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Young people's experiences
of participating in their Care Reviews




empowering people in care

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Executive Summary

Introduction

What are care reviews?

- Care reviews are an integral part of the care planning process which involve making decisions about aspects of young people's welfare while in State care, for example issues concerning their current placement, extent of family contact, education/schooling etc.

Aim of the EPIC study

- The main aim of the EPIC research study is to explore young people's experiences of participating in their care reviews, which includes preparation for the care review meeting, the actual meeting itself and feedback given to young people following the meeting.

Definition of 'participation'

- The EPIC study adopts a broad definition of 'participation' which acknowledges that young people can be involved in a range of different ways. While 'participation' in care review meetings is not the same thing as having the right to make decisions, it should mean that young people are listened to and that their views are treated with respect.

Irish legislation and policy

- Relevant Irish legislation and policy recognises the central role of care reviews in relation to a child or young person's care planning and the importance of young people's participation within this process. The EPIC research study is quite timely given the increasing recognition in policy and legislation on improving young people's involvement in decision making.

Methodology

Participatory research approach

- Participatory research methods enables young people to be more actively involved in carrying out research rather than just being research participants.
- Participatory research methods have many potential benefits. Directly involving young people in the research process can improve the quality of the research thus enhancing the validity of the research findings.
- The nature of young people's participation in the EPIC research reflects a collaborative approach between the adult researcher and peer researchers (i.e. young adults with care experience). Peer researchers took part in three key stages of the research: preliminary planning phase; data collection; and data analysis.

Study population

- The main study population for the EPIC research comprised young people aged 15-17 years old who were currently in foster or residential care. Ten interviews with young people were carried out – six by the EPIC Research Officer and four by the peer researcher.
- Interviews were also carried out with seven professionals who had been involved in young people's care reviews.

Method of data collection

- The main method of data collection in this study was qualitative semi-structured interviews, which was chosen as it is best suited to obtaining information about young people's own experiences from their own point of view.

Access to young people in care

- Practitioners working with young people in residential and foster care were contacted to gain access to young people to take part in the study.
- Information leaflets and consent forms for young people and practitioners were designed.
- Gaining access to young people was one of the main challenges of the study, especially those in foster care. Therefore, the data collection phase took far longer than originally anticipated. Interviews with young people were carried out over a 15 month period. Also, the target number of 20 interviews was not achieved – 10 interviews were carried out in total.

Ethical considerations

- Certain ethical considerations informed the design of the EPIC research study. In particular, interviews that were carried out with young people and professionals were done with their voluntary informed consent, data was kept confidential with no-one being identified, and the process involved minimising harm to participants.

Main Findings

Interviews with young people about their experiences of care meetings

Practical aspects	<ul style="list-style-type: none">→ Eight young people said that their last care review meeting took place during the last year, five of these in the last six months.→ The number of people who attended and were present at the care review meeting ranged from three to six (this excludes the young person).
Preparation	<ul style="list-style-type: none">→ The extent of preparation work done with young people before the care review meeting varied. Four young people said that they had discussed the meeting with their Social Worker or Key Worker and had filled in the Review Form. Five young people said that they had little or no preparation before their review meeting.→ Young people who were prepared for the meeting were more likely to say that they had an input into the decisions that were made.
Nature of young people's participation	<ul style="list-style-type: none">→ Nine of the ten young people said that they attended their last care review meeting.→ All nine of the young people who attended their last care review meeting spoke at the meeting. However, the extent of their input varied with three young people saying that they spoke very little.→ Eight young people filled in the Review Form (including the young person who did not attend their last care review).

Young people's feelings

- Five young people said that they felt **anxious** and **nervous** about their review meeting. The number of people at the meeting was a factor here. Three young people said they felt **bored** at the meeting.
- It is likely that how young people felt about their care review meetings had an impact on how they participated in them.

Young people's input into decision making

- Out of the nine young people who attended their last care review meeting, six said that they felt that professionals **listened to what they had to say** and that their **views were taken on board**. However, two young people felt that they were not listened to.
- Five young people reported that they were **happy about the decisions made** at the care review meeting. However, three young people were disappointed with the outcome. Two young people felt that **decisions were already made** before the care review meeting.

Formal structure

- Three young people felt that the format of their last care review meeting was too formal and was more suited to the needs of adults rather than the young person. The **location** for the meeting (typically a social work office) and the **language** used were two issues raised here.

Feedback

- Six young people said that the **outcome of the meeting** was discussed with them, usually by their Social Worker or a Key Worker. Just one young person said that they received written feedback.
- Providing feedback was particularly important where young people were not happy with the decisions that were made.

Recommendation to other young people in care

- All ten young people interviewed felt that it was important for other young people in care to have a say in decisions that affected them with nine recommending that young people should attend their care review meetings.

EPIC study supports the findings from other research

- Many of the findings from the EPIC study are broadly similar to those reported by McGree et al (2006), in their study of young people in foster care having a say in their care reviews. Therefore, some of the recommendations in the EPIC report are similar.
- Key aspects of young people's experience of participating in their care reviews reported in the EPIC study are also in line with the findings from international research.

Peer researchers' views on the key themes

Agreement on issues raised by young people

- Three peer researchers with care experience discussed the main findings from interviews with young people. There was broad agreement on the key themes that emerged.

Potential negative impact of not being listened to in future participation

- Peer researchers felt that where a young person did not feel listened to at their last care review meeting, this could make them less likely to participate in future care review meetings.

Professionals' views

Issues raised by Professionals

- Professionals were aware that young people could feel anxious about care review meetings.
- Professionals valued what young people had to say at care reviews.
- The importance of preparation and feedback to ensure that young people were aware of the purpose of the meeting and that they understood the decisions made.
- The potential role of independent advocates to support young people.
- It was considered best practice for young people to attend for the entire meeting.
- Young people's participation in their care review meetings should not focus solely on filling in the Review Form.
- Care review meetings should be seen as part of the care planning process rather than just a once off event.

Summary of main recommendations

The recommendations made here aim to promote the participation of young people in their care review meetings in future. They are particularly relevant in light of the recently published National Policy Framework for Children and Young People, 2014-2020, in which the Government commits to 'facilitate children and young people in care to have meaningful participation in their care planning and decision making' (Department of Children and Youth Affairs, 2014: 32).

Primary responsibility for implementing most of the recommendations in this report lies with the management in Tusla, The Child and Family Agency. The recommendations highlight certain areas of practice that could be improved in relation to Child in Care Reviews, and these are particularly relevant for Social Workers, Team Leaders and Principal Social Workers.

Recommendation 1	→ Young people should be informed and adequately prepared before their care review meeting takes place.
Recommendation 2	→ Young people should be involved in planning the practical aspects of the care review meeting.
Recommendation 3	→ All young people should be invited to their care review meetings, be supported to attend and encouraged to be present for the whole meeting.
Recommendation 4	→ Consider holding a separate professionals' meetings in addition to a young person's care review meeting where appropriate
Recommendation 5	→ More guidance and training should be given to Social Workers to encourage young people's participation at care review meetings and seek their views outside of review meetings.
Recommendation 6	→ Young people should receive verbal and written feedback after their care review meeting.
Recommendation 7	→ A joint protocol should be developed between the Child and Family Agency and relevant organisations including EPIC to carry out ethically approved research with children and young people in care.
Recommendation 8	→ Young adults with care experience should be involved as peer researchers in primary research on the experience of children and young people in care.

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1 Introduction

The *United Nations Convention on the Rights of the Child*, which was ratified in Ireland in 1992, acknowledges a child's right to have a voice and to participate in decision making that impacts on their own lives. This is particularly important for children and young people in the care of the State, where even the most basic everyday decisions can involve a number of different professionals. This is in stark contrast to a child living with their own family where there is no such formal structure for making decisions about which school they attend, the type of health services they use or the extent of contact they have with family members.

This opening chapter provides an introduction to the EPIC research on young people's participation in their care reviews. It starts by looking at some key aspects of the Irish care system and considers the role of care reviews in care planning. It goes on to set out the aims of the EPIC study, discuss the definition of the term 'participation' and explore the relevant Irish legislation and policy in relation to care reviews. It concludes with an outline of the chapters in the rest of the report.

The Irish Care System

The number of young people in State care in Ireland has been steadily increasing over the last number of years. At 31st May 2014, there were 6,517 children and young people in care compared to 5,347 in December 2008,

an increase of 22%.¹ The majority of young people are in foster care placements, which represented 93% (6,054) of all care placements at 31st May 2014 (Tusla, The Child and Family Agency, 2014). The main legislation setting out the criteria for protecting the welfare of children in care is the *Child Care Act, 1991*. A recent amendment to this Act, the *Child and Family Agency Act, 2013* places responsibility for the welfare of children in care with Tusla, The Child and Family Agency,² which was formerly under the remit of the Health Service Executive (HSE) Children and Family Services.

What are Care Reviews?

When a child or young person is first admitted into State care under the *Child Care Act, 1991*, a care plan is written which sets out the aims of the placement and the supports they should receive. As the child's needs are likely to change during their placement, it is important to update these on a regular basis. Care reviews (more formally known as Child in Care Reviews) are an integral part of the care planning process which involves making decisions about various aspects of young people's welfare while in care, e.g. their placement, family contact and educational needs etc. The main purpose of a care review is to examine whether the current placement is meeting the child's needs and to identify any further supports that may be necessary to promote their welfare, e.g. educational supports. It is important to carry

¹ These figures are taken from two reports: one published by Tusla, The Child and Family Agency (2014) *Monthly National Performance Activity Report May 2014* (p.5); and the Health Service Executive (2009) *Performance Monitoring Report – December 2008* (p. 9).

² In the rest of this report, Tusla, The Child and Family Agency, will be referred to as, the Child and Family Agency,.

out care reviews on a regular basis to ensure that the placement is meeting the child's current needs. *The Child Care Regulations, 1995* set out guidelines on the frequency of care reviews, the issues to be considered and whom they should involve, which will be looked at in more detail later in this chapter.

Aim of the EPIC study

11 The main aim of this research study is to explore young people's experiences of participating in their care reviews. This is defined to include: preparation for the care review meeting; the actual meeting itself; and feedback given to young people following the meeting. Adopting this broad definition has been recommended by the single piece of Irish research conducted on the topic by McGree et al (2006) as well as in some of the UK research, e.g. Triseliotis et al (1995). Although the subject of care reviews has been highlighted in other government commissioned reports, e.g. McEvoy and Smith (2011) *Listen to Our Voices* and Buckley et al (2008) *Service Users' Perceptions of the Child Protection System* (2008) along with regular Inspection Reports by the Health and Information Quality Authority (HIQA) on residential and foster care, it has rarely been the *primary focus* of investigation. The EPIC research study seeks to address this and contribute to this gap in knowledge.

Some recently published reports have raised concerns in relation to care reviews not being carried out in accordance with the *Child Care Regulations, 1995* in some cases. In particular, a report by the Ombudsman for Children (2013), *A Meta-Analysis of Repetitive Root Cause Issues Regarding the Provision of Services for Children in Care*, commented on the subject as follows.

"While there were some indications that children and young people were invited to express their views for their 'Child in Care' reviews this was not carried out on a systematic basis and their participation in reviews was irregular."
(Ombudsman for Children, 2013: 13)

Therefore, the issue of young people's participation in their care reviews is an important area to examine in more detail.

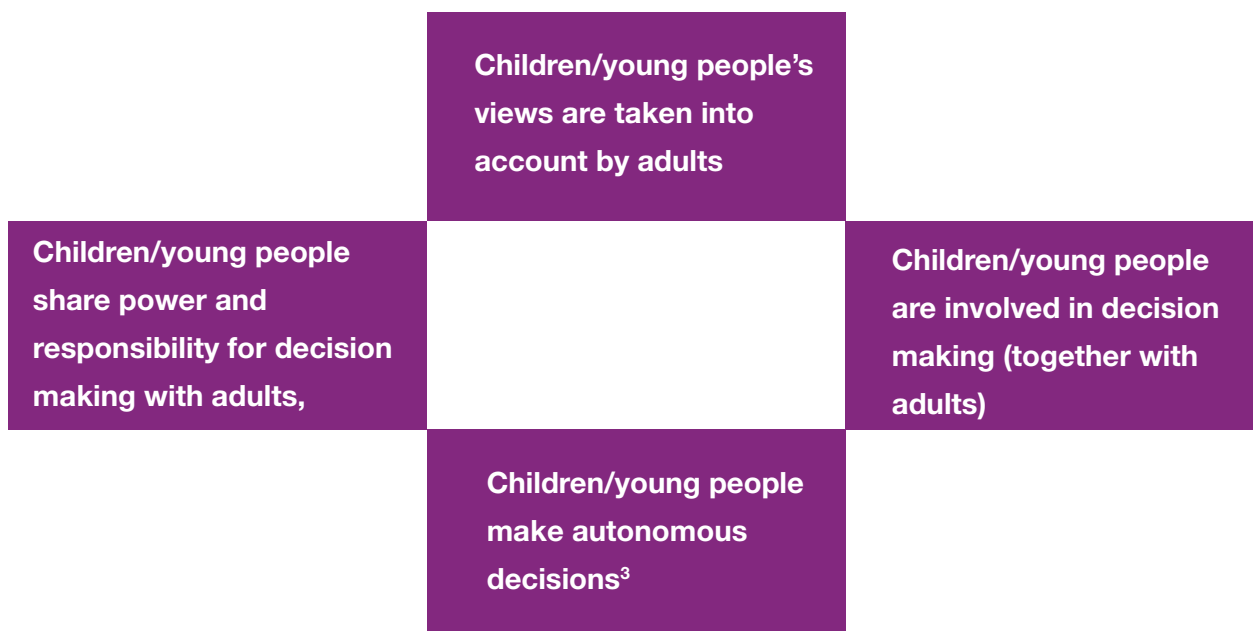
Definition of 'participation'

Several models of what comprises 'participation' by young people exist but perhaps the most widely known is that developed by Hart (1992) and often referred to as 'Hart's ladder of participation'. It comprises eight rungs on the ladder which represent different levels of participation by young people and adults – the bottom three rungs of 'manipulation', 'decoration' and 'tokenism' represent 'non-participation' and the top rung involves youth led activities where young people and adults are equal partners in decision making.

Kirby et al's (2003) model is particularly useful for the EPIC research as it defines 'effective participation' as being young people's

involvement in a process that results in change. This model consists of four levels of participation levels as follows:

Figure 1: Levels of participation



Source: Kirby et al (2003:22)

Based on Kirby et al's (2003) model, the second level of participation (right hand box) refers to situations where children and adults discuss their views together and adults are responsible for making final decisions, but these are guided by the child's views. This is perhaps the best scenario in terms of describing what young people's participation in the care review process *should* look like. However, in reality, the views of children and young people tend to be one of many different sources of information used by adults to make decisions in care review meetings – closer to the first level in Kirby et al's model (top box). It is important to use

information from other stakeholders, such as foster carers, social care workers, birth family, teachers and health professionals to inform decisions in the care review process. However, it could be argued that there is greater scope for children and young people to be more actively involved in decision making with adults about issues concerning their care (taking account of age and maturity levels), while Social Work practitioners still have ultimate responsibility for decision making

In recent years there has been an increasing trend for primary research to consult with

³ This model is non-hierarchical as it does not argue that any one level is better than another. Rather the participation level chosen will depend on the circumstances and the young people who are involved.

children and young people about their experiences, rather than relying on the views of adults and professionals. The report *Listen to Our Voices* by McEvoy and Smith (2011) published by the Department of Children and Youth Affairs is an example of this in relation to children in care. This involved consultations taking place in different locations across the country to ask young people to highlight the issues that were important to them. While recognising this positive development, it is important to consider the nature of young people's participation and establish the level of their participation.

