marker for being treated as '*one of the family*' was when they were allowed to stay in a foster family where they were happy after they turned 18, just as birth children might. Where this happened, young people felt accepted into the family and strongly

believed this should be supported financially by the State. Where it did not happen, many young people felt that they had merely been a transaction in a business arrangement.

- **Compulsory background checks for and evaluation of foster families:** The young people felt that it was of the utmost importance that families be at the very least Garda-vetted before they were allowed to have foster children in their home. Furthermore, they believed that the suitability of families for fostering should be more rigorously evaluated and that this evaluation should continue throughout their fostering tenure.

13. RECOMMENDATIONS FOR THE FUTURE

The overall aim of the consultations stated the need to '*make recommendations on future structures to be established for children and young people to express their views*'. While some of the recommendations for the future pertained more to the system of care, the participants also made a considerable number of extremely relevant and practical recommendations on new systems or structures that would improve the prospects of young people in care being able to 'express their views' or 'have their voice heard'. The recommendations made by the young people are outlined below.

Hearing the voice of young people in care

Meetings of young people in care

- Regular meetings should be held to enable young people in care to meet, learn from and support each other.
- An official 'forum' of young people in care should be established.
- A separate 'forum' specifically for young people seeking asylum should also be considered.

Support mechanisms for young people in care

- A dedicated telephone line for young people in care should be established.
- A 'mentor' should be made available for every young person in care and detention.
- Counselling services should be more widely available and affordable.

Care plan reviews

- The care plan review system should be re-examined.
- Fewer adults should be in attendance at care plan review meetings.
- Young people in care should have a say in who attends the care plan review.

Social workers

- Social work practice and the way in which social workers interact with young people in care needs to be reviewed and improved.
- An examination of why younger children reported positive experiences of social workers while the older cohort reported negative experiences.
- The current training for social workers needs to be reviewed and young people should play a role in any new training provided.
- Social workers need to have manageable caseloads of young people, who are located in their vicinity.
- Social workers need to have a position of authority to influence any necessary changes being sought by the young person.
- Young people should have a say in the role that social workers play in their lives.
- Young people should have a role in assessing the suitability of a social worker for them.
- Social workers should undergo further and continuous training.
- Social workers should be consistently evaluated.

Birth family access

- Young people in care should have an input into the level and type of access that they want to have with their birth family.

Foster family

- Foster families should be more carefully vetted and assessed before children are assigned to them.
- There should be compulsory training for families that wish to foster children.
- Foster families should be consistently evaluated.

Information

- Information on how the care system and the detention system work should be made available to all young people in care.
- Information on family background should be made available to the young person in care in an age-appropriate manner.

Culture of participation

- A culture of participation should be nurtured throughout the care and detention systems.

System of care for young people

Foster family

- An examination of why younger children reported positive experiences of foster families while the older cohort reported negative experiences.
- Foster children should be treated as 'one of the family'.
- Foster children should be financially supported to stay with a foster family after they turn 18.
- There should be more visible campaigns to recruit foster families.

Aftercare

- More information should be made available about the aftercare system and at an earlier age.
- Consistent aftercare services should be made available in all areas.
- Availability of aftercare workers to work weekends and evenings.

System of care practices

- Reasonable access to birth parents and siblings should be facilitated.
- Every avenue of care should be explored to ensure minimum disruption when young people are first placed in care.
- New placements for young people should be in the same vicinity as the previous placement so as to cause minimum disruption in their lives.
- Practices around confidentiality and privacy of information should be re-assessed.
- Practices on gaining consent should be re-assessed.
- Practices of constant record-keeping should be re-assessed.

The young people in detention settings also made a number of recommendations. Again, these mostly pertained to practical issues, such as facilities, but in relation to 'having a voice' or 'expressing their views', young people in detention recommended:

- Being treated like human beings (St. Patrick's Institution) and being respected by staff.
- Having a representative group to bring the views of young people to management.
- Having someone to talk to who does not work in the detention setting.
- Having a visit from the Minister for Children and Youth Affairs to discuss relevant issues.





**PART 4:
YOUNG PEOPLE
WITH SIGNIFICANT
DISABILITIES**

14. YOUNG PEOPLE WITH SIGNIFICANT DISABILITIES

This final chapter of the report examines the views of a small group of 9 young people with significant disabilities. Many of these young people could not speak and were not able to engage in the same kind of consultation process open to their peers without disabilities. Some gave their views using pictures to communicate and some of the views outlined rely on reports of people who were selected to speak on behalf of the young people with disabilities. Thus, given the different approach needed to access the views of this group, the methods used to collect data and the information obtained from the young participants are presented as a separate part of this report.

Executive Summary

Accessing and representing the views of young people with significant disabilities is challenging. The greater the communication impairment, the harder it is to give voice to these young people and the greater the risk of overlooking or silencing the voices of this very vulnerable group. As part of this project, 9 young people with significant communication impairments were recruited to share their views on issues that are important to them. Five had severe-profound intellectual and communication impairments and their views were accessed through proxy interviews with staff who know them well and through video-recorded observation (Group 1). Two young people participated in verbal interviews that were audio-recorded (Group 2). A further two younger participants engaged in interviews supported by pictures and brainstorming (Group 3). Themes that were explored in the interviews and through the observations were:

- Issues that matter to young people in the care setting in which they live.
- How do they currently express their views? How do they communicate? How effective are they in expressing themselves with a range of communication partners?
- In the future, what mechanism could be used to facilitate them in expressing their views?

Although every effort was made to ensure that participants' views were accessed directly, some of the findings reported here rely to an important extent on inference rather than direct report. A number of steps were taken to reduce the risk of misinterpretation or bias in these reports, including the use of multiple sources of data whenever possible.

Findings for Group 1: Young people with severe-profound intellectual disability and multiple disabilities (5 participants)

How do these participants express their 'voices'?

Getting to know these participants and how they communicate takes time. Their ways of communicating are ambiguous and difficult to interpret. Even those familiar to them may differ in how they 'read' their communication. While staff could often identify when participants were in a negative emotional state, they found it hard to work out what exactly that meant (anger, pain, illness, frustration). It is important that staff have the opportunity to get to know the participants over extended periods of time to build an understanding of their communication. Not surprisingly, these young people were reported to 'talk' to staff rather than their peers.

Issues that matter

The physical environment and the sensory opportunities available within it emerged as crucially important for this group. Access to a range of physical activities and outings was also important, while leisure opportunities, such as TV or interacting with people, were relatively unimportant. Strong dislikes centred largely on daily care routines, such as washing, dressing and tooth-brushing. As these activities are essential for health and well-being, they can be stressful for staff and participants alike.

