



empowering people in care

Submission to the UN General Comment on Adolescents

Introduction

EPIC prepares this submission on behalf of young people in Alternative Care¹ in Ireland.

EPIC welcomes the opportunity to contribute to the development of the UN Committee's General Comment on Adolescents. The rights and needs of Adolescents can often be overlooked. Therefore, it is significant that the invisibility of the rights of this specific cohort are being acknowledged at a UN level. The effect of this official UN recognition will help influence States to implement adolescents' rights, in particular, the rights of vulnerable young people such as those growing up in alternative care.

The period from adolescence into adulthood is a significant time for young people in alternative care who are often not supported to achieve their full potential. This phase is particularly significant for young people in alternative care who are often making sense of their own identities and belonging. In addition, the adolescent period can have long-term consequences for the future outcomes of young people. As outlined in the Irish Government's recently published National Children and Young People's Framework (2014) *Better Outcomes, Brighter Futures*:

*"The experiences, knowledge and skills acquired in adolescence have important implications for an individual's prospects in adulthood."*²

¹ 'Alternative Care' is often referred to in Ireland as 'State Care', the 'care system' or 'care'. These terms all refer to young people who are living in foster care, residential care or secure care in Ireland and may be used throughout this submission.

² Department of Children and Youth Affairs (2014) *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* available at http://www.dcy.gov.ie/documents/cypp_framework/BetterOutcomesBetterFutureReport.pdf

There has been little research carried out on outcomes for young people leaving care in Ireland with the exception of two studies.³ However international research highlights how many young people leaving care can experience poorer outcomes compared to their peers in relation to educational attainment, employment, accommodation and are more likely to experience homelessness or imprisonment.⁴

Evidence for this submission is informed by young people in alternative care themselves. The submission comprises of evidence from one specific consultation⁵ undertaken with three young people in alternative care (ranging from the ages of 14-17) focused on the experience of adolescent rights, evidence from EPIC's ten years' experience of direct advocacy work with young people in alternative care, EPIC's own research, in addition to evidence from other national and international reports published for example, by the Ombudsman for Children's Office.⁶

EPIC would like to highlight that many young people growing up in alternative care in Ireland have very positive experiences of their rights being upheld. However, EPIC is aware of inconsistencies in the implementation of policy and practice for young people in alternative care throughout the country. For this submission, we would like to identify specific issues of concern for some young people in alternative care.

³ See Kelleher et al. (2000) *'Left Out on their Own: Young People Leaving Care in Ireland'* available here <http://www.focusireland.ie/files/publications/Left%20out%20on%20their%20own.pdf> and Daly, F. (2011) *'My Voice has to be Heard: Research on Outcomes for Young People leaving care in North Dublin'* available here <http://www.epiconline.ie/research-report-on-outcomes-for-young-people-leaving-care.html?PHPSESSID=07af79b81aecdf804065aaabebfd6246>

⁴ See for example, Dixon, J. (2008) Young People leaving Care: health, well-being and outcomes, *Child and Family Social Work*, Vol. 13, No.2 pp.207-217. Blackwell Publishing Unlimited, Jackson, S. & C. Cameron (2011) *Final Report of the YIPPEE Project Young People from a Public Care Background*.

⁵ EPIC had anticipated at least one additional consultation with young people in alternative care, however due to unforeseen circumstances, this did not occur with limited time available to organise another consultation.

⁶ The Ombudsman's for Children's Office promotes and safeguards the rights of children and young people up until the age of 18 years and remit includes investigating complaints made by young people.

About EPIC (Empowering People in Care)

EPIC is an independent organisation that advocates on behalf of young people in alternative care. The aims of EPIC are to:

1. Give a voice to what young people with care experience are saying.
2. Promote the rights of young people with care experience.
3. Provide information, advice and support to young people with care experience.
4. Promote the participation of young people with care experience.

EPIC achieves these aims through the following work:

- Direct individual advocacy service to young people in alternative care (foster care and residential care and young adults with care experience)
- Monthly Visiting Advocacy service to young people placed in secure care⁷
- Research and Policy Work to campaign and raise awareness of key issues in the alternative care system
- Youth Engagement to engage and recruit young people with care experience to be part of reforming the alternative care system through the work of EPIC's Youth Board.
- EPIC has in conjunction with the Tusla⁸ (The Child and Family Agency) developed local youth fora. These fora facilitate young people in alternative care between the ages of 12 and 17 to meet and share their experiences with local practitioners and policymakers. These fora are young person-led and voluntary. There is an opportunity for young people to feedback information to social work practitioners and management on various care issues.

⁷ Secure Care refers to young people placed in special care or detention. The purpose of a special care placement is to provide secure care in a short time period to a young person to address their specific behavioural needs which can only be addressed in a special care setting. A young person is placed in a child detention school if he or she has committed an offence. For further information visit EPIC's website www.epiconline.ie The launch of EPIC's new website is coming soon.