McGree et al (2006) point out that much of the research carried out on the topic of care reviews assumes that meaningful participation requires young people to have a direct input into the decisions that are made at the care review meeting. They argue that this is not necessarily the case, for example, in relation to younger children in particular. Similarly, the EPIC study will adopt a broad definition of 'participation' which acknowledges that young people can be involved in a range of different ways. Nevertheless, it endorses the view that while 'participation' in care review meetings is not the same thing as having the right to make decisions, it should mean that young people are listened to and that their views are treated with respect and taken seriously (Cashmore, 2002).

Irish legislation and policy

Child Care Act, 1991

The Child Care Act, 1991 is the primary piece of legislation concerning the welfare of children and sets out the legal procedures for placing children in the care of the State. Article 42 states that a review should be carried out for each child in care. The way in which cases are reviewed and the frequency of such reviews are detailed in the *Child Care Regulations, 1995*.

Child Care Regulations, 1995

The *Child Care Regulations, 1995*⁴ state that every child and young person in care should have a written care plan. A care plan identifies the aims and objectives of a child's placement. In particular, a care plan includes information about a child's needs, identifies appropriate supports and sets out the nature and extent of family contact, as well as considering their education and schooling amongst other aspects of their welfare.

The Child and Family Agency record the number of children and young people nationally who have a written care plan and this is documented in the *Monthly National Performance Activity Report*. At 31st May 2014, 89% (5,772) of all children and young people in care in Ireland (6,517) were reported to have a written care plan in accordance with the *Child Care Regulations, 1995* (Child and Family Agency, 2014: 12).

This figure has remained fairly stable for the last number of years. While the majority of children and young people in care have a written care plan, one in ten do not. At 31st May 2014, this amounted to 745 individual children and young people in care with no written care plan, thus not meeting the statutory requirement under the Regulations in these cases. The high number of vacancies in social work services has been highlighted as one reason for this. Ensuring that all children and young people in care have a written care plan is part of the Child and Family Agency's *Business Plan* for 2014 (Child and Family Agency, 2014:13-14).

The Regulations set out criteria for the review of care plans on a regular basis. A care review should occur at least once every six months during the first two years of a care placement (with the first review being done within the first two months). After two years, the Regulations state that a care review should take place at least once a year. The review of care plans typically takes place at a care review meeting, which should involve all the relevant stakeholders including the child or young person, their Social Worker, Key Worker (for those in residential care), birth parents, foster carer(s) and possibly other relevant professionals such as teachers and GPs. The decisions made in the care review process can have important implications for the lives of children and young people in care.

⁴ The *Child Care Regulations, 1995* comprise three pieces of legislation covering residential care, foster care and relative care.

National Standards for Foster Care (2003) and Children's Residential Centres (2001)

A set of *National Standards for Foster Care (2003)* and *Children's Residential Centres (2001)* were published by the former Department of Health and Children.⁵ Both documents highlight the importance of children in care having a written care plan and that children should be involved in the care review process, along with their family, foster carers and relevant professionals, similar to what is stated in the *Child Care Regulations*. The *National Standards for Children's Residential Centres (2001)* recommends that:

"Young people and their families are helped prepare for reviews, are invited to attend review meetings, are aware of their purpose, are satisfied with the way they are conducted and receive copies of the documentation, including decisions made." (Department of Health and Children, 2001: 16-17).

National Standards for the Protection and Welfare of Children, 2012

Since its establishment in 2007, HIQA are responsible for setting standards in relation to health and social care, which include child protection and welfare services. The *National Standards for the Protection and Welfare of Children* (HIQA, 2012) sets out standards which

are used to measure the performance of these services in meeting the needs of children and young people in the care of the State. Under the first theme 'Child-centred Services', Standard 1.2 states that 'Children are listened to and their concerns and complaints are responded to openly and effectively' (HIQA, 2012:16). In order to meet this standard, the document sets out the need for children to have their views taken seriously when decisions are made about their lives.

Establishment of Tusla, The Child and Family Agency, 2014

Tusla, The Child and Family Agency, was set up on 1st January 2014 following the enactment of the *Child and Family Agency Act, 2013*. The Child and Family Agency has statutory responsibility for child welfare and protection services including foster care and residential care. It also comprises the Family Support Agency, Educational Welfare Services and Pre-school Inspection Services along with services to meet the psychological needs of children and those experiencing domestic, sexual or gender-based violence.

Section 9(4) of the *Child and Family Agency Act, 2013* places a responsibility on the Agency to listen to the views of children taking into account their age and maturity. This is in line with Article 12 of the *UN Convention on the Rights of the Child* which states that

⁵ Since 2011, the Department of Children and Youth Affairs (DCYA) has responsibility for government policy in relation to issues affecting children and young people.

children's views should be heard in relation to all matters that affect them. A significant development in Ireland was the vote in favour of the *Constitutional Amendment on the Rights of the Child* (November 2012), which aimed to strengthen children's rights including having their voice heard in 'judicial and administrative proceedings' that affect them.⁶ Considering that the decisions made at a child/young person's care review meeting can have implications for various aspects of their lives, it is important that they have a say and that their views are taken into account as part of the decision making process. After all, participation is only effective and meaningful when young people move beyond 'having a voice' to 'making a difference' (Kelleher et al, 2014:41).

The National Policy Framework for Children and Young People 2014-2020

The Department of Children and Youth Affairs (DCYA) have recently published *Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (DCYA, 2014), which covers the age range of 0-24 years. This key policy document identifies priorities for all Government departments and agencies to help improve outcomes for children and young people in Ireland over the next seven years. In order to ensure that policies and services lead to better outcomes, six 'transformational goals' are identified for improvement by the Policy

Framework. One of these goals is to 'listen to and involve children and young people' (DCYA, 2014: 23).

The Policy Framework sets out a range of Government commitments for each goal and identifies the department/agency with responsibility for making this happen. Given the increasing emphasis on the participation of children and young people, it is not surprising to see a Government commitment to consult with children and young people about issues that affect them. However, it is significant that one of the Government commitments refers specifically to the participation of children and young people in care in relation to their involvement in the care planning process. The Policy Framework states that the Government commits to 'facilitate children and young people to have meaningful participation in their care planning and decision making, including through training and support of professionals' (DCYA, 2014:32), with the Child and Family Agency identified as taking the lead on achieving this.

The relevant Irish legislation and policy recognises the central role of care reviews in relation to a child or young person's care planning and the importance of young people's participation within this process. The EPIC research study is quite timely given the increasing recognition in policy and legislation

⁶ The result of the Constitutional Amendment is currently being challenged and an appeal to the Supreme Court is due to be heard. Therefore, there has been a delay in enacting legislation to implement the result.

on improving young people's involvement in decision making. However, the way in which professionals work with children in care and their families in relation to care planning has tended

to vary from area to area. In order to develop a standardised approach to care planning the HSE set up the *National Care Planning Project* (2001-2003).

HSE National Care Planning Project

The HSE National Care Planning Project (NCPP) involved the development of evidence based assessment and practice tools for Social Workers when working with children in care and their families. It comprised a multi-disciplinary model involving Social Work practitioners as well as GPs and psychologists. One of the main aims of the Project was to develop a standardised statutory care plan. The project was set up in response to research carried out by Feely (1999) in the Mid-Western region, which recommended that the model of care planning in use at the time should be revised. Following this research, a set of practice instruments were designed and these were independently evaluated by O'Brien (2006). After appropriate changes were made a final set of instruments were agreed. They included forms for use as part of the care review process for compiling information from children and young people, foster carers, parents, Social Workers and Key Workers, as well as from other relevant professionals such as the child's teacher and GP.

One significant aspect of the NCPP was that it proposed a change in how care reviews were seen within care planning. It moved away from seeing the care review as a once off event to being a process which involved various stages: preparation and planning; consultation and finding out the views of the child; to formal recording of the decisions made, dissemination and feedback. Such a shift in practice thinking provides greater opportunity for all stakeholders to be properly consulted as part of the care review process, especially children and young people. This approach to seeing care reviews as a process is one that is adopted in the EPIC research.

The NCPP also involved young people in care giving feedback on information materials being developed for young people in care generally. These were called 'Me Fein' and comprised two versions: one for younger children; and another for teenagers. However, it is not clear the extent to which the practice tools developed by the NCPP have been used by Social Workers in different areas.

Outline of chapters in this report

Chapter 2 discusses the findings from other literature on the subject of care reviews. The steps involved in conducting the EPIC study will then be presented in Chapter 3. The main research findings are discussed in Chapter 4, which explores young people's own experiences of taking part in their care reviews. Chapter 4 concludes with some additional input from peer researchers (young adults with care experience) on the key themes emerging from the interviews with young people. Chapter 5 presents the views of some professionals who were interviewed for the EPIC study. Finally, Chapter 6 draws some conclusions and makes some recommendations for facilitating young people's participation in their care review meetings in future.

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2 Key findings from other literature

Introduction

The participation of children and young people in their care review meetings can improve the quality of decision making in many ways (Hodgson, 1988)⁷. These include having more accurate information to inform decision making and placing a responsibility on professionals to support their opinions with evidence. In addition, by involving all stakeholders there is often more commitment to acting on the decisions that are made and greater transparency for the reasons behind them. For these benefits to be realised it is important that young people's participation is 'genuine and effective' (Cashmore, 2002).

This chapter will consider research that has been carried out on young people's participation in their care review meetings. To date there has been one Irish study that has primarily focused on this topic, McGree et al (2006) *Having a Say in Care Reviews: A Study of Children in Foster Care*. This study involved 23 young people aged 9 to 17 years in foster care in the Dublin Mid Leinster region of counties Laois, Offaly, Longford and Westmeath. In addition there is some learning from other Irish research that has touched on the subject, notably Buckley et al's (2009) study *Service User's Perceptions of the Irish Child Protection System*. International research has also been examined to help inform the research questions in the EPIC study.

Rather than being an exhaustive review of current literature, this chapter aims to provide an insight into some of the issues that will be explored when looking at the experiences of young people (Chapter 4) and the views of professionals (Chapter 5) who were interviewed for the EPIC study. In particular, research findings on preparation before care review meetings, the nature of young people's participation and extent of input into decision making will be examined. Finally, recommendations for improving young people's involvement in their care reviews from this review of literature will be discussed.

Preparation before care review meetings

Horgan and Sinclair (1997) argue that young people would be more able to actively participate in their care review meetings if more preparation work was done with them beforehand. A consultation carried out in 2009 by the former Irish Association of Young People in Care (now EPIC)⁸ with young people in foster care found that many of them identified a need for more preparation with their Social Worker before their care review meeting. These young people felt that it would help them to have a better idea of what the meeting was about (IAYPIC, 2009).

⁷ As quoted in Horgan, G. & Sinclair, R. (1997)

⁸ In 2011, The Irish Association of Young People in Care was rebranded as EPIC.

Similarly, the Report of the Children's Rights Director (2006) for England found that young people needed to understand what was happening in order to be able to give their views and opinions on important decisions affecting their lives. Furthermore, in their study of seven local authorities in England and Wales, Thomas and O'Kane (1999) found that the nature of Social Worker/child relationships was highlighted by Social Workers themselves as an important factor in young people's involvement. In particular, Social Workers who met young people more regularly and had a good relationship with them were in a better position to prepare them and encourage them to talk about things that were of concern to them.

Nature of young people's participation

There are various ways in which young people may be involved in their care review meeting. A young person might attend their care review meeting and stay for the entire meeting or may only be there for a certain part of the meeting. For those who do attend, they may or may not take part in the discussion that takes place. In other cases, where young people do not attend the meeting they can have an input by having their comments on the Review Form read out at the meeting on their behalf. This may be done by the young person's Social Worker or an Advocate whom the young person has asked to attend the meeting to represent their views.

Attendance at care review meetings

The study by McGree et al (2006) interviewed 23 children and young people aged between 9 and 17 years old who were in foster care in the HSE Dublin Mid Leinster region in Ireland. Just over one half, 57% (13), attended their last care review meeting. These young people were most likely to participate by completing the Review Form and reading it out at the meeting. Other research has found that older age groups are increasingly more likely to attend meetings than younger children (Thomas and O'Kane, 1999; Horgan and Sinclair, 1997). One factor that may be linked to this is the greater tendency for social work practitioners to invite young people as they get older as they are deemed to be better able to cope with the demands of being present, especially if there are sensitive issues to be discussed about their care.

Thomas and O'Kane (1999) found that reasons given by young people for attending their reviews included having a chance to have their say, finding out what was happening about aspects of their care and also to have contact with family members. Even though several young people said that they found care reviews boring, they were prepared to attend for these reasons. Other reasons for not attending included not wanting to see certain family members and having a bad experience at care review meetings in the past (McGree et al, 2006).

As argued by Sinclair and Horgan (1997), attending a care review meeting does not necessarily mean that young people actively participate at the meeting unless they have all the appropriate information, have been consulted and are involved in the meeting and the decision making process. As the New South Wales Commission for Children and Young People (2003) in Australia states

“participation is about being heard, not about attendance” (2003: 22).

Contributing to the discussion at the meeting

Some research has reported positive findings on young people's contribution at their care review meetings. For example, Thomas (2000:121) found that where young people attended meetings which involved decision making about their care, 68% of them were said to have 'contributed actively', 26% gave short answers and only 6% said nothing. However, these findings are based on the views of Social Workers. In comparison, Irish research has found that a relatively small number of young people who attend their care reviews take part in discussion at the meetings. McGree et al (2006) found that just two young people out of the 13 who attended said that they took part in the discussion that took place. Both of these young people were in the older age range being 15 years or older. Similarly, a consultation with 12

young people in foster care was carried out by the former Irish Association of Young People in care (2009) (now EPIC) in one area of Dublin and found that several young people knew that they could ask questions at the meeting. However, few took up this opportunity and chose to ask questions via their Social Worker or in their Review Form. While these studies are relatively small scale, they indicate that for this group of young people at least, they were more likely to have an indirect input into the care review meeting rather than being directly involved and actively taking part.

Various factors may affect whether or not a young person may speak up at such meetings, including: the sensitive nature of the issue being discussed, the nature of their relationship with the adults present and being supported and actively encouraged to speak up (Thomas, 2000).

Ultimately, as Leeson (2007) argues, the extent of young people's participation in their care review meetings depends not on the young person's ability to participate but rather on the willingness or preparedness of adults to involve them in decision making. This point challenges many of the assumptions held by adults about children's ability to participate and also places a responsibility on them to involve young people in a meaningful way in decisions that affect them.