The environment also featured strongly in the theme of dislikes, with crowded, noisy environments being particularly problematic. Staff reported few, if any, changes in patterns of likes or dislikes in the participants. Understanding the specific triggers of distress relies on getting to know each participant individually.

Family, and contact with family members, was mentioned as the most important issue in 10 of the 13 proxy interviews conducted. Choice and opportunities for self-determination were not mentioned in interviews as being important, although staff were observed to offer choices in their interactions with these young people. In terms of priorities, these findings suggest:

- Contact with families is perceived as very important for these participants.
- The physical environment is crucially important for this group, who may be more vulnerable to its influence, both positive and negative, than other groups of young people.
- Sensory experiences may be essential in mediating their emotions, substituting for the social interaction of others their age who have no communication impairments.
- Opportunities for physical activity, such as running, swimming and using a trampoline, were reported as important and sought-after activities, replacing to some extent the common leisure activities of TV, computer games or reading of peers of the same age without intellectual disability.
- Structured supports may be needed in relation to managing routines of daily care, both for staff and for the participants.
- Information about perceived likes and dislikes could usefully be compiled in a communication passport (see CALL Scotland, www.communicationpassports.org.uk).
- Awareness of the importance of making choices should be enhanced and supported.

What should change?

In terms of what this group of participants would change in their lives, some staff suggested that increased contact with families would be the primary factor, while others mentioned changes in the physical environment, increasing the range of activities available and increased supports for communication.

Summary

The voices of the young people in Group 1 are particularly difficult to 'hear' since their communication is very difficult to interpret. Even those very familiar with them may read communication signals differently. Structured supports are needed to help ensure continuity of communication success. A number of themes emerged as particularly important for this group:

- the physical environment and related sensory experiences, to some extent replacing the dialogue that allows others with effective communication skills to regulate experiences;
- contact with family;
- ensuring familiarity and continuity in at least some core communication partners, given the challenges of interpreting the communication of these participants;
- opportunities for physical activity, replacing leisure experiences such as TV or computer activities for peers of the same age;
- the challenge of self-care, both for the participants and for staff working with them.

Findings for Group 2: Young people with learning disabilities (2 participants)

Issues that matter

Two young people, aged 15 and 18, participated in direct audio-recorded interviews. One participant was living in foster care and the other in a residential setting. Although the issues they raised differed, some common themes emerged as important, including friendships, having trusted supports to listen and talk to, avoiding trouble and being meaningfully engaged in activities or education. Both participants could readily identify a number of different people they could talk to if they encountered a problem or needed support. Neither participant felt there was any need to change anything in order to make it easier for them to express concerns or worries.

Priorities for change

On the whole, both participants expressed happiness and contentment with their situation, reporting *'everything's grand'* and that *'everything's working well'*. Asked about changes that might make things work better, one did not identify any change, while the other focused largely on the physical environment - *'Paint the house: change my room to pink and the chair in the office to pink, paint the downstairs purple and the kitchen yellow'*. Both participants expressed some uncertainty about the future and their plans, but were interested in further education and employment.

Summary

Both the young people in Group 2 were very positive about their current context and the support systems available to them. Their concerns and priorities centred primarily on having supportive networks to discuss things and having security and a sense of order, with no fighting or risk of getting into trouble. Future concerns related to meaningful employment and having the reassurance of being meaningfully and independently active.

Findings for Group 3: Young people with physical and intellectual disabilities (2 participants)

Issues that matter

Two young people, each aged 8, who live in residential care also participated in interviews. One participant has a physical and intellectual disability and no speech. He was interviewed using Talking Mats® and his communication board. The second participant has a primary physical disability and associated intellectual disability. Although he has some difficulties understanding concepts, his speech is fully intelligible. The Speech and Language Therapist associated with the service was present for both interviews.

Summary

Both participants in Group 3 were young and had some cognitive disabilities, making it difficult for them to discuss abstract concepts. However, both identified aspects of their current context as important, including having opportunities for excursions, access to a mobile phone (for contact with family) and aspects of their environment. One participant's suggestions were selected from a pre-determined set and so may not include issues that were of great importance to him but unknown to the interviewer. The other participant was heavily reliant on suggestions and brainstorming with the interviewer. Both participants expressed satisfaction with their current context. Both nominated a number of different people they can talk to in the event of a problem, although it is unclear that either fully understood the concept of taking control and initiating a process to bring about change. In this respect, it is important that this concept is re-visited with both participants on a regular basis. Finally, some of the choices made by 'Edward', a young boy with no speech, were unexpected and surprising to those involved in the interview. This suggests that it is important that this process is repeated with him to ensure that those involved with him are updated on his changing views. Given his reliance on others to initiate and support communication with him, he is not in a position to express these views without specific initiatives to ensure that his voice can be 'heard'.

Overall conclusions

Despite the very significant communication and multiple impairments of most of the participants, it was possible to identify ways to gather information about what is important to them in their lives. For all the young people with communication disabilities involved in this consultation, a number of themes emerged as important. First among these was family and the importance of supporting ongoing contact with family members. A second key issue was the importance of having access to authentic and meaningful activities, whether work-related (as for the older participants), physical (such as sport activities) or leisure (such as computer-based). Equally important is access to choice in relation to these activities, reflecting the diversity of interests and abilities within the group of participants. A third theme was the importance of friends, having someone to talk to and opportunities for social interaction.

For those with severe-profound disabilities, the importance of the physical environment emerged as critical in determining both emotional and physical states - to some extent replacing the role of social interaction that may be dominant for the other groups. All participants who participated in direct interviews identified people they can and do talk to. The older participants highlighted the importance of having trusted communication partners. None of the participants suggested specific changes that might improve the access they have to influence the services they receive.

The importance of having a voice and being heard by important communication partners emerged throughout the consultation. Some participants directly identified the value they place on being able to discuss their lives with trusted networks. For those with significant communication difficulties, access to more effective communication was seen as an aspect of their lives they would most like to change. Even the youngest participants could engage in discussions about 'talking' with others. Although a very vulnerable group because of their communication impairments, these participants clearly valued the opportunity to be heard.

A core issue that affected both the range and number of individuals who could participate in this consultative process was the difficulty in accessing young people whose views could be included. There were many challenges inherent in eliciting the views of young people with significant communication difficulties who participated. It is important to recognise that they represent only a very small proportion of young people whose voices the Oversight Committee wished to bring into the process. It is also important to recognise that although the findings here were grouped into relatively distinct groups, in essence the findings are the voices of individuals. As pointed out by Lewis and Porter (2004), it is important to recognise the importance both of 'the individual voices and the choir'.