⁸ Tusla is the name of the Child and Family Agency, however herein (to avoid confusion) will be referred throughout the document as The Child and Family Agency.

Preliminary analysis from EPIC's Advocacy Case files for 2014 indicates that 63% of young people presenting to the advocacy service were between the ages of 12-18. Of these cases, 58% were aged between 16-17 years of age. The top five presenting issues by young people between the ages of 12-18 to EPIC's Advocacy Service are the following:

1. Care Placement
2. Care/Aftercare Plan
3. Family Contact
4. Education
5. Accommodation

Context: Young People in Alternative Care in Ireland

The number of young people growing up in alternative care in Ireland has steadily increased over recent years. Latest figures⁹ from the Child and Family Agency highlight that 6,452¹⁰ children and young people are currently in alternative care in Ireland. This compares to the figure of 5,347 in 2008. The majority of young people in Ireland are placed in foster care (64%), while almost a third (29%) of young people are placed in kinship or described in Ireland as 'relative' care. Approximately 5% of young people (approximately 314) are placed in residential care. An even smaller proportion of young people are placed in secure care. For example, as of November 2014, 15 (0.2%) young people were in special care and 5 (0.1%) young people were in an Out of State secure placement.

The Child Care Act 1991¹¹ is the primary legislation that governs the protection, welfare and care of children in Ireland. In 2014, there was an amendment to the Child Care Act which makes the provision that the Child and Family Agency is responsible for protecting the welfare of children under the Child and Family Agency Act 2013.

⁹ Statistics on the number of young people in care are compiled in Tusla, The Child and Family Agency's 'Monthly Management Data Activity' reports which are available under 'data figures' on Tusla's website <http://www.tusla.ie/data-figures>

¹⁰ This is the number of children and young people in alternative care as of November 2014 http://www.tusla.ie/uploads/content/Tusla_Management_Data_Report_November_2014_Final_i.pdf (accessed 01/04/15)

¹¹ The Child Care Act 1991 is available to read here <http://www.irishstatutebook.ie/1991/en/act/pub/0017/> (accessed 24/03/15)

The Child Care Act 1991 is accompanied by the Child Care Regulations, 1995¹² which states that every young person should have a written care plan. However, the latest figures (the most recently published figures are for November 2014) provided by the Child and Family Agency¹³ show that 487 young people in alternative care do not have an allocated social worker, while 664 young people do not have a written care plan.

Section 45 of the Child Care Act 1991 states that a child in care 'may' receive aftercare supports (these are supports provided to young people upon turning 18 when they leave State Care to assist their transition into independent living). Young people may receive aftercare support up to the age of 21 (or 23 if in full-time education). However there is no legal statutory entitlement to aftercare in Ireland. Approximately 450-500 young people leave alternative care in Ireland annually. The need to improve the provision of aftercare supports has been acknowledged by policymakers and the Heads of Aftercare Bill 2014 has recently been published. The main provision under this proposed legislation is to give every young person who leaves care a right to an aftercare plan.¹⁴ EPIC continues to campaign for aftercare to be placed on a statutory footing.

The remainder of the document focuses on the key themes identified in the guidelines for the submission, namely:

- non-discrimination
- 'best interests' principle
- right to life and development
- right to participation

The key areas of concern in relation to the four core principles of the Convention on the Rights of the Child for young people in alternative care are set out below.

EPIC hopes that there will be specific recommendations made by the UN in relation to the rights of adolescents in alternative care settings.

¹² The Child Care Regulations 1995 are available on the *Irish Statute Book* <http://www.irishstatutebook.ie/1995/en/si/0259.html> and <http://www.irishstatutebook.ie/1995/en/si/0260.html>

¹³ These statistics are available here from Tusla, the Child and Family Agency's website http://www.tusla.ie/uploads/content/Tusla_Management_Data_Report_November_2014_Final_i.pdf (01/04/15)

¹⁴ This will be further discussed under section 'Right to Life and Development'

Article 2: Non-Discrimination

- **EPIC believes that young people in alternative care should be treated the same as their peers.**

There are a number of concerns raised by young people in alternative care where they feel treated differently to their peers:

1. General negative public perceptions of young people in alternative care. In particular, a lack of understanding about reasons why young people are placed in alternative care and a widely held assumption that it is a result of a young person's own behaviour.
2. Discrimination in relation to access to mainstream education. Some young people in residential and secure care do not have the opportunity to participate in mainstream schooling with limited access to subjects on the general curriculum. As a result, this limits the educational and employment prospects for these young people in the long-term. Furthermore, discrimination of young people in alternative care by some professionals who may have lower educational expectations for young people in alternative care.
3. Discrimination of young people in alternative care in relation to access to technology.
4. Discrimination of young people under voluntary care orders.

1. Stigma Associated with Being in Alternative Care

Through EPIC's and The Child and Family Agency's local youth fora¹⁵, evidence suggests that young people in alternative care often feel discriminated against (see attached link to rap 'Change Your Attitude, Change Your Perspective'

<https://soundcloud.com/gmcworkshops/change-your-attitude-epic-may-2014> below created by young people who participated in one of the fora.