Extent of input into decision making

Why is 'effective participation' so important for children in care?' asks Cashmore (2002). Typically, children at home with their parents have important decisions made by one or both parents. However, important decisions affecting children in care are likely to be made by a number of adults. Giving young people a say about decisions that affect them helps to give them a sense of control over their lives and can contribute to more positive outcomes. For example, where young people have a say about their placement, evidence has found that those placements tend to be more stable (Lindsay, 1995).⁹

Cashmore (2002) goes on to argue that research in Britain, North America, Australia and New Zealand has shown consistently that many children and young people in care feel that they have few opportunities to have an input into important decisions that affect them. For example, UK studies have shown that children in care feel they have very little say about placements and family contact (e.g. Buchanan, 1995; Fletcher, 1993; Lansdown, 1995).¹⁰ In terms of having an influence on the decisions made, it is interesting to note that a key determining factor was whether the views of young people were significantly different to those of their Social Worker. In particular, young people

were more likely to have a greater influence on the decisions made where they shared similar views to those of their Social Worker (Thomas, 2000). While it may sometimes be considered that young people's primary motivation for taking part in their care reviews is to get their own way, Thomas and O'Kane (1999) found that young people ranked 'having a say' as the most important reason and 'getting what I want' as the least (from Cashmore, 2002).

Being listened to

The research findings on whether or not young people feel listened to at their care review meetings appear to conflict. McGree et al (2006) found that 65% of young people who attended their care review meeting said they felt they were listened to. Similarly, a piece of participatory research conducted in North Tyneside, England by young people with care experience with a group of young people in care aged 10-17, found that when young people attended their care review, 76% reported that they were listened to by adults (Bradwell et al, 2008).

The *Listen to Our Voices* report by McEvoy and Smith (2011) published by the Department of Children and Youth Affairs in Ireland found that many young people in care who took part in nationwide consultations felt that they were not listened to or taken seriously and there was a view that adults took over decision making at care review meetings. Several young people

⁹ As quoted in Cashmore, J. (2002: 838) 'Promoting the participation of children and young people in care' in *Child Abuse & Neglect*, Vol. 25, p.837-847

¹⁰ As quoted in Cashmore, J. (2002: 840) *ibid.*

said that the atmosphere was intimidating with too many people being present at the meeting. This was a theme that emerged in Buckley et al's (2009) study of the experiences of 67 service users of the Irish Child Protection System, 8 of whom were young people with care experience, where one young person described review meetings as 'real intimidating..... all of them against you' (2009: 63). In line with this a report by the Children's Rights Director in the UK (2006) found that many young people did not like discussing personal issues in front of a large group of adults, some of whom they did not know very well.

In addition to a lack of direct input into decision making, some research has also found that young people can feel that they have not been consulted about practical arrangements for care reviews, which may have an impact on their participation.

Lack of consultation with young people when planning care reviews

Horgan and Sinclair (1997) looked at policy and procedures for child care planning and reviews in Northern Ireland using data from case files, interviews with children and parents, a survey of Social Workers and focus groups with young people. They identified barriers to young people's participation in their care reviews which were based on the views of young people

involved in the research. In addition to lack of preparation concerning the purpose of meetings, young people identified lack of consultation about who should attend and the location/time of the meeting. Bradwell et al (2008) add further support to this finding and argue that the care review process tends to be controlled by adults. In their research, they found that most young people were not consulted about the location of the meeting (65%), the time it was due to take place (57%) and who would be present (61%). Similarly, McGree et al (2006) found that just two of the twenty three young people interviewed about their care reviews were given a choice as to who should be at the meeting. A consumer panel of young people in foster care aged 14 to 16 years, which was set up in the former HSE Mid Western area, recommended that young people should be asked about who they wanted at the review and where they would like it to take place (Hanly, 2005).

A lack of consultation with young people about the arrangements for their care review meeting can have implications for whether or not they attend. Five of the ten young people who did not attend their last care review meeting in the McGree et al (2006) study said they would have gone if circumstances had allowed them to do so. Two young people said they did not know the date of the meeting or had not been invited while another young person had school exams on the same day.

Ways to improve young people's participation and involvement in care reviews

Benefits of participation for young people

Cashmore (2002) highlights the potential benefits of participation in care review meetings for young people, in particular building confidence while making their views heard and taking increasingly more responsibility for their own decisions. Grimshaw and Sinclair (1997) note the value of helping young people to build trust and relationships with adults and the importance of having experience to speak up about issues that are of concern to them. These are essential independent living skills which young people need to develop when they leave care. Leeson (2007) argues the more opportunities young people have to make decisions for themselves, the more confident and proficient they become.

Recommendations from research

Horgan and Sinclair (1997) compiled some suggestions for social work practice based on young people's views on how their experiences of attending their care reviews could be improved:

- Attend all of the meeting not just part of it - if young people go in at the end, they have not had a chance to have an input into decision making, rather they are just being told about the decisions that have been made. If this is not appropriate, the child should attend for the first part of the meeting (not the last), therefore they have a chance to be heard and also professionals will have to explain why the child is being asked to leave.
- Discuss positive aspects of young person's life rather than just focusing on the negative
- Use clear and easy to understand language which positively encourages the young person
- Check if decisions from the previous care review meeting have been followed up.

Horgan and Sinclair (1997) note that all of these ideas are practical and do not require additional financial resources. Instead, they require time and consideration as regards planning the care review meeting.

Thomas (2000) argues for the need to make care reviews more child friendly and says there is a need to adopt two approaches in achieving this. Firstly, looking at the process around the meeting, professionals should take more time to get to know young people and their concerns, as well as giving support and feedback. In line with this, Leeson (2007) found that young people in residential care often relied on Key Workers to advocate for them as they were likely to have closer relationships with them. Thus acknowledging that trusted adults give young people the confidence to make decisions.

The second approach put forward by Thomas (2000) to make care reviews more child friendly is to make the effort to get the meeting right itself. This requires greater flexibility in terms of practical arrangements and ensuring that the discussion facilitates young people to express themselves.

Giving young people the option to have an Advocate for the meeting has been highlighted in some of the research and recommended by the Children's Rights Director in the UK (2006).

Potential role of an Advocate

Some of the research has highlighted the potential benefits of young people having an Advocate at their care review meetings. Despite this, there is little evidence from Irish research that many young people are given this opportunity. McGree et al (2006) found

that just two out of the twenty three young people interviewed were asked if they wanted a support person at the meeting. A further nine young people said that they would have liked an Advocate or support person there with them.

Thomas and O'Kane (1999) argue that in cases where the child's views conflict with some of the professionals, their views may be better represented by having an independent Advocate. Buckley et al (2009: 63) found that some young people currently in care recommended the use of Advocates whose role would be to 'support' rather than to 'defend' the young person at appropriate meetings about them. The benefits of having an Advocate have been documented in other literature.

An evaluation of the Voice Advocacy Service to young people in England (including those in care and care leavers) found that several young people felt more confident when speaking up with an Advocate present, while many of them felt that they would like to have an Advocate to sort out any difficulties in the future (Chase et al, 2006). Some of the Advocates who were involved in the evaluation reported that having an Advocate was particularly important in formal situations, such as care review meetings. In addition to helping children and young people to have a greater say in decision making, independent Advocacy services can help 'corporate parents' to meet their statutory obligations by contributing to a more positive

care experience for young people and enhancing their outcomes (Pona and Hounsell, 2012).

In relation to child protection conferences, McAlister and McCrea (2007) recommend that young people should be facilitated to participate in them by having access to an independent source of advocacy support at the early stages. They argue that this would involve:

- Preparation before the meeting about how they want to contribute
- Support during the meeting (how the meeting is chaired and respect from all adults)
- A chance to discuss their feelings about the meeting and the decisions made afterwards.

A similar model of preparation and support is advocated by the New South Wales (NSW) Commission for Children and Young People in Australia (2003). In addition to preparation before the meeting as well as support, both during and after the meeting, the NSW Commission argues that support between meetings is also necessary for children and young people to participate effectively. Horgan and Sinclair (1997) state that the child should become an 'active participant' so that they are involved in the planning process to ensure that their needs will be met. They go on to argue that this requires putting the child at the centre of social work practice. An important step towards this

would be to ensure that the child is placed at the centre of review meetings, which requires appropriate planning and making the process more child friendly.

Place of care reviews in overall planning process for young people in care

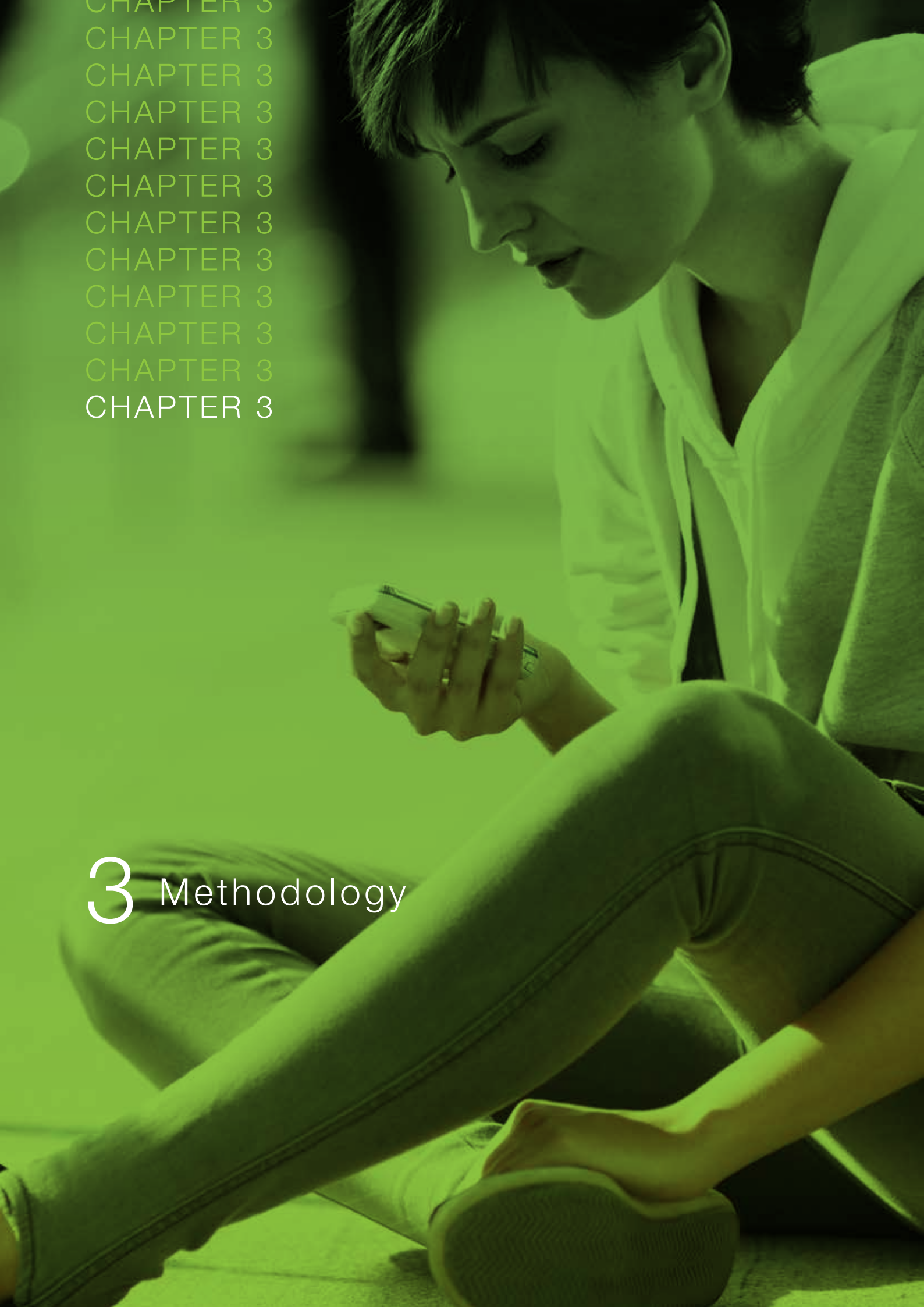
Reviews represent one of the most formal ways in which key decisions are made about young people's care. However, as Grimshaw and Sinclair (1997) argue care planning is a continuing and on-going process. It should not be reduced to a once-off event which the care review meeting can typically represent. They argue it could become a less formal meeting if this view were adopted, involving a more relaxed discussion that could take place at times and in locations that suit young people. Thomas and O'Kane (1999) agree with this contention and argue that the review is not just one single meeting but involves a series of discussions and suggest that the role of review meetings is in need of re-evaluation. Thomas (2000) argues that the central issue is one to do with power – adults not wanting to lose control in decision making.

Summary

Other literature on young people's participation in their care reviews has identified a number of key topics to be explored in the EPIC research, in particular: the importance of preparation and feedback; the different ways that young people can take part (e.g. attending, having a say in the discussion, giving written feedback); the extent of their involvement in the decision making process; and consultation with them when planning care review meetings.

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3 Methodology



Introduction

This chapter outlines how the EPIC study was carried out. It explores the approach that was taken, that of participatory research methods, and goes through the steps that were carried out to involve peer researchers (young adults with care experience) in the study. The research method of semi-structured qualitative interviews with young people and professionals is also considered. One of the key challenges involved in carrying out this study was gaining access to young people in care and this issue will be outlined in this chapter, along with some of the implications for doing research with this study population in future.

Participatory research approach

There has been a growing awareness of the importance of directly consulting with young people when carrying out research about them. Being involved in research as participants is one way that young people can have their say. Participatory research has developed to help facilitate young people to share their experiences and express their views, enabling them to participate more fully as research subjects. Taking this a step further, participatory research methods enables young people to be more actively involved in carrying out the research, typically at different levels of participation. Participatory research methods involve doing 'research with young people rather than on them' (Kirby, 1994:4).

It is recognised that young people are the experts about their own lives and that they should be involved in defining the questions and interpreting the meanings of the research (Cahill, 2007). In the last few years, a number of research studies have emerged on various aspects of care which have involved peer researchers with a care background carrying out some of the research tasks. For example, as part of their 'I Matter' campaign, SOS Children's Villages published research on the experiences of care leavers in four countries: Albania, Czech Republic, Finland and Poland (Stein and Verweijen-Slamnescu, 2012). Interviews with care leavers in each country were done by young adults with care experience. Training for the peer researchers was carried out by the National Care Advisory Service in the UK. A more up to date example of participatory research methods in practice is the current study of Corporate Parenting by the National Care Advisory Service. This research involves a Young Person's Reference Group to inform the research design as well as over 20 peer researchers with care experience conducting interviews with nearly 300 young people.¹¹

Adopting participatory research methods requires the researcher to reconsider the traditional way of carrying out research in order to facilitate young people to take some responsibility for decision making and setting the research agenda.

¹¹ For more information on the Corporate Parenting research, see the Catch 22 National Care Advisory Service website, http://leavingcare.org/what_we_do/peer_research/corporateparenting retrieved on 6th August, 2014.

Advantages and challenges

Participatory research methods have many potential benefits. Directly involving young people in the research process can improve the quality of the research thus enhancing the validity of the research findings. For example, by involving young people in the early stages of research design can result in the identification of research questions that adults may not have considered, as well as suggesting new ideas for the methods used (Tisdall et al, 2009). In addition, where young people have a role in collecting data from their peers, this can help to create a less formal research environment which is more likely to put the participant at their ease and encourage them to open up more about their experiences (Kirby, 2004; Stein and Verweijen-Slamnescu, 2012, 2012). As well as having potential benefits for the research itself, participatory research can contribute to young people's own personal development in terms of building confidence and acquiring new skills (Burns and Schubotz, 2009). However, adopting participatory research methods has challenges for all those involved.

