

Children's Participation

Children and Young People's Participation in Decision-Making within Tusla: A Baseline Assessment Prior to the Implementation of the Programme for Prevention, Partnership and Family Support

BY

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The Development and Mainstreaming Programme for Prevention Partnership and Family Support

The research and evaluation team at the UNESCO Child and Family Research Centre, NUI Galway provides research, evaluation and technical support to the Tusla Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS). This is a new programme of action being undertaken by Tusla, the Child and Family Agency as part of its National Service Delivery Framework. The programme seeks to transform child and family services in Ireland by embedding prevention and early intervention into the culture and operation of Tusla. The UNESCO Child and Family Research Centres' work focuses on research and evaluation on the implementation and the outcomes of the Tusla Development and Mainstreaming Programme and is underpinned by the overarching research question:

... whether the organisational culture and practice at Tusla and its services are integrated, preventative, evidence informed and inclusive of children and parents and if so, is this contributing to improved outcomes for children and their families.

The research and evaluation study is underpinned by the Work Package approach. This has been adopted to deliver a comprehensive suite of research and evaluation activities involving sub-studies of the main areas within the Tusla Development and Mainstreaming Programme. The work packages are: Child and Family Support Networks and Meitheal, Children's Participation, Parenting Support and Participation, Public Awareness and Commissioning.

This publication is part of the Children's Participation Work Package.

About the UNESCO Child and Family Research Centre

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

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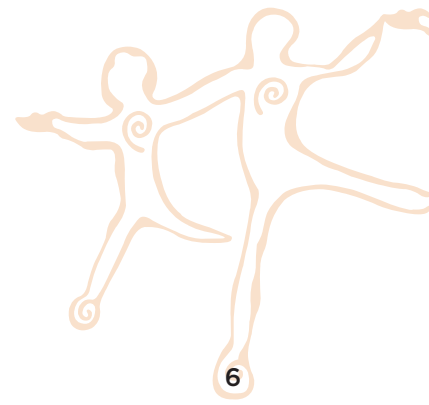


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1. Introduction

Tusla, the Child and Family Agency, understands the term 'participation' to mean the involvement of children and young people in decision-making on issues that affect their lives. Decisions made by Tusla may relate to issues of a personal nature, concerning the welfare, protection or care of an individual child (individual participation), or of a public nature, affecting children collectively (collective participation). Decisions affecting children as a collective commonly relate to service planning and review. Aligned to Article 12 of the UN Convention on the Rights of the Child, and to the Department of Children and Youth Affairs' (DCYA) National Strategy on Children and Young People's Participation in Decision-Making 2015-2020, Tusla's approach to participation is underpinned by the Lundy model (Lundy, 2007). This model outlines four chronological steps in the realisation of a child's right to participate (see Appendix One). First, 'space': children and young people must be provided with the opportunity to express a view in a space that is safe and inclusive. Second, 'voice': children and young people must be facilitated to express their view. Third, 'audience': the view must be listened to. Fourth, 'influence': the view must be acted upon as appropriate, and the reasons for the decision taken must be communicated to the child or young person.

As part of the Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS programme), Tusla is committed to a programme of action to embed children and young people's participation within the agency. The PPFS programme, which was initiated in 2015, is directed towards the achievement of a series of medium-term and long-term outcomes. The medium-term outcome guiding the children and young people's participation work stream is that 'the participation of children is embedded in Tusla's culture and operations'. It is intended that this outcome will be achieved through an integrated programme of action designed to embed children and young people's participation. This programme of action currently being implemented includes the following: the development and dissemination of a Tusla participation strategy and National Children's Charter; contracting expertise to develop child and youth participation training and a participation toolkit for practitioners; contracting the development of a quality assurance framework for participation; a seed fund initiative; three national conferences on child and youth participation; the establishment of foster care action groups in conjunction with Empowering Children in Care (EPIC) to support children and young people in foster care to feed into policy development and service provision; and the development of a child-friendly complaints service.

The UNESCO Child and Family Research Centre in National University of Ireland Galway, as the research partner to the PPFS programme, is evaluating whether the programme of action to embed participatory practice achieves its intended outcome. Conducting a baseline assessment is the initial step in this process. Its aim is to assess to what extent the participation of children and young people was embedded in Tusla's culture and operations, prior to the implementation of the PPFS programme of action. It is intended that this assessment will allow progress on embedding a culture of participation to be tracked during the timeframe of the PPFS programme, 2015-2018. The objectives of the study are to assess, prior to the implementation of the PPFS programme:

1. The structures and procedures in place that provide a supportive framework for children and young people's participation in Tusla;
2. Children and young people's participation in practice in terms of their involvement in personal decisions regarding their welfare, protection and care;
3. Children and young people's collective participation in terms of their involvement in Tusla service planning and review.