Furthermore, the young people involved in EPIC's Youth Board decided to campaign against the stigma associated of being in alternative care, see '*What do you think now?*'

<https://www.youtube.com/watch?v=aNKGJUYQGUA>

EPIC believes that a public awareness campaign and education about the alternative care system needs to transpire in order to combat negative attitudes, perceptions and stereotypes towards young people in alternative care settings.

2. Access to Mainstream Education

"I want to go to college and have a good job." Young Person (EPIC consultation, March 2015)

Education is often perceived as a secondary consideration by professionals with the primary aim of finding an appropriate placement for a young person in care. Young people who are living in a residential care setting including young people in special care may not have access to mainstream schooling. For example, in one residential care centre, young people are attending a special school which is on the site of the residential care home where they have a limited number of subjects available to choose from the curriculum (EPIC Consultation, March 2015).

¹⁵ EPIC in conjunction with The Child and Family Agency have developed local youth fora to ensure that young people in care are facilitated with greater participative structures to influence practice and policy reforms. The fora occurs in a neutral space such as community resource centre, where young people participate their views through creative arts such as rap and exchanges knowledge with local practitioners and policymakers in order to share information and have the opportunity to reform aspects of the care system.

The impact of this is that it is profoundly limiting the educational experience of these young people and is restricting their potential to achieve academically and socially. For example one young person described '*not being intellectually challenged*'. Lack of access to mainstream education and selected subjects that are on the general curriculum will also have the consequences of limiting these young people's opportunity to participate in third-level education. Findings from the YIPPEE project found that only 8% of young people with a care history access higher education.¹⁶

Furthermore, EPIC's advocacy work has indicated that sometimes when a care placement breaks down and another care placement must be found, young people in alternative care may be refused admission to a school. For example, the school may state that the quota of the number of students is full to capacity. EPIC has found that in some cases this leaves young people with limited and unequal opportunity of access to mainstream education. Often the options for a young person in this situation are:

- Another care placement must be found in another area
- The young person is offered home schooling under the Education (Welfare) Act 2000
- Alternative education is made available such as *YouthReach*¹⁷ or the young person has access to an on-site special school with limited access to extra-curricular activities and limited opportunity to socialise with other young people.
- The young person may choose not to re-engage in education.

EPIC welcomes the Education (Admissions to School) Bill 2013 will oblige schools to publish their admission policies providing greater public transparency.¹⁸

¹⁶ YIPPEE project (2011) *Young people from a public care background: pathways to further and higher education in five European countries*

<http://tcru.ioe.ac.uk/yippee/Portals/1/Final%20Report%20of%20the%20YiPPEE%20Project%20-%20WP12%20Mar11.pdf> (accessed 31/03/15)

¹⁷ For more information on YouthReach <http://www.youthreach.ie/what-is-youthreach/> (accessed 01/04/15)

¹⁸ For further information <http://www.irishtimes.com/news/politics/new-legislation-will-force-schools-to-publish-admissions-policy-1.2159332> (accessed 31/03/15)

It has been the experience of EPIC that some professionals working with young people in alternative care have lower educational expectations and aspirations for them. This has been highlighted in a report¹⁹ by the Ombudsman for Children. From EPIC's consultation for this submission, young people felt disempowered by not being able to access and choose subjects from the regular school curriculum and not being provided with the opportunity to do higher level subjects.

Five key recommendations were made in the report by the Ombudsman for Children's Office (2013) which EPIC endorses includes:

- 1.) Gather data on the educational experiences of young people in the alternative care system
- 2.) Provide inter-agency opportunities and a public policy commitment to promote educational opportunities for young people in alternative care
- 3.) Develop training materials for key stakeholders including social workers, carers, teachers to help them deal with educational issues that can arise for children in alternative care
- 4.) Strengthen supports from the care and education system such as stability and continuity of care placements particularly at key moments in their educational career
- 5.) Hear the views of children and their carers to ensure that they are provided with the opportunity to engage in decision-making processes.

¹⁹ Darmody, M. , McMahon, L. , Banks, J. & R. Gilligan (2013) *Education of Children in Care in Ireland: An Exploratory Study* available at http://www.oco.ie/wp-content/uploads/2014/03/11873_Education_Care_SP1.pdf

3. Access to Technology

Today technology and online communication tools are a central component of a young person's daily life. Social media websites such as Facebook are important for the socialisation of young people where peers generally interact with each other on a daily basis. One of the key issues identified by young people living in a residential care home was their lack of access to technology in particular, having no mobile phones and no access to the internet (EPIC Consultation, March 2015).

The young people in residential care involved in our consultation were not allowed to have their own personal mobile phone. The only contact number they could give was that of the residential centre where staff members would answer the phone or a voicemail that would state the name of the residential care home identifying the care status of these young people. Similarly, young people felt uncomfortable when their peers asked for their Facebook as they may not be able to reply and interact to messages due to having no access to the internet (EPIC Consultation, March 2015).