Participatory approaches move the agenda from issues that the researcher/adult sees as important to prioritise those that the child/young person identifies. Therefore, the techniques can change power relations between adults and children by enabling children to set the agenda and describe their own reality rather than being limited to answering questions from the researcher's

agenda. If a genuine effort is being made to hear what young people have to say, it is necessary to find out what issues are important to them rather than those of concern to adults (McLeod, 2007). O'Kane (2008) argues that dealing with this shift in power is one of the biggest challenges for researchers in doing participatory research with children/young people. However, one way of equalising power between the adult researcher and young researchers is to provide appropriate training to help young people develop the necessary research skills (Cahill, 2007).

Level of young people's involvement in care planning study

The EPIC research adopted the use of participatory research methods. However, the actual extent of young people's involvement in the research depended on a variety of factors including: the resources available for training and supporting young researchers (both time and money); young people's abilities; and their own interests. Davis (2009) argues that it is more useful to consider what is realistic in terms of involving young people rather than just aiming for a 'gold standard' of complete participation. It should be seen as an approach that can be applied to research in many different ways. One of the core principles underpinning young people's involvement is that this should be meaningful for them, that is it is not just a tick box exercise or tokenistic. Meaningful involvement requires thought and consideration so that those who take part will be able to contribute to and benefit from their participation.

The nature of young people's participation in the EPIC research reflects a collaborative approach between the adult researcher and young researchers. Kirby (2004 :10) defines this approach as involving an 'active ongoing partnership' with young people in research. This represents a mid-way point in terms of young people's participation between 'consultation' (young people are asked for their views which may inform decision making) and 'user control' (young people make all the decisions).

Rather than being directly involved in all stages of the research for the EPIC study, young people

were invited to take part in three key stages: preliminary planning phase; data collection; and data analysis. These are distinct stages of the research process making it possible for a young person to exit the project at a set point which made it easier for them to opt out if necessary, while also minimising any disruption to the research.

Preliminary planning phase

The purpose of the preliminary phase was to agree:

- the questions that should be asked during interviews with young people
- the research methods to be used
- who should be made aware of the study's findings, and
- the level of peer researchers' involvement in the study.

Two focus groups with peer researchers were carried out in the EPIC office to discuss these issues. Both focus groups took place in June 2010. The first group was attended by six peer researchers, and the second by five (four of whom had been at the first focus group). Young adults were known to EPIC and invited to participate by the EPIC Research Officer. The ages of peer researchers ranged from 20 to 28 years old. By this age, peer researchers would have had experience of the care system, some had left care while others were still making the transition from care to independent living.

Both genders were represented – in the first group there were four females and two males, while in the second group there were three females and two males. There was also a mix of care placement history amongst the participants - in the first focus group three peer researchers had been in foster care, while the other three had experienced both foster care and residential placements.

The two preliminary focus groups were facilitated by the EPIC Research Officer and an external independent researcher. Both adult researchers were responsible for agreeing the key points that emerged throughout the discussion with the group and to keep a written record of these. The main issues were reflected back to the group by the adult researchers, and decisions were based on a majority opinion in the group.

Based on the outcome of the focus group discussion, the main topics for interviews with young people were identified as follows:

- Whether young people attended their last care review meeting?
If so, did they want to go?
- In what ways were young people involved in their care review meeting?
- Were young people able to say what they wanted to at the meeting?
- Did young people feel listened to?

- What issues should be discussed at the review meeting?
- What did young people think about the Review Form?
- Did young people get feedback after the meeting?

In addition to identifying the main questions to ask during interviews with young people, the focus group discussion was used to decide the research method to be used in the EPIC study. While questionnaires were discussed initially, it was felt that the information they would provide would be limited. Several young adults in the focus group felt that it was easier to talk about their experiences rather than writing about them. The consensus opinion favoured face to face interviews with young people individually or in small groups.

Data collection

Three focus group sessions were held in late August/early September 2010 to provide training on research to peer researchers who were interested in taking part in the data collection phase of the EPIC study. At the first session, six young adults attended while four remained at the final session. All of these peer researchers (except for one) had been involved in the preliminary planning phase by attending the two focus groups discussed above. The training sessions were organised and delivered by the EPIC Research Officer and an external

independent researcher (the same person who had facilitated the two focus groups held earlier).

The topics covered at the training sessions included the following:

- what is research and the steps involved
- an introduction to research methods and their advantages/disadvantages
- the ethics of doing research which covered confidentiality and steps to be taken in the event of a disclosure by a young person
- the process of Garda clearance and completion of forms by potential peer researchers
- the aims and steps involved in the EPIC research study on young people's participation in their care review meetings
- a Researcher Safety Protocol developed by the EPIC Research Officer which set out steps to take if a peer researcher was doing an interview on their own (e.g. text the Research Officer on arrival and after finishing the interview, ensure another adult is available when an interview is taking place, such as a foster carer or Key Worker)
- feedback from peer researchers on the training sessions.

The final training session included some role playing exercises to help peer researchers practise the skills they had learned. The main aim of the training was to ensure that peer researchers had an understanding of their role in terms of interviewing young people for the EPIC study. At the end of the training, the EPIC Research Officer spoke to each peer researcher individually. After taking into account their availability, skills and their own interests, two of them were invited to be peer researchers for the data collection phase of the study. While one young adult was unable to be involved due to other commitments, the other was involved in carrying out interviews for the EPIC study, which will be discussed later in this chapter. This peer researcher had also attended the two focus groups at the preliminary planning phase.

Data analysis

Peer researchers' participation in the data analysis phase involved meeting with three young adults to discuss the key themes emerging from the research findings based on interviews with young people and professionals. The EPIC Research Officer carried out preliminary data analysis of the interview transcripts to inform the topics that would be discussed. Two of these peer researchers had been involved in the focus groups at the preliminary planning phase while the third had not been involved in earlier stages of the study.

Study population

Young people aged 15-17 years in care

The main study population for the EPIC research comprised young people aged 15-17 years old who were currently in foster or residential care. The age criterion was chosen to ensure that young people were likely to have been asked to attend their last care review meeting and to have had some experience of taking part in them. In order for young people to be able to remember what happened at their last care review, it was intended to interview young people who had their last care review during the previous year.

Ten interviews with young people were carried out – six by the EPIC Research Officer and four by the peer researcher. The EPIC Research Officer was present at the peer researcher's interviews but the interview was led by the peer researcher. It was anticipated that twenty young people would take part in the research. However, unexpected difficulties with accessing young people for the study emerged as a major obstacle to achieving this target - this will be discussed later in the chapter. Interviews were carried out over a 15 month period, from January 2011 to April 2012. While attempts were made to recruit young people across the Dublin region (North and South), all ten interviews were done with young people from the HSE Dublin North East area.

Professionals working with young people in care

Interviews were also carried out with seven professionals who had been involved in young people's care reviews in some way. Two of these as Social Workers, another two as Advocates who provided support to young people at care reviews and three who were responsible for ensuring that statutory requirements were followed with respect to young people's care, including care reviews. All interviews with professionals were done by the EPIC Research Officer. The data collected provided important background information on the statutory requirements within which practitioners have to work, as well as highlighting particular issues concerning young people's involvement in their care review meetings from a professional's point of view.

Method of data collection: semi-structured interviews

The main method of data collection in this study was qualitative semi-structured interviews. Kvale (1996:2) defines the qualitative interview as a 'construction site of knowledge', which facilitates the exchange of views between people. This method was chosen as it is best suited to obtaining information about young people's own experiences from their own point of view, as well as those of professionals.

A semi-structured approach allows the exploration of particular topics, which can provide some level of consistency when it comes to analysing and writing up the results. The method was also chosen as it suited the participatory research approach which was adopted for the study. The openness and conversational nature of the method made it possible for the peer researcher to build a relationship with the young person and to help put them at their ease as the interview progressed. Comments could also be probed in more detail while discussed in the interview setting.

At the start of qualitative interviews with young people, a short grid was completed by the researcher to compile basic data on aspects of the young person's characteristics (e.g. age, gender, geographical location) and care history (e.g. length of time in care, type of placement, change of placements etc). A copy is attached as Appendix 1 at the end of this report. An interview guide was also developed which included the questions identified by young people during the focus groups at the preliminary planning stage, as well as additional questions and prompts by the EPIC Research Officer. A copy is attached as Appendix 2 at the end of this report.

Interviews carried out with young people and professionals were audio recorded with the participant's consent, all except for one young

person and one professional. Notes were taken by the EPIC Research Officer instead. Where interviews were recorded they were fully transcribed. Each set of interviews were analysed separately to identify the main issues highlighted by young people and professionals. Transcribed interviews were coded manually and views were grouped together on the same topic. The findings presented in this report are based on the outcome of this data analysis.

Access to young people in care

One of the main challenges experienced during the course of the EPIC study was in relation to accessing young people aged 15-17 years old who were in care for the purpose of doing interviews. This meant that the data collection phase took far longer than originally anticipated – well over one year – and the target number of 20 interviews was not achieved.

Steps taken to recruit participants for the EPIC study

Information leaflets for both young people and practitioners were designed by the EPIC Research Officer, as well as a consent form for Social Workers as the study population were under 18 years of age (see Appendices 3, 4 and 5 at the back of this report). As participants were being sought from both residential and foster care, practitioners in both areas were contacted as part of the recruitment process.

Residential care

The EPIC Research Officer discussed the study with professionals in management before approaching Residential Centre Managers in the Dublin Area. They were contacted by phone first and then followed up by email to provide more details including the information leaflet. This process resulted in staff from four residential centres saying that six young people were interested in taking part. The EPIC Research Officer asked staff to ensure that young people had a copy of the study information leaflet and consent form before arranging to meet them to do the interview. If young people had questions about the study, they were invited to contact the EPIC Research Officer or ask their Key Worker to do so. Before any interviews took place, the EPIC Research Officer obtained young people's written consent (see Appendix 6) as well as that of their Social Worker (with the young person's knowledge). By comparison, the recruitment process for accessing young people in foster care was far more complex.

Foster care

The EPIC Research Officer made contact with eight Principal Social Workers in the Dublin region (North and South) to advise them of the EPIC study and to find out the best way to involve young people. In most cases, the Principal Social Worker agreed to discuss the study at the next team meeting and distribute information leaflets. In one case, the EPIC

Research Officer was invited to the next team meeting to present the research. After some time, four Social Workers contacted the EPIC Research Officer to say they had a potential participant for the study. However, in each case the young person declined to take part. Following this, several Child in Care Team Leaders and Fostering Team Leaders in Dublin North East were contacted by phone and email to advise them of the study and seek their participation. One interview was set up following this process.

Apart from the statutory authorities, two private fostering agencies and a voluntary foster care organisation were approached to recruit participants for the EPIC study. Despite many efforts by the staff in the private fostering agencies, no participants were forthcoming. Reasons given by staff included: being a bad time for young people (as reported by Social Workers); difficulty in obtaining parental consent; and young people not wanting to take part. The Irish Foster Care Association agreed to distribute information on the EPIC study in their newsletter to foster carers, which resulted in one interview taking place. The EPIC Research Officer also spoke at a local meeting of foster carers in Dublin which unfortunately did not yield any interviews.

The final two interviews were set up with two young people who had previously taken part in previous consultations by EPIC. It was deemed to be inappropriate to attempt to access young

people who were currently receiving advocacy support from EPIC for two reasons. Firstly, young people were engaging with EPIC for support and asking them to take part in research would not have been ethical. Secondly, it could have resulted in a possible bias in the findings as young

people seeking independent advocacy support may have had more negative experiences while in care.

Learning identified from the recruitment strategy

After going through this long and sometimes difficult process to recruit participants for the EPIC study, three key points for learning were identified.

- Firstly, any future research involving young people under the age of 18 will require an agreed protocol with management in Tusla, The Child and Family Agency and a nominated liaison person who can be a link to appropriate staff in the Child and Family Agency.
- Secondly, it is important to set aside time at the start of the recruitment process for any research involving young people in care to build relationships with practitioners. It is interesting to note that while practitioners in the Dublin region (both North and South) were invited to take part, all ten participants came from the Dublin North East region. As EPIC were based in this region at the time, good working relationships had already been established with many of the practitioners here.

- Thirdly, it highlights many of the challenges involved in getting information to young people in care. While information leaflets about the study were designed for young people, these were sent to practitioners to pass onto young people as they were under 18 years of age. In some cases, where the response was a refusal to take part, it was not possible to establish if this was the young person's decision. One of the key principles of carrying out ethical research is that of voluntary informed consent, where the potential participant understands what is involved if they choose to take part and is aware that participation is voluntary. Having the appropriate information about the study is necessary to ensure that this principle is met in any research that is carried out.

Ethical considerations: voluntary informed consent, confidentiality and minimising harm

Certain ethical considerations informed the design of the EPIC research study to ensure that it was conducted appropriately. The participation of all those who took part, both young people and professionals, was based on the principle of voluntary informed consent. Information on the study was given before being asked to take part. As young people were under the age of 18, written consent from their Social Worker was obtained (and in some cases a birth parent) in addition to the young person's own written consent. In addition, the consent form asked if young people were happy to be interviewed by a peer researcher. They were also advised that they did not have to answer all the questions being asked and they could change their mind about taking part in the study at any time.

Young people and professionals were advised that their individual participation in the EPIC research would be known to the researchers but their names would not be published in the final report. Any quotes taken from interview transcripts would appear under false names. However, the one exception to maintaining confidentiality for young people was if the situation arose where they said something that made the researchers concerned for their safety and well-being. If this happened a third party would be informed (with the knowledge of the young person), typically their Social Worker

who had given consent. As part of the research design, two protocols were developed: one on child protection (disclosure of information); and another on the steps to take if a young person got upset during an interview. This was to ensure that young people's participation in the EPIC research would not cause harm. Both protocols were discussed at the peer researcher training sessions.

Potential limitations of the EPIC study

Access to research participants for the EPIC study was obtained through social work practitioners. Therefore, it is possible that the young people who took part were more likely to have been involved in their care review meetings as this was the focus of the research. However, it is important to point out that the information leaflet given to practitioners stated that young people may or may not have attended their last care review meeting.

The study involved interviewing young people and professionals who were based in the HSE Dublin North East area. Therefore, the findings are not geographically representative of the experiences of young people living in other areas. Furthermore, the study population of ten young people is relatively small. Nonetheless, the views of the ten young people who took part in the study contribute to a better understanding of the issues that can arise in relation to young people's participation in their care review meetings.

As will be seen in the following chapter, many of the points made by young people about care reviews have also been raised by some of the professionals who were interviewed for the EPIC study, as well as being highlighted in other research literature on the topic. Therefore, it is deemed appropriate to draw some conclusions based on the findings presented here and to make recommendations for young people's future involvement in their care review meetings.

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4 Main findings from interviews with young people



Introduction

This section reports the main findings from the ten interviews conducted with ten young people. It considers young people's experience of preparation work carried out before their last care review meeting, as well as focusing on the meeting itself to look at the nature of their participation, how they felt about the meeting and whether they felt they had an input into the decisions that were made. Some findings in

relation to feedback after the meeting will also be discussed. Young people's recommendations to others in care in relation to their reviews will then be explored. The chapter will finish with a short discussion of the final stage of participatory research in this study, which involved peer researchers (young adults with care experience) discussing the main findings from interviews with young people.

Background characteristics

At the start of each interview, data on young people's background characteristics was collected, which is presented in Figure 2 below.