Seeking the views of young people with disabilities

Accessing and representing the views of young people with significant disabilities is challenging. The greater the communication impairment, the harder it is to give voice to these young people. There are practical considerations. How can views be obtained if a young person cannot speak directly, even to people who know them well, especially if they cannot understand much of what is said to them? If young people cannot talk to us about their opinions and may not understand the language we use to converse about 'preferences' or 'important things', how can we find out what their views might be? A number of different ways of gathering information have been tried. These include using visual and object supports to help young people understand and communicate about their experiences. Sometimes interviewing people who know the young person well is helpful, although it is always better to interview as many different people as practically possible to reduce the risk of bias. Sometimes it is possible to observe young people with disabilities across a range of different settings so we can draw inferences about their views. Generally, it is best to use multiple sources of information to validate the findings. However, even with these precautions, the risk of misinterpretation is high. What we think are the views of young people who have communication difficulties may rest heavily on inference and impression. **In the data reported here, multiple sources of data were explored wherever possible.**

The problem does not stop at finding ways to get at information. There are also important conceptual difficulties. Expressing a view is complex. A view is an opinion, a perspective on an event or situation that we come to through reflection. It is not simply how we react to that event as it happens. Someone with very limited intentional communication may smile or laugh while running. This might lead us to think that they are enjoying running at that moment, but that is not the same as their expressing a view about running. (In fact, the smile may be a reaction to the sun coming out or the sensation of wind, rather than the running itself.) We can only observe reactions to events or situations that actually arise. We have no information about what the reaction might be if the event did not happen at a predicted time or in the usual way. Reactions help us to identify what young people like or dislike at that point in time, but there is a considerable leap of inference if we ascribe notions of preferences about participation in activities to these reactions. **In the data reported here, where possible, inferential findings are presented separately to findings that come from direct reports from the participants.**

Interpreting reactions is even more difficult if the person has multiple disabilities. Motor impairments may limit the physical response that can be given. Involuntary motor movements may mask or distort facial expressions. Vocal sounds may be hard to distinguish - what to one listener may sound like laughter

may sound more like shrieking to another. Having expressions of like and dislike interpreted correctly is clearly important. There is some evidence that suggests that it is easier to agree on 'negative' signals that indicate dislike than on signals about liking events or activities. **In the data reported here, where possible, a number of different communication partners were involved in describing and interpreting communication responses to reduce the risk of over- and under-interpretation.**

Finally, there is the challenge of getting informed consent from young people to participate. Informed consent rests on an assumption that the participant has understood the purpose and process being proposed, can make choices about what he or she does and understands that withdrawal from the process is possible. All of these are abstract, usually mediated through extensive discussion. If young people have significant difficulties understanding the communication of others, have limited experience of determining for themselves what they will do and have few opportunities to make choices, then informed consent for participation most often is passed to a proxy who has the authority to give consent on behalf of the young person. Nonetheless, it is important that every effort is made to ensure that the young person with disabilities has the opportunity to assent to participate and that this assent is conceptualised as a continuous process. **In the data reported here, informed consent was given by the adult identified as responsible, with assent to participate sought from the young people and considered as a continuous process, with the opportunity to stop or withdraw at any time.**

Methodology

Recruitment of participants

Through the Oversight Committee, young people in the care of the State who have severe communication difficulties were identified across a range of services, including services for people with an intellectual disability and those with a primary physical disability. Recruiting potential participants took many months. Finding a mechanism to ensure the voices of this very vulnerable group could be heard was problematic, despite the many services with which they come in contact. In total, 9 young people were recruited (their names have been changed throughout this text to protect confidentiality). Of these, 7 were recruited through existing networks known to the researcher, while the 2 other participants were recruited through personal contacts from one of the social workers on the Oversight Committee. The participants ranged in age from 8 to 18 years. Geographically, they were drawn from the Greater Dublin Area, Meath and Galway, with the majority based in Dublin.

Profile of participants

All 9 young people who participated in the consultation process were described as having significant communication difficulties (*see Table 34*). Four could participate directly in interviews. Five had such significant communication and intellectual disabilities that they could not be interviewed directly; instead, proxy interviews were conducted with care staff, supplemented in four instances with video-recorded observations across multiple settings. One of the young men, Stephen, spoke with a quiet voice, but otherwise had no specific speech or language difficulties and he completed an interview with no additional supports. Stephen would have been able to participate in the information-gathering processes described elsewhere in this document. It is unclear why he was perceived to have such a significant communication impairment that an alternative approach was needed.

Eight of the 9 participants have an intellectual disability, with 5 described as having a severe-profound intellectual disability, one of whom also had a profound visual impairment. Six of the 9 participants had no functional speech production abilities and of these, 5 had extremely low levels of symbolic functioning. One participant used Picture Exchange Communication System (PECS) to a limited extent and one young boy, who had a higher level of language functioning, used a picture-based communication board.

Table 34: Profile of participants and method of data collection used for each

Participant (pseudonym)	Age	Communication	Context	Data collection process used
Edward	8	Severe speech and physical impairment, uses picture board to communicate, some difficulties understanding; intellectual disability.	Long-term residential care	Direct interview, Talking Mats and communication board, with Speech & Language Therapist present. Edward has no speech.
Liam	8	Uses speech, some difficulties understanding.	Long-term residential care	Direct interview, no visual supports, Speech & Language Therapist present.
Nathan	9	Severe-profound intellectual disability and autism; profound communication impairment.	Part-time residential care	Proxy interviews with 3 care assistants supplemented with video observation at residential home and on trip.
Niamh	12	Profound intellectual disability and blind; profound communication impairment.	Long-term residential care	Proxy interview with care assistant.
Stephen	15	Quiet voice, reported learning disability, but no significant communication impairment.	Foster care	Direct verbal interview, no supports needed, foster parent present.
Yvonne	15	Severe-profound intellectual disability and autism; profound communication impairment.	Long-term residential care	Proxy interview with 2 care assistants and school teacher supplemented with video observation in school and at home.
Nicholas	15	Severe-profound intellectual disability and autism; profound communication impairment.	Long-term residential care	Proxy interviews with 3 care assistants supplemented with video observation at residential home and on trip.
Richard	15	Severe-profound intellectual disability and autism; profound communication impairment.	Long-term residential care	Proxy interviews with 3 care assistants supplemented with video observation at residential home and on trip.
Nora	18	Uses speech, some difficulties understanding.	Long-term residential care	Direct verbal interview supported with visual supports to scaffold understanding.