For these young people, they are unable to access the internet preventing them with the opportunity to communicate with their peers and further preventing them from developing information technology skills. Having no access to internet and technology places these young people at further risk of alienation from their general peer group.

EPIC believes that a balance needs to be struck between a young person's safety (protection) and a young person having access (participation) to the internet in a supervised manner, similar to any other young person. EPIC takes the view that these young people should not be penalised as a result of their care status.

4. Young People in Voluntary Care²⁰

The latest complete statistics indicate that of the 6,332 young people in care, 2,666 young people were in voluntary care in 2012.²¹ EPIC has experienced that young people placed in care in voluntary care can have limited legal protection.

EPIC believes that as it stands a young person in voluntary care is vulnerable. EPIC has experiences of a number of advocacy cases where a young person may have lived with foster carers for a number of years but whose birth parents still have a strong influence about decisions relating to daily aspects of a young person's life. Examples of this includes where a birth parent seeks to be reunited with their child after many years of living with foster carers, birth parents must give consent for the young person to attend a school trip, go on holiday with their foster carers and must give their permission for a young person to participate in extra-curricular activities. Under voluntary care, young people cannot do these things without the permission of their birth parent.²² Another restriction for a young person in voluntary care is that he/she will not have the opportunity to be adopted.

²⁰ Voluntary care is when a birth parent gives permission for their child to be taken into care for many reasons such as being unable to cope. Voluntary care means that the birth parent's wishes must be taken into consideration relating to the care provided to the young person.

²¹ Childlaw Reporting Project, *Second Interim Report* available at <http://www.childlawproject.ie/wp-content/uploads/2014/10/Interim-report-2-Web.pdf> (accessed 31/03/15)

²² However The Child and Family Relationships Bill should strengthen guardianships rights, see <http://www.justice.ie/en/JELR/General%20Scheme%20of%20a%20Children%20and%20Family%20Relationships%20Bill.pdf/Files/General%20Scheme%20of%20a%20Children%20and%20Family%20Relationships%20Bill.pdf> (accessed 01/04/15)

Article 3: 'Best Interests' of the Child

- **EPIC believes that the 'best interests' principle should be applied at the core of all decision-making for young people growing up in alternative care.**
- The 'best interests' principle is not always applied in relation to decisions around care placements and access and frequency of family contact.

1. Multiple Placements

Young people involved in the EPIC consultation highlighted the disruption caused by multiple placements on various aspects of their lives. For example, one young person felt 'ashamed' to contact friends he had not met for a number of years due to the distance of his care placement. Changes in care placements cause additional stress to young people particularly regarding the uncertainty of where they will live once they turned 18 (Consultation, March 2015).

One of the best indicators to achieve positive outcomes for young people in care is stability in their care placement, in addition the quality of care provided in a placement. International research has highlighted that placement stability can result in positive outcomes for young people as they transition into adulthood.²³ A stable, supportive environment can help young people's performance at school, while multiple care placements have the opposite effect and disrupt schooling.²⁴

2. Lack of Planning in relation to Follow-on Care Placements

Lack of planning in relation to follow-on care placements has also been a key concern brought to the attention through EPIC's advocacy work particularly for young people placed in secure care and residential care.

²³ See Cashmore, J. & M. Paxman (2006) Predicting After Care Outcomes: The Importance of Felt Security, *Child and Family Social Work*, Vol. 11, No.3 pp.232-241.

²⁴ Ibid, p.12

EPIC has provided advocacy support to several young people in special care whose placements have continued for a longer period of time than originally planned. This is contrary to the purpose of a special care placement which is to provide secure care for a short period of time to address the behavioural needs of a young person within a special care setting. In 2013, all High Support Units (step-down accommodation for young people leaving special care) were closed.²⁵ Furthermore, young people in care placements abroad are on waiting lists due to the lack of secure beds available in Ireland.²⁶

3. Appropriateness of Placements

Another key issue that has been identified through EPIC's advocacy work has been the lack of appropriate placements available to some young people in alternative care.

The care placement may not meet the specific needs of a young person resulting in an increased likelihood of the care placement breaking down. For example, some of EPIC's advocacy cases have involved young people being in placements that were deemed not to meet their needs for example, lack of appropriate placements for young people with a disability.

At present, one of EPIC's concerns relates to young people whose care placement breaks down at age 16 or 17 where no care placement can be identified for them. This particular group of young people are at greater risk of experiencing homelessness and may end up accessing homeless services where there is no adult care or supervision. These young people are exposed to a variety of risks and spend long protracted periods on the streets during the day due to the limited opening hours of Out-of Hours²⁷ emergency services. EPIC believes that no young person in alternative care should have to access homeless services.