Figure 2: Young people's background characteristics (n=10)

Gender	Seven females and three males
Age	One young person was aged 15; three were aged 16; and six were aged 17. All young people met the age criteria for the study of being aged 15-17 years old.
Country of birth	Five young people were born in Ireland and the other five were born outside Ireland.
Geographical location	All young people were living in the HSE Dublin North East region.
Type of current care placement	Six young people were in residential care (including one in a high support unit) and four were in foster care.
Total number of care placements	Four young people had just one or two care placements. Another four had experienced three placements, while the remaining two young people had more than five placements (seven and nine placements in total).
Social Worker	Eight young people currently had a Social Worker, one young person was in the process of being allocated a new Social Worker and another young person did not know if they had a Social Worker.
Education	All ten young people were currently attending secondary school ranging from second year up to sixth year.

Practical aspects of last care review meeting

When and where?

Eight young people said that their last care review meeting took place during the last year, five of these in the last six months. One young person reported that her last care review meeting was held two years ago, while another said it was six years ago. In the case of this second young person, their Social Worker reported that their last care review took place during the previous year, which the young person did not attend. This particular case highlights an important issue concerning young people's understanding of the care review process and their awareness of when they are taking place.

The location of the care review meeting was either the social work office or the young person's current care placement. The location for care review meetings was not related to the type of care placement for the ten young people interviewed. For example, of the five young people who had their last meeting in the social work office, three were in residential care and two were in foster care.

Who was present at the meeting?

The number of people who were present at the young person's care review meeting ranged from three to six (excluding the young person). In all cases a young person's Social Worker and Team Leader/Principal Social Worker were there. Where young people were in residential care,

their Key Workers and possibly the Residential Centre Manager were present also. For those in foster care, their foster carers and possibly Link Workers were at the meeting. In three cases, birth family members were also present, typically the young person's mother or a sibling. Two young people said that they were asked about who they wanted at the meeting, one of whom said that she did not want a birth parent there and this wish was respected. However, the other young person, Emma (17)¹², said that she asked for a sibling to be at the meeting which never happened.

"I wanted my sister to be there. My Social Worker said she'd invite her. I told her 'just come' but she didn't want to come unless there was like an invitation. She wanted my Social Worker to be the one [to invite her]. My Social Worker said she would get round to it but she never did. I dunno. She said she was gonna ask her to come." (Emma, 17)

Another young person said that she would have liked her father to have been present but she was not asked about this.

Preparation for care review meeting

The extent of preparation work done with young people before the meeting varied. Four young people said that they had discussed the meeting with their Social Worker or Key Worker (for those in residential care). In addition, they also completed the Review Form before the meeting. All four of

¹² False names or pseudonyms have been used for all young people who took part in the EPIC study to ensure that they are anonymous and to protect confidentiality.

these young people said that they were aware of the issues that would be discussed at the meeting after talking to their Social Worker or Key Worker, which Catherine (17) talks about below.

“He [Social Worker] came to the house and told me everything that was gonna be mentioned at the meeting, like school and health. He told me about my report at school, that it was good. That was really it. He said what was gonna be mentioned so that I would know.” Catherine (17)

In addition to Social Workers and Key Workers, some young people in foster care spoke about the role that their foster carers played in preparing them for the meeting as well as supporting them at it.

In contrast to the positive experiences given above, five young people said that they had little or no preparation before their review meeting. They had no discussion with any professionals beforehand, although in one case a foster carer had spoken to a young person about it. In three cases, young people said they completed a Review Form but they did not discuss this with their Social Worker. Sarah (17) said that she was only given the form a short time before the meeting took place. Where young people reported limited preparation for their review, they were less likely to be aware of what was going to be discussed at the meeting. However, both Anne (17) and Paul (16) said that the kind of issues that were discussed were the same every year.

Further analysis was carried out to see if young people who reported that they had been listened to and had an input into decision making were likely to report being more prepared before the meeting took place. Although the number of young people interviewed was small, this was indeed found to be the case except for one of the four young people who said they had little preparation. Therefore, it could be argued that greater consultation with young people before the meeting in terms of what it was about and a discussion of their views made it more likely that they would have a more positive experience of taking part and being involved in the meeting.

Nature of young people's participation at last care review meeting

Attendance

Nine of the ten young people who were interviewed said that they attended their last care review meeting. The young person who did not attend said that he did not go for two reasons. Firstly, that he did not want to attend a meeting where his birth parents and foster carers would be present in case he said something to upset them. Secondly, he saw the meeting as 'pointless' and did not want to be sitting in a room with a large number of people whom he did not know. Six young people reported attending for the whole meeting. Another two said they had joint meetings with siblings and left after their own part of the meeting. Another young person just came into the meeting at the end of it. One young person said that she was quite reluctant to attend but agreed to go as the meeting concerned her future.

"Like I didn't want to go, then I was like 'well ok, maybe I should attend it because this is gonna be for my independence from now on.' (Anne, 17)

Input into the meeting

Talking at the meeting

All nine of the young people who attended their last care review meeting reported that they spoke during the meeting, typically to answer questions being asked by professionals. However, the extent of their verbal input into the

meeting varied. Three young people said that they spoke very little – one because she was shy and another said she was given little opportunity to talk at the meeting and felt that more could have been done to give her the chance to speak. In addition, Anne (17) said that she did not say much at the meeting because she felt uncomfortable and she just wanted 'to get out of there right there and then.' Furthermore, Edel (16) felt that the more comfortable young people were at their care review meetings, the more likely they were to say what they really wanted to say. Therefore, how young people felt during the meeting could have an impact on how they took part and how honest they felt they could be.

In addition to answering questions, most young people said that they read out their completed Review Form at the meeting, except for two young people who said it was read out on their behalf by their respective Social Workers.

Filling in the Review Form

Out of the ten young people who were interviewed, eight said that they completed the Review Form (including the young person who did not attend his last care review meeting). This form asks questions about different aspects of young people's care and tends to be used as a piece of preparation done with the young person by their Social Worker. Some of the young people interviewed gave negative feedback about the Review Form. Two young people described it as 'childish' giving examples

of being asked to draw pictures of their family members on the form. One young person in particular, Paul (16), felt that the form was so simple that he could not take it seriously and admitted to writing joke answers to some of the questions. However, another two young people said that they found the forms 'ok' to fill in. So, young people's opinions on the form varied.

Young people's feelings about care review meetings

When asked to describe how they felt about their care review meetings, two main themes emerged: anxiety leading up to and during the meeting; and boredom and lack of interest despite the importance of the issues being discussed.

Anxiety

Five young people said that they felt anxious and nervous about their review meeting. For these young people, relief was the overwhelming feeling they experienced when the meeting was over. In some of these cases, the meeting went reasonably well according to what young people had to say but nevertheless, the thoughts of going to the meeting beforehand and actually being there created feelings of anxiety. One reason for this was the number of people at the meeting. In Anne's (17) case, she did not like being at meetings with a lot of professionals and said that she just wanted to get it over with.

"I actually prefer less people. I'm not great when it comes to so many staff in one room 'cos I kinda feel conscious and I just feel very uncomfortable about it....I just wanted to get out of there!" (Anne, 17)

Paul (16) said that care review meetings could be an 'intimidating' environment to be in for young people, where professionals used a different language and sometimes appeared to talk down to young people.

As the care review meeting went on, one young person Tom (15) said that his nervous feelings settled down. Initially, he was not sure about answering questions as he was concerned about the implications this might have and also that he might say something 'stupid'.

"But eventually, I just started to settle down and I realised that it's a comfortable environment. That nobody's gonna jump down my neck or anything. So, I just said what I had to say." (Tom, 15).

In Tom's case, his birth mother and foster mother both attended the care review meeting, and he said that his foster mother supported him at the meeting, which may have helped to ease the nervous feelings he experienced at the start of the meeting.

Boredom and lack of interest

Three young people said that they felt bored or disinterested in their review meetings. Two of these young people attended their last care review but Helen (17) said that the main reason for her being there was to keep informed.

"I was just there so that I knew what was being said." (Helen, 17)

Paul (16) described the process of filling out the Review Form as 'boring'. He also felt that it was not important for him to be present at the meeting, that it was not relevant to him. Therefore, it could be argued that some of the young people felt a little removed from the care review meeting which had a negative impact on their engagement in the process.

Young people's input into decision making

Being heard

Out of the nine young people who attended their last care review meeting, six said that they felt that professionals listened to what they had to say and that their views were taken on board. In these cases, young people reported that they were given the opportunity to say how they felt about certain issues. Catherine (17) said that she told professionals at the meeting that she needed extra support with one of her school subjects. As she felt comfortable at the meeting and the issue of school was being discussed, she felt happy to

say this even though she said that she felt slightly embarrassed about it. Anne (17) felt that being asked direct questions by professionals about what she wanted helped her to be heard.

"They were like 'right, what do you want to do with yourself?' 'What do you see yourself doing in the next couple of years?' And I was like, 'right, this is what I wanna do' and I told them." Anne (17).

However, two young people expressly said that they did not feel listened to at the meeting. Siobhan (16) said that she was not given enough opportunity to have a say and felt that her Social Worker should have done more to make this happen. Young people's relationship with their Social Worker was a factor for other young people as well. John (17) was the only young person interviewed who did not attend his last care review. He spoke about a former Social Worker who rarely met with him and was often unavailable. Having a poor relationship with this Social Worker made him feel that he would not be listened to and that he could not trust them. Young people's views on being listened to were also related to their views on the nature of the decisions that were made at the meeting and the extent to which they felt they had an impact on this.

Views on the outcome of the meeting and participation in decision making

Young people were asked how they felt about the outcome of the care review meeting. The results showed a difference in opinions. Five young people reported that they were happy about the decisions made at the care review meeting. Furthermore, one of these young people commented that the decisions made at the meeting were acted on. Catherine (17) said that since her last review, she had been able to see members of her birth family more regularly.

In contrast to this positive finding, another three young people expressed disappointment with the outcome of the meeting, either the nature of the decisions that were made or reported lack of follow up on actions that were agreed. In two of these cases, young people described having a largely negative experience of participating in their last care review meeting. For example, Caroline (17) said that she was not able to take in what was being said at the meeting because she was unhappy with the decisions being made in relation to her aftercare.

Sarah (17) said that she initially felt happy after her last care review which took place nine months beforehand, but was disappointed that nothing had changed since. This resulted in her not trusting the professionals involved as she describes below.

"I think when they say something I'd like them to stick to it 'cos then I could trust them more, 'cos I can't trust them if they say they'll do that 'cos I know they won't do it. And then [name of foster carer] will be on their case telling them to do it and they won't do it, and then they finally do it but that's too late." Sarah (17)

There was some evidence that young people were realistic about the kind of decisions that could be made at their care reviews. For example, Tom (15) acknowledged that sometimes it was not possible to change certain things even if they were desired by the young person.

Young people had different views on the impact that they had on the decisions made at the care review meeting. As seen above, some young people were positive about being listened to and felt that being able to have their say had some impact on the nature of decisions that were made. However, two young people said that important decisions had already been made prior to the meeting taking place and felt that their participation was tokenistic. Paul (16) felt particularly strongly about this point when talking about his experience of his last care review meeting.

"You see what happened was they made all the decisions and they document them at the end and then they tell you the decisions. So, they actually tell you 'no, that's actually not going to happen.' Yeah well, it's about me. Do you know what I mean like?" Paul (16)

Similarly, Caroline (17) spoke about her experience of going into her meeting and feeling as if the professionals had agreed all of the decisions before she was given the chance to say anything. She said that she did not agree with the final decisions that were made and did not feel involved in the decision making process, which made her question whether it was worth attending the meeting. What appears to be missing in both Paul's and Caroline's account is an explanation for the decisions that were made and the reasons why young people may not get the outcomes that they are looking for.

So, young people's experience of participating in the meeting and being able to have a say could have a bearing on how they felt about the outcome of the process.

Formal structure of care review meetings

Three young people felt that the format of their last care review was too formal and was more suited to the needs of adults rather than the young person. The location for holding care review meetings was a factor here. Anne (17) said that having the review in the young person's home (for those in residential

or foster care) as opposed to a social work office should be considered.

"It would actually be really kinda helpful even to have it in their own place so that they can feel comfortable in there..... you're out of your own comfort zone and it can be very awkward." Anne (17)

The language typically used at review meetings was a particular issue for Paul (16). He felt that the meeting became an adult oriented meeting as there were so many professionals there.

"I've a friend who's in care since he was eight and he has to go to his review meetings and he actually says that he feels completely lost when he's in there. He has to like come out with a Social Worker and she has to sit down and explain all the big words and stuff." Paul (16)

Similarly, Paul went on to say that from his own experience care review meetings could be very impersonal to young people.

"They discuss you as if like they're organising around you. It's not like 'oh, you've done this' it's 'Paul has done this and Paul has done that'.....I think they talk to you in the third person as if you're not really there." Paul (16)

Therefore, based on the views of these three young people, greater consideration needs to be given to making care review meetings more child friendly.

In conclusion, while some of the young people interviewed said that they were happy with their last care review, there was a tendency amongst some of them to feel that they could not relate to the care review process given the way some meetings could be conducted. Paul (16) said that he 'disliked' care reviews and felt that he would 'rather not be there.' The adult oriented and formal nature of care review meetings, which was voiced by several of the young people interviewed, appeared to make it difficult for them to engage in the process.

Feedback after care review meeting

Young people were more likely to remember getting verbal feedback than written feedback. Six young people said that the outcome of the meeting was discussed with them, typically by their Social Worker or a Key Worker. Just one young person said that they got written feedback, while another said they got no feedback. However, one young person said that she did not remember if she got feedback or not. Young people's ability to answer this question was likely to be affected by the length of time that had passed since their last care review had taken place.

Young people's recommendations to other young people in care

All ten young people interviewed felt that it was important for young people to have a say in decisions that affected their care with nine recommending that other young people in care should attend their care review meetings. It was interesting to see that this view was held by some young people who had a relatively negative experience at their last review. Overall, young people felt that it was important for young people to hear what was being said and to be informed.

"Everyone should go just to get the gist of what happens, do you know what I mean? Even if you get annoyed and storm out, you should still go to your care review." Paul (16).

Furthermore, one young person, Catherine (17), said that the experience of speaking out at her last care review helped to build her confidence to speak out in future.

"I'd definitely recommend them to attend their reviews because I think it helps a lot, I really do. 'Cos I felt a lot more confident to tell my mam

and dad things and I thought that was good. I'd say don't be scared to say what's on your mind. Because they're there to listen and there's no point keeping it bottled up. Just say what you feel." Catherine (17)

John (17) was the only young person to say that young people should not attend their care reviews. He had not attended his last review and had quite a negative experience of previous reviews. However, he felt that it was important for young people to talk to their Social Worker and tell them what they wanted to see happen in relation to their care. Therefore, he saw the opportunity for young people to have greater involvement in decision making in other ways apart from attending their care review meetings.

Peer researchers' views on the key themes emerging from interviews with young people

As discussed in the methodology chapter, the EPIC study adopted a participatory research approach which involved peer researchers (young adults with care experience) at particular stages of the research. In addition to taking part in focus groups which informed the research design and doing some of the interviews with young people, peer researchers were asked to have some input into the research findings by discussing some of the key themes that emerged from the interviews with ten young people. The final section in this chapter highlights some of the main points made by three peer researchers when looking at the findings reported earlier in this chapter.