Data collection

Three primary methods of data collection were used with participants (*see Table 34*):

- Direct interviews, 3 with audio recording and one with video recording.
- Proxy interviews with nominated care assistants (5 participants). Where possible, 3 proxy interviews were conducted in order to establish consistency and reliability of the data (4 participants).
- Video observations of participants in a range of settings (4 participants). This method of data collection was only used where direct interviews were not possible.

Themes explored during the interviews and through the observations were:

- Issues that matter to young people in the care setting in which they live.
- How do they currently express their views? With whom? How do they communicate and how are they communicated with? How effective are they in expressing themselves with a range of communication partners?
- In the future, what mechanism could be used to facilitate them expressing their views?

1. Direct interviews

Audio-recording

Where possible, participants were interviewed directly, in individual semi-structured interviews. These interviews were audio-recorded and transcribed. In one instance, the participant used pictures to communicate since he had no speech; this interview was video-recorded. Contemporaneous notes were taken during interviews where this did not interfere with the flow of conversation. The interviews started with general questions about interests and background information, moving to a review of things that were important or unimportant, what could or should be changed, and how things might work in the future.

For many of the participants, the concepts of 'important', 'unimportant' or 'potential change' were cognitively challenging. With younger participants, the focus initially was on what they liked or did not like, what they most liked about their current care setting, what they might change if they could and who they talk to about any concerns or problems that arise.

Visual supports and Talking Mats

Where appropriate, visual supports were used to support understanding of the discussion. A range of photographs and picture symbols were used to represent activities and concepts. A Talking Mats® (Murphy, 1997) framework was used in some interviews. The aim of Talking Mats is to enable people with communication difficulties to select concrete responses (pictures) and place them on a 'mat' in a way that demonstrates their preferences or feelings according to a picture-based simple visual scale (e.g. ranging from 'like' to 'don't like') (see *Figure 4*). Talking Mats is particularly useful for students with a diagnosis of autism and intellectual disability, who may rely on visual clues and concrete symbolism. For the interviews described here, a digital photograph of each completed mat was taken after each part of the interview.

There are also a number of limitations when using the Talking Mats method. One disadvantage is that pictures must be prepared in advance. The potential topics for discussion are therefore largely controlled by the interviewer. It is not realistic to hope that all potentially relevant topics or items can be prepared by an outside person - therefore the scope of discussion may be limited. Secondly, not all concepts can be pictured and finally, not all participants can understand pictures as a form of representation or communication.

Two different sets of pictures were prepared for the interviews described here - a set of small photographic representations of concrete and abstract concepts and a set of larger Picture Communication Symbols (Mayer-Johnson, 1985), for use with younger participants.

Two participants completed interviews using Talking Mats. Nora, an 18-year old with intellectual disability whose speech was intelligible, used the smaller photographs and sorted them herself at her own pace, describing her choices as she made selections. She also assisted in taking the photographs of her selections once a mat was complete. The pictures were useful in making relatively abstract concepts such as 'privacy', 'independence' and 'peace' concrete and cognitively accessible to her, as well as helping her to prioritise her choices. In particular, she struggled to understand numbers and so selecting her 'Top 3' priority items was possible only using the pictures, where there were only 3 possible slots that could be filled.

Edward, a young boy with cerebral palsy and an intellectual disability, also used the Talking Mats framework to enable him to participate directly in an interview. He had no functional speech and was severely physically impaired. His main way of communicating expressively was using a communication board based on Picture Communication Symbols (PCS). In this instance, the interviewer presented each picture symbol to him individually and discussed what it represented. The interviewer was assisted by the speech and language therapist, who held up a large display that functioned as the 'Talking Mat'. Edward indicated by looking with his eyes to where the target symbol should be placed on the mat, relative to a visual scale indicating 'like' or 'dislike'. The interviewer attached the symbol to the board and Edward confirmed whether or not it was placed correctly. Digital photographs were taken to capture the selections of symbols and Edward was offered multiple opportunities to revise his choices. Where the interviewer was unsure of his response (i.e. whether he had indicated 'Yes' or 'No'), the speech and language therapist was consulted to confirm interpretation of the response.

Figure 4: Talking Mats - an illustration

2. Proxy interviews

Five of the 9 participants did not understand pictures as a way of representing concepts. For these participants, proxy interviews were carried out with up to 3 staff members who were nominated as being familiar or very familiar with the young person in focus. Interview questions were drawn and adapted from a number of sources.

Inferences about young people's likes, dislikes, preferences and aspirations are drawn from interpretations of their communication behaviours. The first set of proxy interview questions focused on how staff interpreted the communication behaviours of the young people involved and where possible, how consistent these interpretations were across a number of staff. This section also explored what staff felt helped them to understand the young people in their care.

The second focus was on what staff interpreted to be the likes and dislikes, fears and preferences of the young people, before finally exploring what they felt the young people might wish to change within their lives. All proxy interviews were audio-recorded and transcribed and reviewed by those interviewed to confirm the accuracy of the transcripts.

3. Video observations

Where participants' views were explored through proxy interviews, permission was sought to observe and video-record the participants across a range of settings. The purpose of these recordings was to triangulate the data from the interviews in relation to how the participants communicated, how staff interpreted those communication behaviours, and how likes and dislikes were evidenced and reacted to in daily activities. Video observations were carried out with 4 participants within their residential homes, on trips and in one instance in school. These recordings were also transcribed and sections were selected for comparison with the reports from staff.

Where possible, the video recording was done discreetly and unobtrusively. The researcher was present when the participant came into the room and did not start recording until the participant had become habituated to her presence. Recording was undertaken only where it seemed to present no stress or discomfort to participants. A number of times, the researcher withdrew from the situation when the participant seemed uneasy at the presence of a stranger in the home environment. These video observations were used primarily to validate other sources of information because the contexts in which they were possible were necessarily limited and not necessarily representative of a typical day for participants.

Findings

As the participants varied greatly in terms of how their views were accessed, the findings are grouped here, as much as possible, according to the method of data collection:

- **Group 1:** Young people with severe-profound intellectual disability and multiple disabilities (5 participants). Richard (age 15), Nicholas (age 15), Nathan (age 9), Yvonne (age 15) and Niamh (age 12) could not participate in direct interviews, so proxy interview and video observation data are the basis of findings.
- **Group 2:** Two young people with learning disabilities. Nora (age 18) and Stephen (age 15) participated in direct spoken interviews.
- **Group 3:** Two young people with physical and intellectual disabilities. Edward (age 8) and Liam (age 8) participated directly, but they were considerably younger and the interviews were necessarily somewhat different in focus.

Group 1: Young people with severe-profound intellectual disability and multiple disabilities (5 participants)

How do these young people currently express their views?