²⁵ See Department of Children and Youth Affairs website, *Minister Fitzgerald confirms closure of HSE High Support Unit*
http://www.dcy.gov.ie/docs/08.10.2013_Minister_Fitzgerald_confirms_closure_of_HSE_High_/2988.htm
(accessed 01/04/15)

²⁶ *Vulnerable children left on waiting lists due to lack of beds*
<http://www.irishexaminer.com/breakingnews/ireland/report-vulnerable-children-left-on-waiting-lists-due-to-lack-of-beds-669866.html> (accessed 01/04/15)

²⁷ For further information on Out-of-Hours services, visit the Department of Children and Youth Affairs website
http://www.dcy.gov.ie/docs/Out_of_Hours_Services/1904.htm (accessed 01/04/15)

EPIC also provides a monthly visiting advocacy service to young people in detention. Many young people who are in detention have alternative care experience.²⁸ EPIC's advocacy work has found that often these young people do not receive a continuum of care while in detention where he/she may have no visits from their social workers during the period of detention. This results in a lack of planning with no identified care placement for the young person prior to their discharge.

Young people with disabilities, young people accessing homeless services and young people in detention are three of the most vulnerable cohorts of young people that EPIC work with. The issues raised here from EPIC's advocacy work indicate that currently decisions are not being made in the 'best interests' of some of these young people.

4. Access and Frequency of Family & Sibling Contact

Young people in care can often be placed in a residential care centre or a foster family far away from their own communities. A common presenting issue by young people accessing EPIC's Advocacy Service is the lack of contact they have with family members and siblings. In 2013, family contact was the third most common presenting issue in EPIC's advocacy cases. Furthermore, the lack of contact a young person in care will have with his/her extended family members such as aunts and uncles is even greater with limited or no opportunity to meet extended family members or friends.

Some young people felt that they were unable to have sufficient time and unsupervised access with family members where social workers would be present and monitor all contact (EPIC Consultation, March 2015).

EPIC would also like to highlight the limited access young people who are placed in Out-of-State placements may have despite their right to a private, family life. These young people are particularly vulnerable with little access to their Social Worker due to being placed out of State. The cultural activities a young person usually participates in can also be compromised due to the nature of their placement.

²⁸ See information from a recent parliamentary question <https://www.kildarestreet.com/wrans/?id=2014-10-16a.387> (accessed 31/03/15)

EPIC has found that family access is often resource driven and that the frequency of contact with family members has been reduced in many cases due to resource constraints. Given the importance of maintaining family contact for young people in alternative care (where appropriate), EPIC believes that it should be reviewed regularly, rather than on a six monthly/annual basis. EPIC believes that contact should not be dependent on the availability of resources and finances.

Article 6: Survival and Development

- **EPIC believes that every young person in care has the right to life and to the maximum extent possible survival and development.**
- One of the key issues for young people aged 16 and 17 in alternative care is the uncertainty of the future and the anxiety they feel upon preparing to leave alternative care.

1. Preparation for Leaving Care

'I don't know where I'm going' Young Person (EPIC consultation, March 2015)

Approximately 450-500 young people leave care in Ireland annually. Young people typically leave the alternative care system in Ireland at 18 (some may leave the system earlier at the ages of 16 and 17 typically due to placement breakdown). Often these young people during their formative years suffer anxiety and distress due to the uncertainty of their future, in particular about where he/she will be placed. This puts additional stress on a young person in the alternative care system where typically a young person does not have these worries. Young people complete final school examinations²⁹ when they are approximately 18 years of age. The uncertainty around leaving care in conjunction with completion of the State Examinations is an extra burden for these young people. Some young people must leave their care placement on their 18th birthday which may lead to disruption during the middle of State Examinations.

At 18 young people who have been in care receive relatively few aftercare supports³⁰ compared to when they were in the alternative care system. The provision of aftercare is not placed on a statutory footing in Ireland. In comparison, the rest of the youth population often have parental support up until their mid-twenties and beyond.

²⁹ Final examinations from secondary-level education in Ireland is known as the 'Leaving Certificate.'

³⁰ Based on the current underpinning legislation, the *Child Care Act 1991*, the provision of aftercare support to a young person depends upon a number of factors including: age and the length of time in care.

In this respect, EPIC believes that aftercare provision should be placed on a statutory footing to strengthen the rights of every young person leaving the care system and to ensure that he/she can access all the appropriate services and supports to meet each individual's needs.

Young people who have left care may receive aftercare support up to the age of 21 (or 23 if involved in full-time education). EPIC continues to advocate that all young people in care should be entitled to receive aftercare irrespective of whether they are engaged in education. In EPIC's experience, it is young people who are not engaged in education that are often the most vulnerable and in need of supports.

Furthermore, the current eligibility criteria under the General Scheme and Heads of Aftercare Bill 2014 is restricted to a young person who has been in the alternative care system for at '*least 12 consecutive months*' or '*on a number of occasions for a cumulative period of not less than 12 months in the previous 5 years from the date on which they presented themselves to the agency.*'³¹ The Bill excludes young people who may have only entered care at 17. As highlighted by the current Minister for Children and Youth Affairs, the number of young people aged 16 and 17 admitted to care in Ireland was a considerable proportion comprising 14% in 2014.³² EPIC believes that all young people with alternative care experience should be entitled to aftercare based on their needs and not on the length of time spent in care.