Preparation before care review meetings

The peer researchers felt that the purpose of care reviews should be better explained to young people. Sarah (22) said that what she knew about care reviews was mostly learnt from other young people in care. However, all three peer researchers disagreed with the view held by some of the young people who were interviewed that more adequate preparation could help to improve young people's experience of taking part, in terms of having input into the decisions that were made at care reviews. This could be explained by the different experiences of these peer researchers compared to the young people in the study,

and the long lasting impact that a series of negative experiences might have.

Young people's feelings about care reviews

The peer researchers endorsed the finding that anxiety was one of the main feelings experienced in relation to care reviews. This was often due to who was going to be present at the meeting and concern at what may happen as a result of what the young person said (especially the reactions of birth parents and foster carers). Despite the worry that many young people reported feeling coming up to their care reviews, peer researchers said that young people attend in order to have a say but also because some felt they had no choice but to be there.

Being listened to

The three peer researchers could identify with views expressed by some young people that they felt they had not been listened to at care review meetings. One peer researcher, Teresa (22), spoke of her own experience at one meeting where she raised concerns about moving to a new foster care placement given the difficulties that were being experienced by the proposed foster family at the time (who were known to her). However, the placement was agreed by professionals and one year later it broke down.

Where differences of opinion emerged between adults and children at care reviews, Teresa (22) felt that professionals were more likely to believe what adults were saying. She described one occasion where her foster mother disagreed with a comment she had made at a care review.

"If I was to say something that she [foster mother] didn't like, she'd say 'oh well, that's not the way that it was' and they'd [professionals] be asking her, yet they wouldn't come back to me as to how I felt. They were going by what she said." (Teresa, 22)

While Teresa's experience related to a care review that happened some years ago, two of the young people who took part in the EPIC study felt that their views were not listened to at the care review meeting. All three peer researchers agreed that where young people felt this was the case, they would be less likely to attend care review meetings in future. Conor (20) spoke about his experience of being told by several professionals at the age of 16 that he was going to return home to his birth mother prior to a care review meeting only to find out at the care review meeting that this was not going to happen. After this negative experience, he decided not to attend any future care review meetings.

"And to this day I hate reviews because of it. I can understand why they are useful but they can also severely damage a young person." (Conor, 20)

Input into decision making

All three peer researchers agreed with the view expressed by some young people who were interviewed that decisions appeared to have been made prior to the care review meeting taking place. This was explored further and one explanation given was that in some cases adults may not know the individual child very well and believe that they are making decisions that are in the child's best interests. Sarah (22) wondered if a process might be available to a child to appeal a decision that they were not happy with. Having this option open to them might also make it more likely for them to attend future care reviews.

Format of care reviews

All three peer researchers agreed with the comment made by several young people that care review meetings were too formal. They felt that the atmosphere at the meeting could be more relaxed, which would help to put young people at ease. Related to this, questions were raised over the venue for meetings, in particular asking why more care reviews could not take place in the young person's own home (either the residential centre or foster home) rather than a social work office. Sarah (22) made the following point:

"The child isn't a professional, he doesn't need to be sitting at a big table looking at people. Do it in the residential or do it in the [foster carer's] house." (Sarah, 22)

Following on from this, Sarah (22) argued that being in a more comfortable and relaxed setting would help young people to feel less anxious and that they were not being 'judged' by adults at the meeting.

Review forms

The peer researchers agreed with several of the comments made by young people about the Review Forms used for care review meetings. Peer researchers felt that what young people had written on the form should always be fed back to professionals at the meeting otherwise it was pointless filling them in. However, two of the peer researchers said that the forms should not be used at all, not even at the preparation stage because they felt the forms raised young people's expectations about the outcome of reviews and gave them 'false hope'. By writing down what they wanted at the time, some young people may expect this to happen and be very disappointed when this does not materialise. Instead, these peer researchers felt that the questions on the form should be discussed at the meeting.

Out of the ten young people aged 15 to 17 years who were interviewed for the EPIC research, nine attended their last care review meeting. All nine young people said that they talked at the meeting, with some speaking more than others, while eight young people filled in the Review Form. Therefore, almost all of the young people in the EPIC study had participated in their last care review meeting. When this was explored in more detail, some main points emerged.

- The nature and extent of young people's involvement in their last care review meeting was affected by how they felt about the meeting. Several young people said that they felt anxious about it and were relieved when it was over while some others said they were not that interested in their reviews. In addition, it was found that where young people were prepared for the meeting, they were more likely to have had a positive experience of taking part. However, half of the young people who were interviewed for the EPIC study said they had little or no preparation before the meeting.
- Several young people spoke about the formality of their last care review meeting, which tended to be held in a social work office and attended by a number of adults. The language used during the meeting was identified as an issue, both in terms

of being adult oriented and coming across as quite impersonal to young people in some circumstances.

- Overall, there were positive findings from young people about having their say and feeling listened to by professionals at the meeting. However, a few young people felt that decisions had already been made before the meeting had taken place. In some cases where young people felt they had not been heard, this tended to involve situations where decisions were made that were not what they wanted, which highlights the importance of providing feedback to the young person afterwards. In addition, not acting on the decisions made at the meeting was an issue for some of the young people who were interviewed.
- All ten young people said that it was important for other young people in care to have a say in decisions that affected them, with nine recommending that they should attend their care review meetings.

In general, the three peer researchers who considered the main points raised by young people in the EPIC study agreed with many of their views. An interesting point made by all three peer researchers was the negative impact that could result from a poor experience of being listened to at a care review meeting, in that it would be likely to put off a young person from taking part in future. Therefore, it is important for professionals to consider ways in which young people can be involved in their care review meeting in order to promote their participation in future.



“If you want them to take on responsibility, then afford them the respect of being part of the decision making and being an active participant and stop the assumption that ‘sure we know what’s best and sure we know where you’re at.’” (Professional 2)

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5 Professionals' views

Introduction

As part of the EPIC research, interviews were carried out with seven professionals who have experience of working with young people in care and have been involved in care review meetings in some capacity. Two professionals were Social Work practitioners, another two were Advocacy Officers from EPIC and the remaining three were involved in inspecting and monitoring foster care and residential care services. Five professionals worked in statutory services while the other two were from a voluntary organisation (EPIC). All seven were based in the HSE Dublin North East region. This section explores some of the key themes concerning care reviews from a professional's viewpoint. Some of the issues discussed have also arisen in the previous chapters on young people's views and findings from other literature.

Preparation with young people before care review meetings

All professionals highlighted the importance of preparation work with young people before their care review meeting was due to take place. In particular, young people were deemed to require information about the purpose of reviews, who would be present and the reason for them being there. One professional felt that when young people had a good understanding of the purpose of care reviews, they were more likely to attend even if they had initially decided that they did not want to go. Some professionals felt that in some cases Social Workers might wrongly

assume that young people were aware of the purpose of care reviews and it was important to acknowledge this.

In order to facilitate doing more preparatory work with young people, several professionals highlighted the need for Social Workers to have more time to spend with young people before the care review meeting takes place. Face to face meetings are necessary in order to build a trusting relationship with young people and provide them with the appropriate information about the meeting. Two professionals said that this would help young people to feel that the Social Worker was on their side and supporting them. One Social Worker spoke about her own practice in visiting young people regularly in order to build a good relationship with them. She emphasised that only by developing a good rapport with a young person, could their needs be accurately identified.

"The child in care review does not take place in isolation, it's all the year round." (Professional 6)

Care reviews as an on-going process

The way in which care review meetings are viewed by practitioners was raised by some of the professionals who were interviewed. Four professionals argued that rather than considering care review meetings as a once off event, they should be viewed more as a process which informs the statutory care plan.

"I think that we need to look at reviews more as a process than an event because there's a particular focus on meetings. We may see the evidence where over a period of three months a process of a review took place that resulted in a care plan, and that allowed children to participate not at a formal meeting but with a visit from their Social Worker. And we're encouraging people to say, 'look that's your review process'. Nowhere does it say that you have to sit in a board room around a table. And the outcome is we have a statutory care plan where everyone's able to participate, in a way that they feel comfortable." (Professional 4)

It is worth noting here that the three peer researchers (young adults with care experience) who took part in the research by discussing the main points raised by young people also agreed with this point made by professionals. Important decisions need to be made throughout a young person's care placement and sometimes they cannot wait for the next care review meeting to take place. All three peer researchers said they would discuss important issues with their Social Worker if they felt they could trust them and had a good relationship with them.

Potential role for independent Advocates

Three professionals spoke about the potential role of independent Advocates in providing support to young people throughout the care

review process. For example, they may do some of the preparation work with them and then attend the meeting with them or on their behalf. The point was raised that in some cases it can be difficult for a young person to build a good relationship with a Social Worker who may have taken them into care.

Nature of young people's participation

Attendance at care review meetings

There was a difference in opinion as to whether young people were more likely to attend their care review meetings now compared to several years ago. However, most professionals agreed that there has been an increasing focus on trying to improve young people's experience of going to their care reviews. Several reasons were given to explain why young people may not wish to attend their care review meetings – boredom, too many adults present whom the young person did not know and an inappropriate venue. In addition, one professional felt that a young person's current circumstances often determined their attendance at a review meeting – if their lives were fairly chaotic at the time they were unlikely to attend. Another professional felt that young people in long term foster care might be less likely to attend as they felt that their foster carers represented their views at the meeting.

Partial attendance at review meetings

The issue of young people's partial attendance at care reviews was also raised by some professionals. Although it was acknowledged that there could be good reasons for this, such as not being able to cope with seeing family members at the meeting or siblings being present for different parts of the meeting, it was generally considered best practice for the young person to be in attendance for the whole meeting.

"I would be of the thinking that the young person is the priority person so why should they be asked to leave?" (Professional 2)

Another professional said that it was also important for young people to be present when adults were giving feedback about them at the meeting, for example teachers, so that young people could challenge what was being said if necessary.

Participation focused on the use of the Review Form

The issue of the Review Form was brought up in relation to young people's participation. One professional said that in some cases a young person's participation may be focused on the use of the Review Form at the meeting, in particular it being read out at the meeting. One professional felt the Review Form was not an effective way of obtaining young people's views.

However, another disagreed and said it could raise issues that may not necessarily have been considered as there were set headings which could act as prompts for discussion.

Young people's feelings about care reviews

Although some young people were said to be comfortable with being the focus of attention during care review meetings, many professionals recognised that young people could feel anxious about them. One professional noted that young people could experience divided loyalties especially when difficult issues were being discussed.

"In some situations the birth parents and the foster carers don't get on and the young person is aware of this so it's an incredibly difficult forum for a young person." (Professional 1)

Anxiety was also an issue highlighted in relation to older young people as they often had to cope with the uncertainties around aftercare and what would happen when they left care.

"These young people have had enough upset in their lives without us upsetting them further." (Professional 2)

Listening to young people at care review meetings

Several of the professionals felt that young people's views were taken into account at care review meetings. One professional noted that this was more likely when the young person was present at the meeting and felt that this had a positive impact on the meeting.

"I find that whenever there is a child at a child in care review that the whole tone changes. Rather than talking jargon, we just come down to earth a little bit." (Professional 6)

In order to facilitate young people to have their views heard, it was important to do some planning around the organisation of the meeting and how it was going to be managed. For example, one professional asked if a young person did not want to attend a meeting which was due to take place at the social work office, and possibly the same office where they were taken into care, then why could professionals not go to the young person instead? Being listened to at a care review meeting and having an impact on decision making are two different things.

Young people's input into decision making

Some of the professionals interviewed felt that young people's input into decision making depended on the ethos of the individual Social

Work team in terms of how they valued young people's views. However, it was acknowledged that there were times when it was just not possible for the young person to have the desired outcome they were looking for as practitioners had to consider child protection issues that may arise, for example in relation to family contact. One professional felt that it was important for young people to understand that practitioners had to make difficult decisions but that work should be done with the young person to acknowledge their feelings about the issue and to explain the reasons for such decisions, so that they had a better understanding of the circumstances. Two professionals spoke about solutions being 'negotiated' between young people and adults.

Where young people do not get the desired outcome they are looking for, there is a danger that they feel practitioners have made the decision and they have had no input in this process. In turn, this may result in them refusing to attend future meetings. Sometimes a young person may not be ready to hear what is being said by practitioners immediately after a review meeting, but may need space and time following the meeting.

A recommendation made by one professional was to summarise the decisions made at the end of the meeting and to reflect these back to the young person to establish how they felt about them. If the young person was not happy

about some aspect, it might be possible to review the issue again after some time. This professional felt that by doing this, the young person was more directly involved in the actions that resulted from the meeting and may feel that they had some opportunity to take part in decision making.

One professional summed up the importance of young people having a say in decisions being made about them:

“If you want them to take on responsibility, then afford them the respect of being part of the decision making and being an active participant and stop the assumption that ‘sure we know what’s best and sure we know where you’re at.’”
(Professional 2)

It should not be assumed that a young person needs to attend their care review in order to have some input into the decisions that are made. Some of the professionals involved in inspecting and monitoring child protection services made this point. For example, some young people may prefer their Social Worker to read out their Review Form at the meeting or may choose to request that an independent advocate represent their views on their behalf. However, ensuring that young people can still make their voice heard even when they do not attend the meeting may require more preparation work on the part of professionals.

Format of care review meetings

Certain aspects of the format of care review meetings were raised by some of the professionals who were interviewed. In particular, the issues that are discussed are largely determined by the Regulations set out for care review meetings, e.g. education, health, family contact etc. One professional felt that this provided little opportunity to have a general discussion with the young person at a review meeting. However, this professional acknowledged that while the topics for discussion are fixed, the actual format of the meeting could be adapted to suit the needs of the young person. Achieving this required additional planning and preparatory work before the meeting.

Another professional pointed out that organising a care review meeting was a big administrative task for Social Workers, which could involve writing to all the relevant professionals, requesting reports and putting the information together. Therefore, given the demands of ensuring that the meeting takes place, it could be difficult to try and adapt the process to individual young people.

Another aspect of meetings was raised by some professionals as being potentially off-putting to young people attending and that was the large number of professionals who sometimes attended.

Feedback to young people after care review meetings

One professional felt that it was good practice for young people to receive written minutes of the care review meeting. However, another two professionals questioned whether such feedback was given in a child friendly format. Furthermore, providing appropriate feedback on the decisions made was identified by some professionals as an area that required improvement. This also included lack of follow up on actions that were agreed at the meeting. In some cases, young people may not take on board what was being said at the review meeting and may need this explained to them afterwards to ensure that they understand the implications of the decisions made.