To conduct the assessment prior to implementation of the PPFS programme, all data for this study was collected prior to 31 January 2016. The chosen methods were documentary analysis, secondary analysis of the Health and Information Quality Authority (HIQA) findings on Tusla's compliance with participation standards, and the distribution of a questionnaire to all Tusla staff.

There has been no extensive audit to date of participatory activity in Tusla or formerly in HSE Children and Family Services to determine practice. In 2011, the Department of Children and Youth Affairs commissioned an audit to document activity enabling children and young people's participation across a range of statutory and non-statutory organisations (Roe and McEvoy, 2011). This included the collection of data from 200 HSE staff and staff in HSE-funded organisations, inclusive of children and family services. The majority of the respondents were from Local Health Offices (44.5%), followed by other HSE services (27.5%), HSE-funded services (17.5%) and hospital-based teams (9%). This audit provided an indication of practice in these sectors. It found that just over a third of the respondents (36.2%) reported currently involving children and young people in decision making, and one fifth (19.9%) reported doing so in the past (the full set of findings is available at: http://www.dcyv.gov.ie/documents/publications/childrenandyp_DecisionMaking.pdf).

This baseline assessment is structured as follows. Chapter 2 details the study methodology. Chapter 3 outlines the findings on the structural and procedural context Tusla was operating within at the time of data collection. Chapter 4 presents the research findings on participatory practice within Tusla at the time of data collection. It presents the findings in relation to children and young people's participation in decisions on their personal welfare, protection and care, and their participation in service planning and review. It also details the findings on challenges faced by Tusla professionals when involving children and young people in decision-making, and on their skills-development needs and awareness of Tusla's programme of action to embed children and young people's participation. The concluding chapter provides an overall assessment on the extent to which children's participation was embedded in Tusla's culture and operations, prior to the implementation of the PPFS programme of action to embed participatory practices.

2. Methodology

This is a mixed methods study, incorporating quantitative and qualitative components. The methods chosen to meet the study aim and objectives are as follows:

- Documentary analysis of Tusla's structures and procedures supporting children's participation;
- Secondary analysis of qualitative HIQA findings on Tusla's compliance with national participation standards in a sample of inspection reports; and
- The distribution of a questionnaire to all Tusla staff using a popular online survey tool.

Details on each of these chosen research methods and the analysis undertaken to generate the study findings are set out below. As noted in Chapter 1, data collection ceased on 31 January 2016.

2.1 Documentary analysis

Documentary analysis was the primary method used to establish the structures and procedures in place that provide a supportive framework for children's participation in Tusla at the time of data collection. The data collection and analysis drew on documentation publicly available as well as information provided by relevant personnel in Tusla. The data collection and analysis for this component of the research was guided by the indicators developed by the Council of Europe as part of their Child Participation Assessment Tool. These indicators represent the building blocks that government need to have in place to progress implementation of the child's right to participate (Council of Europe, 2016).¹ The relevant indicators in the context of this study are set out below and have been grouped as structural and procedural indicators.

Structural Indicators

1. Legal protection for children and young people's right to participate in decision-making is reflected in the national Constitution and legislation.
2. There is explicit inclusion of children and young people's right to participate in decision-making in a national strategy.
3. Children and young people's right to participate in decision-making is embedded in training programmes for professionals.
4. Children and young people are represented in forums at local, regional and national governance levels.

Procedural Indicators

1. There are mechanisms/procedures in place to enable children and young people to exercise their right to participate safely in judicial and administrative proceedings.
2. Child-friendly complaints procedures are in place.
3. Child-targeted feedback mechanisms on local services are in place.
4. A child or young person's right to participate is promoted, and children and young people are provided with information about their right to participate.

¹ Children were involved in the development of a 2012 Council of Europe Recommendation on children and young people's participation, and their views were carefully analysed in the development of the indicators comprising the Assessment Tool.



Documentary analysis was conducted guided by these indicators to assess the structures and procedures in place that provide a supportive framework for children and young people's participation in Tusla prior to the implementation of PPFs, and to help identify further measures needed to embed children and young people's participation in Tusla's culture and operations.

2.2 Secondary analysis of HIQA reports

Secondary data analysis has been defined as 'any research activity in which the researcher uses data for purposes not defined or predicted in the original study' (Yardley et al., 2014: 102). It is now widely accepted as a valid form of inquiry, offering the potential of having access to good-quality data, while being attentive to good stewardship of resources (Bryman, 2015; Yardley et al., 2014). Secondary analysis of the findings in the HIQA inspection reports on Tusla's compliance with the national participation standards was conducted to establish practice within Tusla prior to the implementation of the PPFs programme. These findings are informed by the views of children and young people and Tusla staff. It was considered that secondary analysis of the HIQA findings was justified, as the researcher could not capture the perspectives of such a representative sample of children and young people within the timeframe and resources available for the baseline assessment. Indeed, it may have been the more ethical approach, rather than posing an additional burden on children and young people in receipt of Tusla services and disregarding timely perspectives already documented.