The vulnerability of young people on leaving care is evidenced by the fact that 32 young people in aftercare died in Ireland between the period of 2000-2010, 27 of these deaths were from non-natural causes.³³ This report also highlighted that many deaths occurred during adolescence. This highlights the importance of effective engagement with young people at this critical time in their lives and the potential of this to contribute to better outcomes in tandem with enhanced co-operation between services. A commitment to improving transitions from care to independent living has been made by the Irish Government in the current *National Children and Young People's Framework, Better Outcomes, Brighter Futures*.

³¹ See General Scheme and Heads of Aftercare Bill 2014 <https://www.iasw.ie/attachments/90f0c186-82ef-427c-8f07-84fd45ba16e4.PDF>

³² See Kildarestreet.com <https://www.kildarestreet.com/wrans/?id=2015-02-24a.50> (accessed 31/03/15)

³³ Minister for Children and Youth Affairs (2012) *Report of the Independent Child Death Review Group* available at http://www.dcy.gov.ie/documents/publications/Report_ICDRG.pdf

Good Practice Example: Part 10-11 of *Children and Young Person's Act in Scotland*

As of April 2015, any young person who ceases to be looked after on or after the age of 16 will be entitled to an aftercare service. The 2014 Act provides Care Leavers with the opportunity to avail of aftercare services up until the age of 26. EPIC believes that young people leaving care in Ireland should be able to avail of aftercare services up until the age of 26. The Children and Young Person's Act also allows young people who would like to 'stay put' in their foster care placement up until the age of 21.

2. Access to Appropriate Youth-Friendly Mental Health Services

International research has shown that young people in alternative care can be at greater risk of experiencing mental health problems.³⁴ Young people in alternative care do not have adequate access to mental health services.³⁵ The current Child and Adolescent Mental Health Service (CAMHS) allows for young people to engage with the service up until the age of 16 and if in education, up until 18. Young people aged 16 and 17 must avail of adult mental health services which are completely inappropriate. More effective transitions are necessary to ensure that services meet the mental health needs of young people in alternative care.

³⁴ For example, Chitsabesan, P., Kroll, L., Bailey, S., Kenning, C., Sneider, S. MacDonald, W., & Theodosiou, L. (2006), 'Mental health needs of young offenders in custody and in the community' in the *British Journal of Psychiatry*, 188, 534–540 and Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007), 'Psychiatric disorder among British children looked after by local authorities: Comparison with children living in private households' in the *British Journal of Psychiatry*, 190, 319–325.

³⁵ The inaccessibility of appropriate mental health services has been identified in the National Review Panel's latest report, *National Review Panel Reports: Thematic Overview* http://www.tusla.ie/uploads/content/NRP_2015_Thematic_Overview.pdf (accessed 31/03/15)

One of the key recommendations in a report on the mental health needs of young people in the care system included: issuing a national policy statement and strategy to address the mental health needs of young people in State Care.³⁶ Furthermore, a recent report recommends increased accessibility of adolescent mental health services.³⁷

This report also highlights the need for a dedicated advocacy service to meet the needs of young people with mental health issues. The need for specialised mental health and other appropriate services for young people in secure care have also recently been highlighted.³⁸

3. Development of Friendships and Relationships

“You can’t have the same friends as everyone else.” Young Person

In the EPIC consultation, some young people reported having restricted freedoms for example having only two ‘time-outs’ per week where the young people could go into town by themselves. These young people felt these restrictions prevented them from developing friendships and relationships. More generally, it may be more difficult for young people in alternative care to have their friends call to see them as a result of where they live (particularly young people living in residential care). Young people in care need permission by his/her social worker for an overnight stay with friends.

³⁶ For further information on the mental health needs of young people in State Care, please access the following report: Children’s Mental Health Coalition (2013) *Someone to Care: The Mental Health Needs of Young People with Experience of the Care and Youth Justice Systems* available at http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2013/SOMEONE_TO_CARE_2013.pdf (31/03/15)

³⁷ Children’s Mental Health Coalition (2015) *Meeting the mental health support needs of children and adolescents: a Children’s Mental Health Coalition View* available at <http://www.childrensmentalhealth.ie/wp-content/uploads/2015/03/Childrens-Mental-Health-Coalition-report-final.pdf> (31/03/15)

³⁸ Children forced to remain in care abroad over lack of secure beds, The Irish Independent <http://www.independent.ie/irish-news/health/children-forced-to-remain-in-care-abroad-over-lack-of-secure-beds-31109962.html> (01/04/15)

4. Age-Appropriate Services and Information for Young People

“Treating me like a kid” Young Person

One of the key issues raised by young people was they felt they were treated like children rather than young people (EPIC Consultation, March 2015). For example, one of the young people highlighted the childish nature of their Care Review forms. This example highlights the need for a specific focus on adolescents and the implementation of their rights tailored to their own unique needs.