Summary

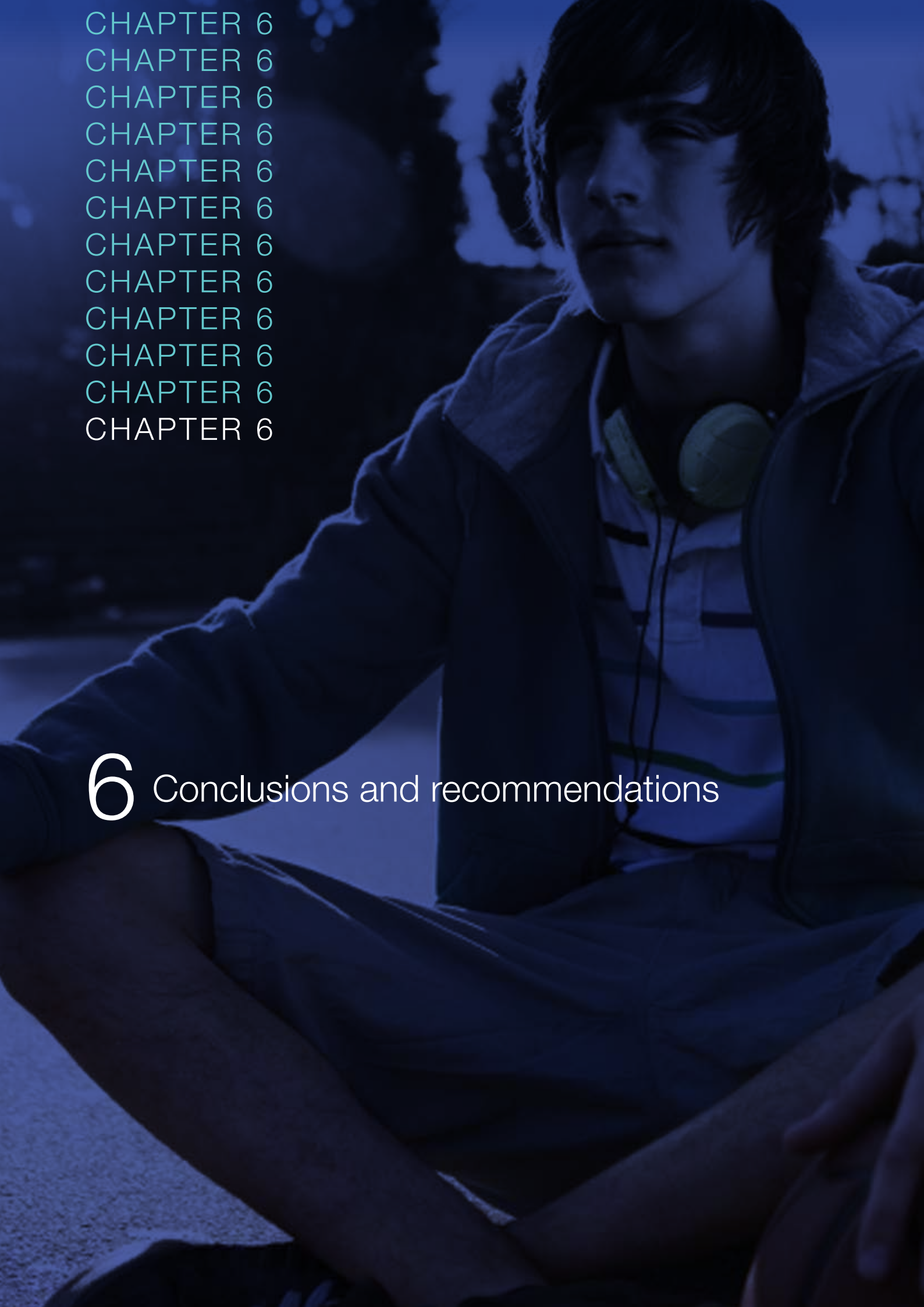
Interviews with seven professionals as part of the EPIC research provides an insight into the issues facing practitioners in conducting care review meetings in practice. Some issues identified were similar to those that emerged from the young people who were interviewed for the study. In particular some professionals acknowledged that young people could feel anxious about their review meetings and they valued what young people had to say. In addition, many professionals highlighted the importance of carrying out appropriate preparation with young people before the meeting along with adequate feedback afterwards, which could help them to understand the reasons behind certain decisions that were made. Some of the professionals interviewed felt that a shift in thinking about Child in Care Reviews was needed in that they should be seen as an ongoing process rather than a once off event. Professionals' involvement in the EPIC study helped to document some of the challenges involved in conducting care reviews while meeting the statutory requirements in place.



“I’d definitely recommend them to attend their reviews because I think it helps a lot, I really do. ‘Cos I felt a lot more confident to tell my mam and dad things and I thought that was good. I’d say don’t be scared to say what’s on your mind. Because they’re there to listen and there’s no point keeping it bottled up. Just say what you feel.” Catherine (17)

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6 Conclusions and recommendations



Introduction

Care review meetings have an important contribution to make to the overall care planning process for young people in the care of the State. Decisions concerning a young person's current care placement and various aspects of their care are typically made at such meetings. As young people's needs change over time, it is vital that aspects of their care are regularly reviewed. Consulting with all the relevant stakeholders including young people is a key part of this process but the question of how this is done requires time, effort and some creative thinking. This final chapter summarises the key findings from the EPIC research and makes some recommendations for practice to enhance young people's participation in their care review meetings.

Key themes from the research findings

Preparation before care review meetings and feedback afterwards

Four of the ten young people who were interviewed for the EPIC research had discussed their last care review meeting with their Social Worker beforehand. However, five young people said they had received little or no preparation before the meeting. None of these five young people had talked to any professionals about the meeting before it took place, although three had filled in the Review Form. It is important that

young people understand what the care review meeting is about and what will be discussed so they can have their say about important decisions affecting their lives. In relation to feedback after the meeting, the EPIC research found that while several young people recall getting verbal feedback, just one said that they received written feedback.

Horgan and Sinclair (1997) argue that young people would be more equipped to actively participate in their care review meetings if they were adequately prepared for it. Indeed, the EPIC research found that young people were more likely to report having an input into the final decisions made where they had discussed the meeting with their Social Worker or Key Worker and knew the issues that were going to be talked about. This raises two important and related questions: firstly, what comprises adequate preparation; and secondly, who is best placed to do this work with young people?

From the results in the EPIC study, it appears that in some cases providing help to the young person to fill in the Review Form may be the main focus of preparing them for their care review meeting. In addition, other research has recommended that young people have access to an independent advocate to help to prepare them for the meeting, support them at the meeting and discuss the decisions made afterwards (McAlister and McCrea, 2007). These two questions require further discussion and debate.

Young people's participation in their care review meetings and involvement in decision making

The results from the EPIC study found that most of the young people who were interviewed attended their last care review meeting – nine out of ten. The findings showed that young people took part in different ways. All nine young people who attended said they spoke at the meeting, although three reported saying very little. In addition, eight young people reported filling in a Review Form before the meeting. In their study of 23 young people aged 9 to 17 in foster care, McGree et al (2006) found that just two of the thirteen young people who attended contributed to the discussion at the meeting, and that young people were most likely to take part by filling in the Review Form. Based on these findings, there is a danger that a young person is deemed to have participated in their care review if they have filled in the Review Form, an issue also raised by one of the professionals interviewed for the EPIC research.

The reluctance of some young people to have a more direct input into their care review meetings can be partly explained by the anxiety that many reported experiencing while attending their last care review meeting. Other factors that may have an impact include the sensitive nature of an issue being discussed, the nature of a young person's relationship with the adults present and whether the young person is actively supported and encouraged to speak up (Thomas, 2000).

Therefore it cannot be assumed that a young person is involved in their care review meeting just by attending it. Young people can only be active participants in the meeting if they have all the relevant information, have been consulted and are involved in the decision making process (Sinclair and Horgan, 1997).

The EPIC research found that several young people felt they were listened to by professionals and that their views had some impact on the final decisions made. However, some young people felt that this was not the case and that key decisions had already been made before they attended the meeting. The nature of the young person's relationship with their Social Worker was a factor here (Thomas and O'Kane, 1999).

This difference in opinion on whether or not young people felt listened to at such meetings is reflected in other literature. While some research has reported fairly positive findings (e.g. McGree et al, 2006; Bradwell et al, 2008), others highlight the adult orientation of such meetings and the sense of intimidation young people can experience (e.g. McEvoy and Smith, 2011; Buckley et al, 2009). Perhaps the most important point to be made here is the negative impact that can result from a poor experience of being involved in a care review meeting, where the young person is less likely to take part in future. This issue was raised by the peer researchers who were involved in the EPIC research.

Formal nature of care review meetings

Another key result that emerged from the EPIC study was the formal nature of care review meetings. The venue for the meeting was typically the local social work office. The adult oriented language was another issue raised by some young people, which can be a result of the number of professionals who are present. Adding support to some of the comments made by young people in the EPIC study, Bradwell et al (2008) argue that the care review process is often controlled by adults.

The EPIC study found that just two young people were asked their opinion about who should be at the meeting. Similarly, just two out of the twenty three young people in the McGree et al (2006) study were consulted about this. Involving young people in the planning arrangements for care review meetings makes it more likely that they will attend, especially if it has been arranged for a time and date that suits them. While some professionals who were interviewed for the EPIC research pointed out that the requirement to meet statutory regulations can make it difficult to adapt reviews to meet the needs of individual young people, the point was made that there was nothing in the regulations to say that the meeting had to take place around a board table.

The place of care review meetings within the care planning process

Some of the peer researchers and professionals who took part in the EPIC study saw care review meetings as being part of an on-going *process* rather than a once off event. This was one of the key principles underpinning the HSE National Care Planning Project and this approach is also supported in other literature, e.g. Grimshaw and Sinclair (1997). Young people's participation in important decisions made about their care should not be restricted to a single meeting. It could be argued that the pressure to meet statutory regulations have in some ways contributed to this situation. However, a child or young person should be able to have a say about any aspect of their lives in care whenever they meet or talk to their Social Worker, and not just at a care review meeting.

Main recommendations

Based on the information compiled in this report, some key recommendations have been identified to promote the participation of young people in their care review meetings in the future. Not surprisingly, some of the recommendations are similar to those made in the report by McGree et al (2006). The recommendations have particular relevance given the recently published National Policy Framework for Children and Young People, 2014-2020, in which the Government commits to 'facilitate children and young people in care to have meaningful participation in their care planning and decision making' (DCYA, 2014: 32).

Primary responsibility for implementing most of the recommendations in this report lies with the management in Tusla, The Child and Family Agency. The recommendations highlight certain areas of practice that could be improved in relation to Child in Care Reviews, and these are particularly relevant for Social Workers, Team Leaders and Principal Social Workers.

Recommendation 1: Young people should be informed and adequately prepared before their care review meeting takes place

Some of the young people interviewed for the EPIC research reported that they received little or no preparation beforehand. One of the key findings from the EPIC study was the greater

input into decision making reported by young people when they had been prepared for it - a view endorsed by many of the professionals who were interviewed. The nature of young people's participation at the meeting should also form part of the preparation phase, where they decide if they will attend and how they would like to contribute to the discussion at meeting. The question of whether a young person would like to have an Advocate at the meeting to represent their views should also be discussed at this early stage. In any event, just filling in the Review Form with their Social Worker before the meeting should not be taken as adequate preparation.

It is important that young people know and understand the following:

- the purpose of the meeting;
- the issues to be discussed; and
- practical arrangements for the meeting, e.g. who will be present, the date and time of the meeting, and the venue.

Being fully informed about the care review meeting may help to ease some of the anxiety that young people can feel about it.

Recommendation 2: Young people should be involved in planning the practical aspects of the care review meeting

In addition to informing young people about all aspects of their care review meeting, they should

be consulted about the practical arrangements for it. The *Listen to Our Voices* report (McEvoy and Smith, 2011:86) recommended that young people should have a say about who attends their care review meeting. In addition to this, it is recommended here that young people be asked *where* they would prefer the meeting to take place and *when* would suit them. If young people have a say about these practical arrangements, not only are they more likely to be able to attend but they may also be more willing to attend as they have been consulted. Interviews with professionals showed that in some cases particular arrangements can be made to accommodate the young person's wishes. In one case a separate meeting was held with birth family when the young person did not want them to be present.

It is acknowledged that it may not be possible to deliver on what young people want but the reasons for this should be explained to them. Young people are supposed to be at the centre of the care review process. Consulting with young people during the planning process would contribute to developing a more child friendly approach to care review meetings.

Recommendation 3: All young people should be invited to their care review meetings, be supported to attend and encouraged to be present for the whole meeting

All young people in care should be invited to their care review meetings where this is age appropriate. Adequate notice of the time/date and venue should be given to young people so they can attend if they wish to do so. In the event that they do not wish to attend, they should be informed of their right to be represented by an Advocate. If they choose to have an Advocate, the necessary arrangements should be put in place.

Where young people choose to attend the meeting, it is considered best practice for them to be present for the whole meeting. Being asked to leave the meeting or only attending for the final part of the meeting was an issue raised in some of the interviews for the EPIC research. It is important that young people have an opportunity to put their point of view across and can clarify any possible misunderstandings that may arise. Where young people wish to leave during the meeting, this should be respected. In the event that it is deemed to be in the young person's best interest not to be present for some part of the discussion, it may be more appropriate to conduct this at a separate meeting.

Recommendation 4: Consider holding a separate professionals' meeting in addition to a young person's care review meeting where appropriate

This recommendation was made by some of the professionals who were interviewed for the EPIC research. It was suggested as a way of reducing the formality of care review meetings. It is also made in response to the feelings of anxiety about care reviews that were expressed by some of the young people interviewed.

Several of the professionals interviewed argued that the statutory regulations do not state that a care review meeting needs to be so formal, rather the current format has been the way that care review meetings have traditionally been organised. However, the question needs to be asked whose interest does this best serve? Several of the young people who were involved in the EPIC study felt that the format of care review meetings suited the needs of adults and professionals rather than those of young people.

When a large number of professionals need to be consulted as part of the care review process, a separate meeting could take place to obtain professionals' views on the young person's needs and to identify appropriate services and interventions to meet these needs. Where a young person chooses to have an Advocate, they may also attend the professionals' meeting. Following this, a smaller care review meeting could take place which would involve the young person, their Social Worker, Social Work Team Leader or Principal Social Worker, Key Worker

or foster carer and birth family members. At this smaller meeting, the issues raised at the professionals' meeting could be discussed and the young person given a chance to respond.

This suggestion is also in line with one of the recommendations in the *Listen to Our Voices* report (McEvoy and Smith, 2011:86) which argued that there should be fewer adults at care review meetings. In the event of a separate professionals' meeting taking place, it would be essential that decisions are not made before the smaller care review meeting takes place to ensure that the young person has some input into this.

Based on the data in the EPIC study, holding a separate professionals' meeting where young people are not obliged to attend could encourage them to be more involved in their care review meetings. Interviews with young people found that many felt anxious about attending their care review meeting, while others felt bored and did not relate to the process. Attending a smaller care review meeting with people known to the young person is more likely to make them feel comfortable and able to be open and honest about the issues that are discussed, thereby encouraging greater participation on their part. The language is more likely to be child friendly (with fewer professionals being present) and it would be easier to facilitate a young person's wishes about the venue and timing as there would be fewer people to accommodate.

Recommendation 5: More guidance and training should be given to Social Workers to encourage young people's participation at care review meetings and seek their views outside of review meetings

Social Workers have many demands on their time and organising care review meetings is a big administrative task. In some cases, it would be helpful to provide more guidance and support to Social Workers to consider ways in which they can encourage young people to participate at their care review meeting.

The development of national templates for forms to be used for care reviews, e.g. review forms, would contribute to this. Some of the practice tools developed by the HSE National Care Planning Project (NCP) could be used by practitioners for this purpose. Therefore, the EPIC research recommends that the NCP be revisited by management in the Child and Family Agency to consider their suitability as national templates.