This question covered issues including: Who do participants 'talk' to? Who understands their communication? What is their main way of communicating? What is effective and ineffective currently in supporting communication with these young people?

Expressing a view is dependent on having a way of communicating that can be interpreted. Staff were asked about the ways these participants communicated (e.g. gestures, sounds, facial expression), as well as the kind of messages that they could communicate (e.g. naming things, asking for help). While there was a high level of agreement across staff about what the participants did *not* use (e.g. did *not* use manual signs, communication boards or head nods), agreement was lower for the forms of communication that they felt participants *could* use. Individual staff seemed to differ in terms of the kinds of messages they observed and interpreted as communicative. For example, two staff felt that the use of sounds and gestures were important for Richard, but a third staff member ranked them as 'rarely or never used'. Similarly, vocalisation was listed as 'almost always' used by Nicholas by one staff member, but 'never' by the other two staff. Where there was agreement, facial expression (e.g. smiling and eye movements) was important for all 5 participants. Some participants use pointing (Richard, Nathan) and body movements. Yvonne, Richard, Nicholas and Nathan were all reported to carry out actions that could be interpreted - such as pulling a staff member towards something (Richard) or getting a coat (interpreted as wanting to go out) (Yvonne). Physical responses, such as sitting down (Nicholas, Nathan) or going rigid (Niamh), were interpreted as indicating non-compliance or refusal. Crying, screaming, hitting, agitation or, where possible, walking away were all listed as important ways of communicating negative reactions. Becoming calm and persisting with a task were interpreted as indicating pleasure or contentment. Inferences about participants' likes and dislikes were heavily reliant on interpretations of these non-symbolic behaviours, although Yvonne was reported to also use Picture Exchange Communication System (PECS) occasionally and Richard used a small number of spoken words (though only 2 of the 3 staff recognised these as words).

While staff were confident in identifying a negative emotional state or reaction, they were less confident about what that negative state meant. For example, if a participant cried or became agitated, they found it difficult to interpret whether this reflected anger, upset, pain, discomfort or something else. A sample of comments included: *'It's quite difficult to know'; 'I can't really tell'; 'It's always a guess, second guessing with everyone'; 'Very difficult to distinguish if she's in pain or upset or angry unless you've seen something happen that you would be aware that would upset her'; 'Sometimes she got agitated and screams and shouts and crying and maybe she is in pain and we are asking the nurse to come and help us and sometimes it doesn't work ... you are trying to do everything you can and it's impossible'; 'Sometimes it doesn't work - no meds, no music, no talking, nothing - it doesn't work'.*

Although one staff member felt she could distinguish these states ('He has a different look on his face when he's sick'), most others described a process of elimination: *'You rule out things ... if he's had his dinner, you know it can't be hunger'; 'Check the temperature'*. This ambiguity of 'negative' communication signals is relevant in considering what staff interpret as dislikes for the participants from this group.

Given their context, the young people in this group have little or no control over who comes into their social network. Their choices extend only to expressing a preference for particular individuals within the network available to them. Their communication behaviours are not easy to identify or interpret, so it is not surprising that staff reported that, with the exception of Nathan, the participants sought either to be by themselves or else tend to interact mostly with familiar staff rather than with peers in the same residential setting – unlike their peers without disabilities in this age group (see *Table 35*).

Table 35: Who do the participants 'talk' to? Preferred communication contexts

Participant (pseudonym)	Preferred communication
Richard	By himself and also the staff. Usually staff. Likes to be with the staff; more likely to be with staff than the other boys.
Yvonne	Likes her own company; tends to keep away from other children; gets on with staff. If not by herself, she would gravitate towards staff.
Nicholas	Likes to spend time on his own or with staff.
Niamh	Only staff.
Nathan	The boys and also the staff.

On the whole, none of the staff felt the participants had a particular person they tended to gravitate towards to communicate. Although 3 of the participants were young men and the care staff were mostly female, Richard was the only one who was thought to have a preference for being in the company of males rather than females.

Getting to know the participants and becoming familiar with all aspects of their lives was reported as important in helping to support effective communication (see *Table 36*):

Table 36: The role of familiarity in communication success

Participant (pseudonym)	Staff comments
Richard	'I can now understand him through his body language'.
Yvonne	'I know her better so we can communicate better and get on better'.
Nicholas	'You learn something new about him every day. This is good in order to communicate with him. We know his likes and dislikes and this can improve his quality of life'.
Nathan	'You know the history and background; I think I understand most of his communications'.
Niamh	'No difference; it is in the moment'.

Without a strong background knowledge of the participants and a familiarity with many different aspects of their lives, interpreting their communication behaviours or identifying subtle changes in behaviour is very difficult. On the whole, the staff who participated in the interviews were very familiar with the participants, having known them for anything between 2 and more than 7 years. Their inferences about what was important to the participants were based in large part on this familiarity and perspective of change over time.

Implications: How do these participants express their 'voices'?

Getting to know the participants and how they communicate takes time. Their ways of communicating are ambiguous and difficult to interpret. Even those familiar to them may differ in how they 'read' their communication. It is important that staff have the opportunity to get to know the participants over extended periods of time.

Additional supports, such as Personal Communication Passports (see CALL Scotland, www.communicationpassports.org.uk), may help support new staff moving into this work context. Revision of such passports would provide an opportunity to review any changes in service user preferences, likes or dislikes, and to explore whether a static set of likes or dislikes might be related in part to opportunities and experiences.

Issues that matter

Issues that matter were first discussed in relation to likes, dislikes and fears, and then in terms of what was considered most important to the participants. Staff were asked to identify likes and dislikes, and also to explain how they recognised these preferences. Their reports were then compared to video observations where possible. While there were some conflicting findings across the two sources of information (interviews and videos), a number of categories of 'likes' emerged consistently across the 13 staff interviewed (see Table 37):

Table 37: Participants 'likes' as interpreted by proxies

Likes	Examples	No. of mentions
Environment	Space (4); own bedroom (4); lights on (2); garden or outside space (5)	22
Sensory opportunities	Water (3); music (2); 'snoozling room' (i.e. specialised sensory room) (3); soft toys	17
Physical activity	Swimming (4); trampoline (2); football (2); walking (2)	16
Food	Chocolate (2); crisps (2)	12
Comfort	Couch (3); bed (2); shade; shoes off; particular clothes	10
Activities	Going out (4); going in the car (4); playground; party	10
Leisure	TV (3); books (4)	7
Routine		3
Interacting with people		3

The physical environment and the sensory opportunities available within it are crucially important for this group of participants. Not all participants have access to adapted facilities, such as a sensory room, but all staff noted the importance of the physical environment in supporting relaxation and calm. They also noted the importance of participants' each having access to their own space, where they could be alone, away from other residents but within the security, reach and supervision of staff. Of the 100 comments made in respect of 'likes', 39 relate to either the immediate physical environment or sensory experiences. This number rises to 49/100 if the category of comfort-related comments is included. Access to a range of physical activities and outings also emerged as important (26 comments), while leisure opportunities (such as TV) or interacting with people were relatively unimportant.