Article 12: The Child’s Opinion (Participation)

“The system makes me want to rebel more.” Young Person (EPIC consultation, March 2015)

“We ask, nothing happens.” Young Person (EPIC consultation, March 2015)

- **EPIC believes that every young person growing up in care should have the opportunity to be heard in any judicial and administrative proceedings affecting them.**

Potential Example of Good Practice: Local Youth Fora

EPIC in conjunction with The Child and Family Agency have developed local youth fora to ensure that young people in alternative care are facilitated with greater participative structures to influence practice and policy reforms. The local youth fora adopt Welt and Lundy’s (2013) four factors of meaningful participation: Voice, Space, Audience and Influence. The local youth fora occur in a neutral space such as a community resource centre, where young people give their views through various mediums such as the creative arts and rap. Young people exchange knowledge with local senior social work practitioners and policymakers in order to share information. Young people have the opportunity to influence and reform aspects of the alternative care system at a local level.

One of the findings from EPIC's work has been that at times young people in alternative care do not feel listened to and that their views are not taken into consideration. EPIC would like to highlight the increased vulnerability of young people with disabilities in the alternative care system and the importance of ensuring that these young people have their voices heard.

Participation in decision-making for young people growing up in alternative care is extremely important. Research by Cashmore (2002) highlights that while decisions for the general youth population are made by parents/carers who are present in their daily lives, young people in care have decisions made for them by a number of professionals.

The nature of young people's relationship with their social worker can have a significant impact on the extent to which their views are listened to and taken into account. Key to a young person's participation is the allocation of a social worker. Therefore, it is of grave concern to EPIC, as identified earlier in this submission, that there are currently 487 young people without social workers who act as 'gatekeepers.' This means that a substantial number of young people are being denied access to effectively participate in their care planning.

The high turnover of social workers makes it more difficult to build trusting relationships which can facilitate young people's participation. For example a recent report highlighted that one young person had 18 social workers over a ten-year period, another young person had 8 social workers over ten years and another young person had four social workers in a period of 5 months.³⁹

Furthermore, EPIC has found that even when a young person does have contact with their social worker, the frequency of contact and the development of a meaningful relationship with the young person must be considered in order to determine whether a young person has opportunities for meaningful participation in decisions about their lives. One young person described how their social worker never keeps appointments and is not provided with reasons why this is so (EPIC Consultation, March, 2015) causing considerable frustration for this young person.

³⁹ National Review Panel (2015) *Thematic Overview*
http://www.tusla.ie/uploads/content/NRP_2015_Thematic_Overview.pdf (accessed 31/03/15)

1. Participation in Care Reviews

“Include me in meetings.” (Young person, Consultation, March 2015)

One of the pivotal opportunities for a young person’s views to be heard is at their Care Review meeting.⁴⁰ As identified by the Ombudsman for Children (2014: 32):

“Children in care have a right in Irish Statute to participate in the decisions made about their individual care. This is closely linked to their rights for care and protection.”⁴¹

From the local youth fora facilitated by EPIC, several issues have been identified as barriers to participation for a young person in their Care Reviews which include:

- Lack of preparation (e.g. a young person not being provided with reports from various professionals such as teachers) prior to the Care Review
- Lack of clarity provided about the purpose of a Care Review
- Lack of consultation about the date, time, location and who attends the Care Review
- Little say by young people about what information is shared (e.g. information from teachers, mental health services) at the Care Review meeting.
- Formality of Care Reviews
- Complex language used by professionals

Daly (2014) found that if a young person felt he/she was not listened to at their Care Review, they would be less likely to participate in the future.⁴² The same research also found that some young people felt that key decisions were made before the actual Care Review meeting took place, prior to having a say about issues of concern to them.

⁴⁰ Care Reviews form part of the care planning process for young people in alternative care. They involve a meeting of all the relevant stakeholders, including young people, to make decisions about various aspects of their welfare, for example, their current placement, family contact, education, etc. Regulations state that a young person should have a Care Review every six months during the first two years of being in State Care, and once a year thereafter.

⁴¹ See The Ombudsman for Children (2014) *A Meta-Analysis of Repetitive Root Cause Issues Regarding the Provision of Services for Children in Care* available at <http://www.oco.ie/wp-content/uploads/2014/03/OCOMeta-analysisofservicesforchildrenincare.pdf> (31/03/15)

⁴² See Daly (2014) *‘It’s about me’: Young People’s experiences of participating in their Care Reviews* available to access here <http://epiconline.ie/its-about-me-report-.html>

Recommendations from this report include:

<ul style="list-style-type: none">• Ensure that young people receive adequate preparation with young people prior to their Care Review.
<ul style="list-style-type: none">• Involve young people in planning the practical aspects of their Care Reviews.
<ul style="list-style-type: none">• Invite young people to be present and encourage them to attend these meetings.
<ul style="list-style-type: none">• Alternative channels should be made available in which young people can have their views heard e.g. through an Advocate, by writing a letter.
<ul style="list-style-type: none">• Provide guidance to social workers to encourage young people to attend.