The outcome of a participation initiative by the Department of Children and Youth Affairs (DCYA) to set up the TACTIC group (Teenagers and Children Talking in Care), following the *Listen to Our Voices* consultation, also has a valuable role to play here. As part of this initiative, young people's views have been sought on the forms used by Social Work practitioners as well as developing national templates for consulting with children and young people about their care.

At the time of going to press, the author had been advised that some of these national templates were due to be launched in September 2014. EPIC welcomes this development and hopes it will facilitate young people's participation, both in their care reviews and aspects related to their care in general.

Where practitioners adopt an approach of seeing the care review meeting as being part of a wider care planning process, it may help to encourage young people to give their views on a more regular basis. It is likely that many social work practitioners adopt this approach in their work with young people. However, giving guidance on ways to encourage young people's involvement in their care outside of individual care review meetings could be part of a training course for current social work practitioners, as well as being a module on the curriculum for college courses leading to a recognised Social Work qualification.

Recommendation 6: Young people should receive verbal and written feedback after their care review meeting

The importance of preparing young people for their care review meetings has already been highlighted in this set of recommendations. Likewise, giving appropriate and timely feedback after a care review meeting is also a key piece of work that should be done with every young person.

Decisions that are made at review meetings should be discussed with the young person face to face at an appropriate time. In some cases, this may happen fairly soon after the review meeting while in others it may take place after some time has passed. In particular if the young person is not happy with the decisions made, they may need more time and support to come to terms with the outcome of the meeting. However, it is important to acknowledge how the young person feels and to explain the reasons for the decisions that were made.

Actions should also be reviewed with the young person and followed up to ensure that the decisions made will be put into practice. Written feedback should be given in a child friendly format for young people's information.

Recommendation 7: A joint protocol should be developed between the Child and Family Agency and relevant organisations including EPIC to carry out ethically approved research with children and young people in care

Given the difficulties in accessing participants for the EPIC research as documented here, particularly those in foster care, it is recommended that a joint protocol between the Child and Family Agency and relevant organisations be developed to ensure that research meets ethically approved guidelines. This is particularly important in relation to

carrying out research with children and young people in care under the age of 18 years old. Children and young people in care should have the opportunity to take part in relevant research once they have the appropriate information and are supported and guided through the process, to ensure that their consent is fully informed.

Recommendation 8: Young adults with care experience should be involved as peer researchers in primary research on the experiences of children and young people in care

The EPIC study involved young adults with care experience in three key stages of the research: informing the research design; carrying out some of the interviews with young people aged 15-17; and giving feedback on the main findings. This had great benefits for the research, perhaps most importantly in terms of enhancing the quality of the data collected from the young people who were interviewed. For example, one young person said that she felt more at ease talking to a young adult who had been in care themselves. The involvement of peer researchers in any study requires appropriate resources in terms of time, training and providing support. However, where research is being commissioned on issues affecting children and young people in care, adopting the participatory research approach involving young adults with care experience should be considered.

In conclusion, young people's participation in care review meetings should be a feature of care planning for all young people in care. The nature of their involvement should be discussed with the young person and they should be consulted as part of the planning process when organising care review meetings. Given the statutory requirements that exist, there is a danger that holding the care review meeting becomes the key focus, rather than looking at the process itself and ensuring that young people participate and have their say.

It is interesting to see that many of the recommendations made in this report are similar to those that were proposed in the research by McGree et al (2006) and those in relation to care review meetings in the *Listen to Our Voices* report (McEvoy and Smith, 2011). It should be possible to adapt the care review process to meet a young person's individual needs as far as possible. Spending the time and making the effort to achieve this would contribute to putting the child at the centre of the care review process.

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Appendix 1: Question Grid for Young People's Interviews

1. Are you.....	Male <input type="checkbox"/>	Female <input type="checkbox"/>
2. How old are you? <input type="text"/> years old.	2B. Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> day / month / year	
3. What area are you currently living in?	<input type="text"/>	
4. What country were you born in?	<input type="text"/>	
5. Are you in foster care or residential care?	Foster Care <input type="checkbox"/> Residential Care <input type="checkbox"/> Other <input type="checkbox"/>	
6. How long have you been in this placement?	6 months or less <input type="checkbox"/> 1-2 years <input type="checkbox"/> More than 5 years <input type="checkbox"/> >6 months and <1 year <input type="checkbox"/> 3-5 years <input type="checkbox"/>	
7. How long have you been in care in total?	<1 year <input type="checkbox"/> 6-10 years <input type="checkbox"/> More than 15 years <input type="checkbox"/> 1-5 years <input type="checkbox"/> 11-15 years <input type="checkbox"/>	
8. How old were you when you first came into care?	<input type="text"/> years old	
9. How many different placements have you had in.....	Foster care <input type="text"/> Insert Number Residential care (general) <input type="text"/> High Support Unit or Special Care <input type="text"/> Children Detention School <input type="text"/> Other <input type="text"/> Total number of all placements <input type="text"/> Add up Total	
10. Do you have a Social Worker at the moment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. How many Social Workers did you have while in care?	<input type="text"/>	
12. Are you currently attending school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, why not?	<input type="text"/>	

Appendix 2: Interview Guide for Young People's Interviews

Section 1: Care review meeting

So, the first section asks you about your last care review meeting.

1. When was your last care review?

Interviewer note: Definition of 'care review'

A care review is a review of your care plan and typically involves a meeting which is attended by those who are responsible for your care (e.g. Social Worker, key worker, foster carer) as well as maybe family members and others (e.g. teachers, health professionals etc). They normally happen once a year.

2. Did you go to your last care review?

If **YES**, go to Q.3 and continue with the questions on this page.

If **NO**, go to Q.9 on the next page.

3. Can you tell me what happened at the meeting?

Prompts:

Did you attend for all of the meeting? If not, why?
Who was there? Would you have liked someone else there?
Was there a Chairperson?
Where did it happen?
What did you think about the issues discussed?
Were they important to you?

4. In what ways did you take part?

a) Did you speak at the meeting?
b) Who asked you the questions? **Prompt:**
Did you talk to the Chairperson on your own?

5. Were you able to say how you felt about the issues talked about?
- If no, why not?

6. Did you feel listened to?
- If no, what might have helped?

7. How did you feel at the end of the meeting?

8. Was your care review what you expected? If no, how was it different?

GO TO SECTION 2

Questions 9 to 14 are only for young people who did NOT ATTEND their last care review meeting

9. Why didn't you attend your last care review?

10. Did anyone talk to you about going? (Prompt: Were you encouraged to go?)
- If yes, who?

11. What might have helped you to go?
a) Do you think you might attend your next review?
b) If no, what would need to change for you to attend?

12. Did anyone represent you at the meeting? (For example, an Advocate?)
- If yes, who was this person? Were you happy about this?
(Were you asked who you wanted this person to be?)
- If no, would you have liked to have someone there to represent you? Why?

13. As far as you know, were your opinions taken into account?
- If yes, how did this happen? Who did this for you?

14. Where young people don't go to their care review, in what ways can they have a say?

QUESTIONS FOR ALL YOUNG PEOPLE

Now, to move away from the meeting itself, I'm going to ask you a few questions about what happened in the time leading up to the meeting.

Section 2: Before the care review meeting

1. Did anyone talk to you about the meeting before it happened?
- If yes, who spoke to you? What kind of things did they talk about?

2. Did you understand what it was about?
- If yes, can you say a little about this?
- If no, what might have helped?

3. Were you told about the kind of things that would be talked about?
- If yes, by who?

4. Were you asked what you wanted to say before the meeting?
- If yes, who asked you this?
a) Did your Social Worker / key worker / foster carer talk to you about this?
b) Did you fill in a review form?
- If yes,
i) What did you think about the form? (e.g. What was it like to fill in?)
ii) Were you able to write down what you wanted to say? If no, why not?
iii) Was the form used at the meeting? Were you happy with that?

5. Were you asked if you wanted to bring someone with you for support?

6. Were you told about the chairperson at the meeting and what their role was?

Now, I'm going to ask you a few questions about what happened after the meeting?

Section 3: After the care review meeting

1. Did anyone talk to you about what was decided at the meeting after it happened?

- If yes, who was this?
- What kind of things did you talk about?

2. Did you receive anything in writing afterwards? (e.g. letter, copy of the minutes, report)

- If yes, what form did this take? Did you read it?

3. How did you feel about the decisions that were made?

4. Did things change after the meeting as agreed?

We're almost finished the interview now. I just have a few final questions to wrap things up.

Section 4: Young people's views on the care review process

1. Did you feel that you were involved in the final decisions that were made?

- If yes, in what ways did you feel involved?
- If no, how could this have been better?

2. Is there anything you would like to change for your next care review?

3. Do you think young people should be involved in their care review?

- a) What would help young people to be more involved?

4. If you were talking to other young people in care, what would you say to them about care reviews?

5. Do you think that young people should have a say in the decisions made about their care?

- If yes, how can this be done?

6. Finally, is there anything else that you would like to say about your experience of care reviews or young people's involvement in general?

OK, I have finished doing the interview. Thank you for your time.

Appendix 3: Information Leaflet for Young People



empowering people in care

Young people's experience of care reviews

EPIC (formerly the Irish Association of Young People in Care) is carrying out a research study to find out about young people's experience of taking part in their care reviews. It is important that we talk to young people so they can tell us what they think.

Who will be asked to take part in the study?

EPIC is hoping to talk to young people aged 15-17 years in foster/residential care who have had a care review in the last year.

What is involved if I take part?

- You will be asked to do an interview which will last for 30-45 minutes. This will be like having a discussion or chat with someone.
- The interview will be done with a young adult from EPIC (aged 21+) who has been in care or with the EPIC Research Officer, Fiona Daly.

What will the interviews be about?

There will be questions about your experience of attending care review meetings and the ways that you may have been involved. For example:

- Did you attend your last care review meeting?
- What did you think about the issues that were discussed?

Young people will also be asked a few basic questions about their care history, e.g. number of placements in care, length of time in care etc.

What happens to the information that I give?

A report will be written to highlight the main points made by young people.

All the information will be kept confidential. No names will be printed.

If I am interested, what should I do next?

- Please ask your foster carer or Key Worker to contact Fiona Daly in EPIC. Fiona can then arrange a time/place that suits you for the interview to be done.
- Fiona will also ring your Social Worker to say that you will be taking part.

If you would like any more information about the research please contact Fiona Daly in EPIC on 01-8727661 or by email: fionadaly@epiconline.ie

Thank you

Appendix 4: Information Leaflet for Practitioners



empowering people in care

Peer research study on young people's experience of the care review process

EPIC (formerly the Irish Association of Young People in Care) is carrying out a study on young people's experiences of the care review process. The aim of this research is to find out about the nature of young people's participation in their care reviews. A report on the findings will be available to practitioners and professionals and will include ideas for promoting young people's meaningful participation in the care review process.

Why carry out the study?

- Very little is known about young people's first hand experiences of the care review process in Ireland except for one study done by McGree et al in 2006.*
- It is important to understand the nature of young people's participation in the care review process given the significance of care planning for their lives.
- Give young people the opportunity to express their own point of view.
- Contribute to the development of future social work practice.

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Who will be involved in the research?

a) Research participants – young people aged 15-17 years

This research will involve doing interviews with 20 young people aged 15-17 years old, who are in residential or foster care. Also, young people should have had a care review during the last 12 months (which they may or may not have attended).

b) Peer researchers – young adults (21+) with care experience

A unique aspect of this study is that a group of young adults (21+) with care experience will be involved as peer researchers under the direction of the EPIC Research Officer, Fiona Daly. Peer researchers will be involved in different stages of the research process, including carrying out some interviews with young people. This can help to put young people at ease and improve the quality of the research.

What will interviews cover?

There will be questions about young people's experience of attending care review meetings, the topics discussed and the nature of their involvement.

*See McGree, S., Leonard, K., McEvoy, P., Brown, T. and McCormack, D. (2006) Having a Say in Care Reviews: A Study of Children in Foster Care Athlone Institute of Technology and the HSE



For example:

- Can you tell me about your last care review meeting?
- What did you think about the issues that were discussed?
- In what ways did you take part in the meeting?

Ethical considerations

Involving peer researchers in the study has certain implications for how the research will be carried out. Several measures have been put in place to deal with these.

- Peer researchers have Garda clearance.
- Peer researchers have completed an EPIC training programme before carrying out interviews with young people.
- Safety protocols have been developed to protect both the research participants (young people aged 15-17) and peer researchers.
- The involvement of peer researchers will be managed and co-ordinated by the EPIC Research Officer, Fiona Daly.

These measures are in addition to the standard ethical procedures that are required for any research study. As the young people being interviewed for the study are under 18, written consent will be sought from their Social Worker before any arrangements are made to do an interview. Written consent will also be obtained from the young person. All the information collected for the study will be kept strictly confidential. No participants will be named in the final report.

What are we asking you to do?

- Inform young people aged 15-17 about the study by passing on the information leaflet, and see if they are interested in taking part.
- If they are interested, please contact Fiona Daly who will arrange to obtain consent from the young person's Social Worker.
- Fiona will then contact you to arrange a convenient time to meet with the young person.

If you would like any further information about the research please contact Fiona Daly on 01-8727661 or email: fionadaly@epiconline.ie

Fiona will be happy to talk to you about any aspect of the study.

Thank you for your help with the study.

Appendix 5: Consent Form for Social Workers



Peer research study on young people's experience of the care review process

Please tick the boxes

I have read the information leaflet about the EPIC study.	<input type="checkbox"/>
I give my written consent for [redacted] (young person's name) to participate in the study following their consent to take part. This will involve being interviewed by a peer researcher in EPIC or Fiona Daly.	<input type="checkbox"/>
I give my written consent for the EPIC Research Officer, Fiona Daly, to contact him/her to arrange a date to do the interview.	<input type="checkbox"/>

Name of Social Worker (block letters)	[redacted]
Signature of Social Worker	[redacted]
Contact phone number	[redacted]
HSE area	[redacted]
Date	[redacted] [redacted] [redacted]

Young person's details:

Full name	[redacted]
Age	[redacted] [redacted] [redacted]
Type of placement:	Foster care <input type="checkbox"/> Residential care <input type="checkbox"/>
or Other (specify)	[redacted]
Date of last care review	[redacted] [redacted] [redacted]

Parent's signature (if applicable)	[redacted]
------------------------------------	------------

Please return this form to:
Fiona Daly,
EPIC, 7 Red Cow Lane, Smithfield,
Dublin 7 or fax to 01 8727652

Fiona will phone you to discuss contacting the young person. THANK YOU

Appendix 6: Consent Form for Young People



Young people's experience of care reviews

Please tick the boxes

I have read and understand the information leaflet about the EPIC research study.

I agree to take part in the study by doing an interview.

I understand that I can change my mind about taking part in the study at any time if I want to.

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Name of young person (block letters)

Young person's signature

Name of foster carer / Key worker

Phone number

Name of Social Worker

Phone number for Social Worker

Please complete the following:

I am happy to do the interview with a young adult from EPIC (tick one box below)

Yes

No

(If you tick the 'no' box, your interview will be done with Fiona Daly, the EPIC Research Officer)

Thank you for agreeing to take part in the research.

Fiona will contact your foster carer /Key worker to arrange a date to do the interview.

Please send this form to:
Fiona Daly,
EPIC, 7 Red Cow Lane, Smithfield,
Dublin 7

Notes

Notes

Lined area for taking notes, consisting of multiple horizontal lines.