Similarly to 'likes', there was also considerable consistency in reported dislikes and fears across this group of participants (see Table 38):

Table 38: Participants 'dislikes' as interpreted by proxies

Dislikes	Examples	No. of mentions
Daily care routines	Tooth brushing (4); showers (2)	14
Noise	Including certain kinds of music	9
Environment	Having door closed (2); being alone (1); dark (1)	9
Crowds	Noisy	7
Foods	Mushrooms, rice, celery, etc.	4
Unfamiliar people and/or interactions		2
Being told what to do		1
Physical activity		1
Leisure	TV (1)	1

Some of the factors perceived most negatively involved daily care routines that cannot be avoided, even if they cause distress. Many individuals with disabilities find particular sensory stimuli uncomfortable or unpleasant. Many are very sensitive to touch, especially around the face and mouth. Brushing teeth is often an extremely unpleasant activity, causing agitation and even distress. However, these daily care routines are also important for health and well-being and so must be continued despite the distress they may cause. For staff, dealing with this conflict may be particularly difficult. For some of the participants, this distress

extended to the experience of being showered and dressed, while for others, water-related activities were very relaxing. Understanding the specific triggers of distress relies on getting to know each participant individually.

As with 'likes', aspects of the environment were considered important in triggering negative reactions from participants. Crowded, noisy environments were interpreted as 'dislikes' for the participants, with 25 of the 48 comments here relating to these factors in some way. Some of the potentially negative aspects of the environment (e.g. the light being on or off, the door being closed or open) were largely outside the direct control of the participants. They relied on staff members identifying their preference and remembering to act on it.

Staff were also asked if the likes and dislikes identified had changed over the period they had known the participants. Niamh was the only one perceived to have changed in this respect. These judgements may reflect a very stable set of likes and dislikes, but may also reflect a lack of new experiences or opportunities for participants or a difficulty in effectively communicating changes in preferences over time.

Issues that are important

Although staff identified many things that they felt participants liked or disliked, when asked what was most important to participants, almost all identified contact with families as being the single most important part of the participants' lives (see Table 39). Ten of the 13 staff interviewed reported that family contact was the single most important issue for these 5 participants. The only exception, Niamh, showed little awareness of familiarity with anyone and seemed to respond more 'in the moment' to specific environmental triggers rather than to even very familiar staff members or her grandmother.

Table 39: Most important issues for participants as identified by staff

Participant (pseudonym)	Family	Family member	Another person	Another element
Richard	3		Staff (1) Other residents (1)	
Nicholas	2	Mother (1)		
Nathan	2	Mother (1)	Other residents (1)	
Yvonne	3		People she knows (1)	Shoes off (1) Key (1)
Niamh		Grandmother maybe		Environment Privacy, own space

The issue of choice and self-determination is often cited as central to quality of life and self-esteem. Choice was not mentioned as important for these young people by any of the staff interviewed. When this question was probed specifically, contradictions emerged. Staff reported that Richard, Nicholas and Nathan did not understand choice and would not be able to choose between options, but also commented that each participant had particular favourite foods and music. Staff identified particular preferred activities (e.g. playing alone or staying close to staff) and they supported these choices and preferences. In this residential setting, although there was a general routine around meals, bedtime and self-care, the participants were allowed to decide when to go to bed, often going to sleep in one room and then being moved elsewhere. In other words, participants had access to a range of choices of food, activity, space and routine. These choices were responded to by staff, although they did not explicitly recognise them as choices.

By contrast, Yvonne was recognised as enjoying choice-making. However, in her context, routines (e.g. bedtime) were set by staff and Yvonne was perceived as liking these routines. During observation, Yvonne initiated particular activities and sought out particular sensory experiences. These initiatives were supported by the staff. Niamh was reported not to be able to make choices and there was no opportunity to observe her to validate this report. In other words, for 4 of the 5 participants in this group, certain choices were offered and respected, but staff were not always explicitly aware of these events as choice-making. Recognising that an individual is capable of making choices is important in ensuring that opportunities for self-determination are offered.

Implications: Priority issues that matter/are important

These findings suggest:

- Contact with families is perceived as very important for these participants and should be encouraged using all means possible.
- The physical environment is crucially important for this group of participants, who may be more vulnerable to its influence, both positive and negative, than other groups of young people.
- Sensory experiences may be essential in mediating their emotions, substituting for the social interaction of others their age who have no communication impairments.
- Opportunities for physical activity, such as running, swimming and using a trampoline, were reported as important and sought-after activities, perhaps replacing to some extent the common leisure activities of TV, computer games or reading of peers of the same age without intellectual disability.
- Structured supports may be needed in relation to managing routines of daily care, both for staff and for the participants.
- Information about perceived likes and dislikes could usefully be compiled in a communication passport.
- Awareness of the importance of choice-making should be enhanced and supported.

What should change?

Asked what the participants might change about their daily lives, increased contact with family again emerged as important, as did more effective communication, but there was a wide range of responses (see Table 40). Some staff simply did not know what might be a target for change or did not feel anything should change. These comments highlight the limitations of having to rely on proxies, even those very familiar with participants.

Table 40: Priorities for change

Participant (pseudonym)	Staff comments
Yvonne	'Spend more time at home' (2 staff). 'She would love to be part of a group that she could go swimming with or take part in something like that'. 'She'd go swimming every day'.
Richard	'See his family more' (2 staff). 'He would want to be able to talk'.
Nathan	'More freedom outside - going for walks'. 'He'd love to be able to talk and say what he wants to do'. 'Nothing, I think he's very happy'.
Nicholas	'He would like to be able to talk and express his feelings'. 'I don't know'.
Niamh	'Moving to a house: here it's too crowded. Every person needs privacy'.

Implications: Priorities for change

- Explore mechanisms to further support contact with families.
- Enhance the physical environment and provide a greater range of activities.
- Support communication.