As highlighted by Cashmore (2002) when young people are involved in the decision-making process, decisions are more likely to have a positive result, as young people “buy in” to the decision being made. Furthermore, Cashmore (2002) highlights the importance of facilitating young people’s participation in decision-making as they will need to develop these skills to achieve independence upon leaving care.

3. Participation in Daily Life

In an extensive consultation⁴³ with young people in alternative care by the Department of Children and Youth Affairs, young people in residential care said they wanted to have more of a say in their daily lives. Key findings included the lack of freedom a young person in care has to do typical things that young people do for example, attending school trips and meeting friends.

⁴³ Department of Children and Youth Affairs (2011) *Listen to Our Voices! Hearing Children and Young People Living in the Care of the State* available at http://www.dcy.gov.ie/documents/publications/LTOV_report_LR.pdf

4. Lack of feedback provided to young people upon submitting a complaint

In 2013, 26% of complaints made to the Ombudsman for Children were under the heading of 'Family support, care and protection'-the second most common complaint categorised under this heading related to alternative care.⁴⁴

One young person highlighted the number of written complaints they submitted and the lack of any feedback provided to the young person on the process or outcome of the complaint (EPIC Consultation, March 2015). Providing information to young people on the process and outcomes of complaints is imperative.

⁴⁴ Ombudsman for Children (2013) *Annual Report 2013* available at <http://www.oco.ie/wp-content/uploads/2014/03/AnnualReport2013.pdf>

Recommendations

Non-Discrimination

- The State should provide funding to develop an awareness-raising campaign to educate the public about the care system in order to combat the stigma and negative perceptions associated with being in care.
- The State should provide equality of opportunity in relation to access to mainstream education and equal opportunity and access to subjects on the general curriculum.
- Adolescents in care are particularly vulnerable and unlike the general youth population, most often do not have familial supports to fall back on. EPIC believe that young people in care should be identified in government policy as a specific vulnerable cohort provided with 'protected status' which would for example, upon leaving care provide these young people with priority access to social housing and educational grants.

'Best Interests' Principle

- The Irish Constitution must incorporate the 'best interests' principle in all decisions being made about young people as passed in the children's referendum in Ireland, 2012 (though currently subject to a Supreme Court Appeal).
- Resources must be made available to ensure that the 'best interests' of the young person is at the core of all decision-making for example, in decisions made about the young person's placement, schooling and sibling/family contact.
- EPIC believes that family contact should be assessed and reviewed regularly. Contact should not be dependent upon resources and finances. Where it is in the best interests of the young person, contact with siblings and family members should be prioritised. Consideration also needs to be given to provide contact with extended family members such as aunts and uncles which can be often overlooked.
- Stability in care placement and the quality of care placement is crucial to good outcomes for a young person. Placing young people in appropriate care placements and providing adequate supports to maintain these placements are critical to achieving this.

- Young people in alternative care particularly, young people in residential and secure care have access (similar to their peers) to participate in leisure activities, internet access, family contact and contact with their peers. These decisions should be based on the 'best interests' of the young person.

Right to Life and Development

- Aftercare must be placed on a statutory footing in Ireland.
- Every young person should have an allocated aftercare worker at the age of 16 which identifies the young person's specific needs. The aftercare plan should be in place and subject to regular review involving the young person.
- All young people in alternative care should have access to appropriate aftercare supports regardless of age or duration of time spent on care.
- Every young person should have access to appropriate youth-friendly mental health services.
- Age-appropriate materials and services should be available and suited to the needs of adolescents in alternative care.

Participation/Voice of the Child

- All young people in alternative care should have an allocated social worker.
- The Irish Constitution should incorporate the voice of the child as passed in the Irish referendum but currently subject to Supreme Court appeal. This would help embed a culture of young people's participation and provide young people with greater rights and increased protection.
- As highlighted by Cashmore (2002) six facilitators: opportunity and choice of how to participate, access to relevant information, having a trusted Advocate, access to complaints mechanism and policy and legislation that allows a young person's voice to be heard are critical facilitators in creating meaningful and effective participation structures for young people in alternative care.
- Young people should be involved in decisions made that affect daily aspects of their lives.

- More opportunities and choices for young people to participate in their care planning, care reviews and aftercare planning in an effective and meaningful way.
- Young people in alternative care should be provided with reasons as to why decisions are made.

This submission was prepared within a relatively short timeframe. EPIC had anticipated further consultations with young people, however due to unforeseen circumstances and with the limited time frame for completion, these consultations did not occur. We would be happy to do further consultations with young people if the UN feel these would be beneficial for the development of the General Comment on Adolescence.

EPIC would like to take this opportunity to thank you for reading this submission. If you require any further information, please contact Michelle Martyn, EPIC Research and Policy Assistant +353 (01) 872 7661 or email michellemartyn@epiconline.ie.