Summary

The voices of the young people in Group 1 are particularly difficult to 'hear' since their communication is very difficult to interpret and relies heavily on familiarity built up over extended periods of time. Even those very familiar with them may read communication signals differently. Structured supports are needed to help ensure continuity of communication success, even if necessary staff changes result in new communication partners. A number of themes emerged as particularly important for this group. These were:

- the physical environment and related sensory experiences, to some extent replacing the dialogue that allows others with effective communication skills to regulate their experiences;

- contact with family;
- ensuring familiarity and continuity in at least some core communication partners, given the challenges of interpreting the communication of these participants;
- opportunities for physical activity, replacing leisure experiences such as TV or computer activities for peers of the same age;
- the challenge of self-care, both for the participants and for staff working with them.

Group 2: Young people with learning disabilities (2 participants)

Issues that matter

Two young people with learning disabilities, one male (aged 15) and one female (aged 18), participated in direct audio-recorded interviews. One participant was living in foster care and the other in a residential setting. Although the issues they raised differed, some common themes emerged as important, including:

- having someone to talk to/someone to help you;
- school/studying/education/learning things;
- watching television;
- being with friends, having a laugh, being with familiar people;
- no fighting/being nice to each other;
- sense of security: routine, rules, privacy;
- being busy, having things to do, having challenges.

Other issues that emerged with one or other of the participants included the following:

- money;
- getting a job;
- not getting into trouble;
- being independent, being able to be alone and go places independently;
- being able to start something and finish it;
- being able to make decisions and choices;
- having own room/privacy/own key;
- having peace and quiet;
- Internet;
- sport;
- family;
- going out at night, with family and for meals;
- sleep;
- physical activities, such as swimming or working outdoors;
- mobile phone;
- shopping;
- make-up;
- having a pet.

Table 41 shows the 'Top 5' issues ranked as of importance for each participant from all the issues raised:

Table 41: 'Top 5' priorities

Nora	Stephen
1. Having someone who listens to me	1. Not getting into trouble
2. Money	2. Not fighting
3. Lots of friends	3. Having foster mum there to talk to
4. Getting a job	4. Having friends
5. Sleep	5. Education

Making their voices heard

Both participants could readily identify a number of different people they could talk to if they encountered a problem or needed some support. Stephen's foster mother was a key support and his youth worker was also someone he could discuss things with. Nora identified a number of different staff she felt she could talk to about any worries, concerns or problems. Neither participant felt there was any need to change anything in order to make it easier for them to express concerns or worries.

Priorities for change

On the whole, both participants expressed happiness and contentment with their situation. Nora stated that she did not want to stay with her family and preferred her current context. Stephen reported *'everything's grand'*, while Nora noted that *'everything's working well'*. Asked about changes that might make things work better, Stephen did not identify any change, while Nora focused largely on her physical environment with the comments: *'Paint the house: change my room to pink and the chair in the office to pink, paint the downstairs purple and the kitchen yellow'*; *'Make a playground in the garden'*; and *'Make a rule that everybody has to be good'*.

Wishes for the future

Both participants expressed some uncertainty about the future and their plans. Stephen enjoys working with cars and metalwork, but felt he would postpone making decisions about exams and what to do next until the end of the school year. Nora was aware that there were plans that she would move from her current setting to an apartment for independent living, but was unable to discuss further when that might happen or who was responsible for driving and coordinating that process. She noted *'I'd like to get a job'* and reflecting her most recent work experience, *'I love minding babies'*.

Summary

Both these young people in Group 2 were very positive about their current context and the support systems available to them. Their concerns and priorities centred primarily on having supportive networks to discuss things and having security and a sense of order, with no fighting or risk of getting into trouble. Future concerns related to meaningful employment and having the reassurance of being meaningfully and independently active.

Group 3: Young people with physical and intellectual disabilities (2 participants)

Two young people, each aged 8 years, who live in residential care also participated in interviews. Edward has a physical and intellectual disability and no speech, and was interviewed using a Talking Mats framework and his communication board. Liam has a primary physical disability and associated intellectual disability. Although he has some difficulties understanding concepts, his speech is fully intelligible. The Speech and Language Therapist associated with the service was present for both interviews.

Given the age and abilities of these participants, interviews were constrained in time and it was only possible to discuss concrete aspects related to their experiences. Much of the discussion focused on their likes and dislikes. Concepts of 'important' and 'unimportant' were difficult for them to understand, as was the idea that things could be changed.

How do these young people currently express their views?

Edward uses a communication board with picture symbols and communicates by looking at a section of this board, while his communication partner scans through that section of the board to identify the symbol he wishes. He can indicate 'Yes' and 'No' using head movements and eye-gaze, but these signals are not always clear unless his partner is very familiar with him. His communication is very open to misinterpretation and he has very little control over the success of his communication interactions. He is reported to vary greatly in his ability to focus and persist with tasks. He participated for almost an hour in the interview, which took place in school, and was engaged and focused throughout.

Liam has clear speech and enjoys conversation. He requested that his Speech and Language Therapist stay for the interview in his residential setting. It was necessary to keep the focus of conversation concrete and related to the immediate environment. He chose not to use picture supports during the interview, although they were available.

Asked who he talked to most, Edward indicated his teacher, his Speech and Language Therapist and one of the boys in his residential setting. He agreed that these people listen to him, but it was not clear whether

or not he fully understood the question. Liam was asked who he would talk to in order to solve a range of problems, from concrete (e.g. if he were cold/hot/sick/wanted to go to the shops) to more abstract (e.g. uncomfortable/sad/upset/worried/annoyed), and he consistently listed the staff in his residential setting.

Issues that matter

Discussions with both Edward and Liam focused initially on likes and dislikes, before addressing things that are important/unimportant to them. Edward categorised the following as his likes and dislikes, using a picture sorting task:

EDWARD		
Likes	Dislikes	Neutral
Interaction: Friends, teacher, boys, men, talking, laughing	Self-care: Getting dressed, shower, bath, brushing teeth	Places: School, home, bedroom, living room
Excursions/Events: Christmas, presents, playground, zoo, party	Activities: Swimming, painting, watching TV, playing with toys	People: Nurses
Activities: Work, reading books, watching soccer, music	Aggression/Upset: Kicking, fighting, being sick, hitting	
Comfort/Environment: Brushing hair, sleeping, lying down	Comfort/Environment: Door closed, snow, rain, wheelchair, sofa	
Pets: Dog	Pet: Cat	
	Excursions: Cinema, seaside, garden	

It is important to note that these choices were from a pre-determined set of pictures. Edward did not add any further suggestions from his communication board, but he is not in a position to control the vocabulary on this board either. Although his responses to the options offered were very clear, there may have been other issues of much greater importance to him that he cannot express. The choices above cannot be equated with views expressed directly by the participants in Group 2. A number of the selections Edward made were surprising to the interviewer and to the therapist assisting. He was consistent in placing his family in a neutral position – neither strongly liked or disliked, important or unimportant. Swimming and TV, which activities he is understood to enjoy, were consistently placed in the ‘dislike’, ‘makes me sad’ part of the display. These choices were verified a number of times with Edward, suggesting there may be aspects of his day that others assume to be preferred activities for him which, in fact, he would prefer not to have to engage in.

Edward selected the following as his ‘Top 3’ important issues:

Car	Representing going on excursions
Phone	For contact with family (although family was not listed under ‘like’ or ‘makes me happy’ above)
Computer	Representing work and activity

It was not possible to explore what aspects of his current context Edward might change due to constraints of time, as well as his difficulties cognitively dealing with the abstract concept of potential change and predicting the possible implications of change for him.

Liam also participated in a direct interview. Although he did not wish to use pictures during the interview, he found it difficult to generate ideas spontaneously, so that frequent joint ‘brain-storming’ was used during the interview. Asked about what is best about his current context, he identified the following aspects, but did not attempt to order them:

LIAM	
TV	Cartoons, Peppa Pig, X-Factor, Glee
Excursions	Shops, going in taxis
Food	Chocolate, chips, fish fingers, sausages, Aero bubbles, coke
Environment	Bedroom, door open

Liam struggled to identify anything he disliked or that made him 'sad', but mentioned the following.

Environment	Bright sunlight (hurts his eyes), snow (restricts activities), door closed in the bedroom
Hurt	<i>'If somebody might hurt me then I am sad'</i> ; shouting

Asked about any change he would like to make, Liam again struggled to identify possible change, but finally suggested that all the residents should be given a mobile phone (he was expecting one for Christmas) and that they should be allowed to drink more coke.

Summary

Both participants in Group 3 were young and had some cognitive disabilities, making it difficult for them to discuss relatively abstract concepts. However, both identified certain aspects of their current context as important, including having opportunities for excursions, access to a mobile phone (for contact with family) and aspects of their environment. Edward's suggestions were all from a pre-determined set and so may not include issues that were of great importance to him but unknown to the interviewer, while Liam was heavily reliant on suggestions and brain-storming with the interviewer and his Speech and Language Therapist.

Both participants expressed satisfaction with their current context. Both nominated a number of different people they can talk to in the event of a problem, although it is unclear that either fully understood the concept of taking control and initiating a process to bring about change. In this respect, it is important that this concept is re-visited with both participants on a regular basis.

Finally, some of the choices made by Edward were unexpected and surprising to those involved in the interview. This suggests that it is important that this process is repeated with him to ensure that those involved with him are updated on his changing views. Given his reliance on others to initiate and support communication with him, he is not in a position to express these views without specific initiatives to ensure that his voice can be 'heard'.

Overall conclusions

Despite the very significant communication and multiple impairments of most of the participants, it was possible to identify ways to gather information about what is important to these young people in their lives. In some instances, this information was surprising to those who knew them. For the participants with multiple disabilities and no functional speech, it is clear that their lack of a transparent, independent communication system leaves them very vulnerable to being silenced. Even where those working with them are keen to hear their voices, it is difficult to determine what kinds of signals function effectively for communication. The greater the level of communication difficulty, the greater the importance of finding ways to share information and insights across all staff about the communication of each participant.

Despite the varied profiles of the participants, a number of themes emerged consistently as important. Foremost among these was family and the importance of supporting ongoing contact with family members. A second key issue was the importance of having access to authentic and meaningful activities, whether work-related (as for the older participants), physical (such as sport activities) or leisure (such as computer-based). Equally important was access to choice in relation to these activities, reflecting the diversity of interests and abilities within the group of participants. A third theme was the importance of friends, having someone to talk to and opportunities for social interaction.

For those with severe-profound disabilities, the importance of the physical environment emerged as critical in determining both emotional and physical states - to some extent replacing the role of social interaction that may be dominant for the other groups. For the older speaking participants, independence and privacy emerged as key environmental factors. For the youngest group, security in the environment (such as having the door open/closed and the light on/off) was important to them.

All participants who participated in direct interviews identified people they can and do talk to. The older participants highlighted the importance of having trusted communication partners. None of the participants suggested specific changes that might improve the access they have to influence the services they receive.

The importance of having a voice and being heard by important communication partners emerged throughout the consultation. Some participants directly identified the value they place on being able to discuss their lives with trusted networks. For those with significant communication difficulties, access to

more effective communication was seen as an aspect of their lives they would most like to change. Even the youngest participants could engage in discussions about 'talking' with others. Although a very vulnerable group because of their communication impairments, these participants clearly valued the opportunity to be heard that this consultation process afforded.

A core issue that affected both the range and number of individuals who could participate in this consultative process was the difficulty in accessing young people whose views could be included. There were many challenges inherent in eliciting the views of young people with significant communication difficulties who participated. It is important to recognise that they represent only a very small proportion of young people whose voices the Oversight Committee wished to bring into the process. It is also important to recognise that although the findings here were grouped into relatively distinct groups, in essence the findings are the voices of individuals. As pointed out by Lewis and Porter (2004), it is important to recognise the importance both of 'the individual voices and the choir'.

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APPENDIX: DETAILS OF CONSULTATIONS HELD

No. of participants	Consultation type	Age range	Date in 2010	Location
36	St. Patrick's Institution	16-17	7 January	St. Patrick's Institution
34	Separated children seeking asylum	12-17	15 January	Wood Quay Venue, Dublin
27	Residential care	13-17	27 January	Wood Quay Venue, Dublin
18	Foster care	13-17	9 February	Radisson Blu Hotel, Galway
14	Aftercare	18-23	27 February	Wood Quay Venue, Dublin
7	Detention schools	12-18	2 March	Oberstown Girls School and Trinity House
21	Residential care	13-17	10 March	Clarion Hotel, Cork
12	Foster care	8-12	11 March	Clarion Hotel, Cork
3	Aftercare	18-23	11 March	Clarion Hotel, Cork
8	Foster care	8-12	19 March	Wood Quay Venue, Dublin
7	Foster care	13-17	9 April	Wood Quay Venue, Dublin
5	Foster care	8-12	16 April	Wood Quay Venue, Dublin
8	Foster care	8-12/13-17	15 May	The CRIB Youth Centre, Sligo
1	Young people under Section 5 of the Child Care Act 1991	12-17	18 May	Dublin
10	Disability	12-17	16 June	Residential School
Total = 211				



**LISTEN TO OUR
VOICES!**
HEARING CHILDREN AND YOUNG PEOPLE
LIVING IN THE CARE OF THE STATE



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agus Gnóthaí Óige
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