As the national inspectorate for social care in Ireland, HIQA monitors Tusla's compliance with national children's standards. There are National Standards for Child Protection and Welfare, Foster Care, Residential Care and Special Care. While these standards vary, they all include standards on children and young people's participation rights (see Appendix Two). As part of the inspection process, inspectors meet with children, parents/carers and Tusla staff, meet or survey external professionals,² observe practices, and review case files and relevant documentation. The inspection reports provide a rich source of timely information informed by children and young people's experience of participation in decision-making within Tusla. While these reports shed light on practice in local and integrated service areas, no analysis has previously been conducted of the HIQA findings to capture practice nationally.

Sample

To ensure the information extracted for secondary analysis was current at the time of data collection, the HIQA findings included in this study report on inspections conducted during the period 2013–2015. All child protection and welfare, foster care and residential care inspection reports concerning inspections conducted during this two-year period were included. Only the most recent inspection reports on the three special care units in Ireland were included. However, two reports are included on one unit, as one inspection was announced and the other unannounced. In total, 53 HIQA inspection reports were sampled. They include inspections on child protection and welfare services (n = 13), foster care services (n = 11), children's residential centres (n = 25) and children's special care units (n = 4), across a wide range of Tusla-integrated and local service areas (see Appendix Three). Importantly, as this was the only source of information we had on children's experience of participation in Tusla, the inspection findings were informed by the views of 371 children.

Analysis

The findings in these 53 HIQA reports, corresponding to the participation standards set out in Appendix Two, were extracted for analysis. The extracted findings were imported to QSR NVivo 10 software for coding and thematic analysis. Thematic analysis is 'an inductive method for identifying, analyzing and

² These may include members of An Garda Síochána, professionals from health services, educators and youth workers.

reporting patterns within the data' (Probst and Berenson, 2013: 6). It allows the researcher to use a bounded theoretical question or set of questions as a starting point for identifying themes that can shed light on the specific area of interest. The Lundy model of participation (see Appendix One) provided a conceptual framework to guide the analysis process. The data in the reports sampled was mined for evidence of practice compliant with each of the elements of the Lundy model. The following themes, for both individual and collective participation, were generated to organise and analyse the data:

- Children and young people's views are actively sought
- Children and young people are provided with information
- Children and young people are supported to express their views
- Children and young people are listened to and taken seriously
- Children and young people are provided with feedback.

Within these themes, efforts were made to disaggregate the data to reveal any differences in the extent to which different groups of children experienced opportunities to be involved in decision-making within Tusla.

2.3 Questionnaire

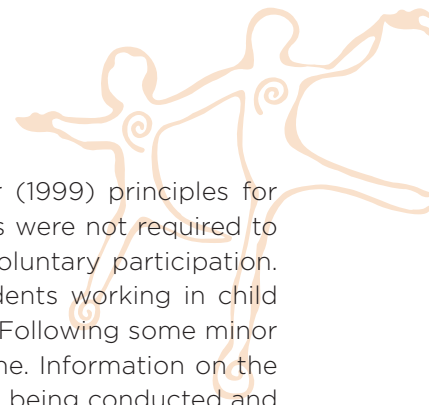
A questionnaire (see Appendix Four) was designed to ascertain the views of Tusla staff on the following areas:

- How participatory Tusla staff, who work directly with children and young people, consider their individual practice to be in terms of supporting a child or young person to participate in decision-making regarding their personal welfare, protection or care;
- How participatory staff consider Tusla, as an agency, to be in terms of children and young people's participation in service planning and review;
- Challenges to participatory practices and skills development needs; and
- Levels of awareness about Tusla's PPFS programme of action to support children and young people's participation.

A measure was developed to assess the extent to which practice (at the individual and collective level) is compliant with the Lundy model of participation. The measure comprises six statements corresponding to the core elements of the model. These refer to: providing information to the child or young person; actively seeking their views; supporting the child or young person to express their views in a safe and inclusive space; listening to the views of the child or young person; taking their views seriously; and providing feedback on the outcome of the decision-making process. Respondents were asked to rate compliance with the statements using a five-point Likert-type scale (definitely true, mostly true, unsure, mostly not true, and definitely not true).

Having used this measure to rate their practice, the respondents were then asked to provide an open-ended example of children and young people's views being actively sought in Tusla at the individual and collective level. If they believed their views influenced decisions taken, they were also asked to explain. All other items in the questionnaire were closed. The answers provided to the closed questions, on difficulties and challenges and skills development needs, were identified from a review of the literature and from the responses collated to similar questions asked during a consultation with Tusla staff in the southern region.³

³ These consultations were conducted with Tusla staff attending a participation briefing organised by the PPFS regional implementation manager for the South in Tralee (13 October 2015) and Callan (12 October 2015).

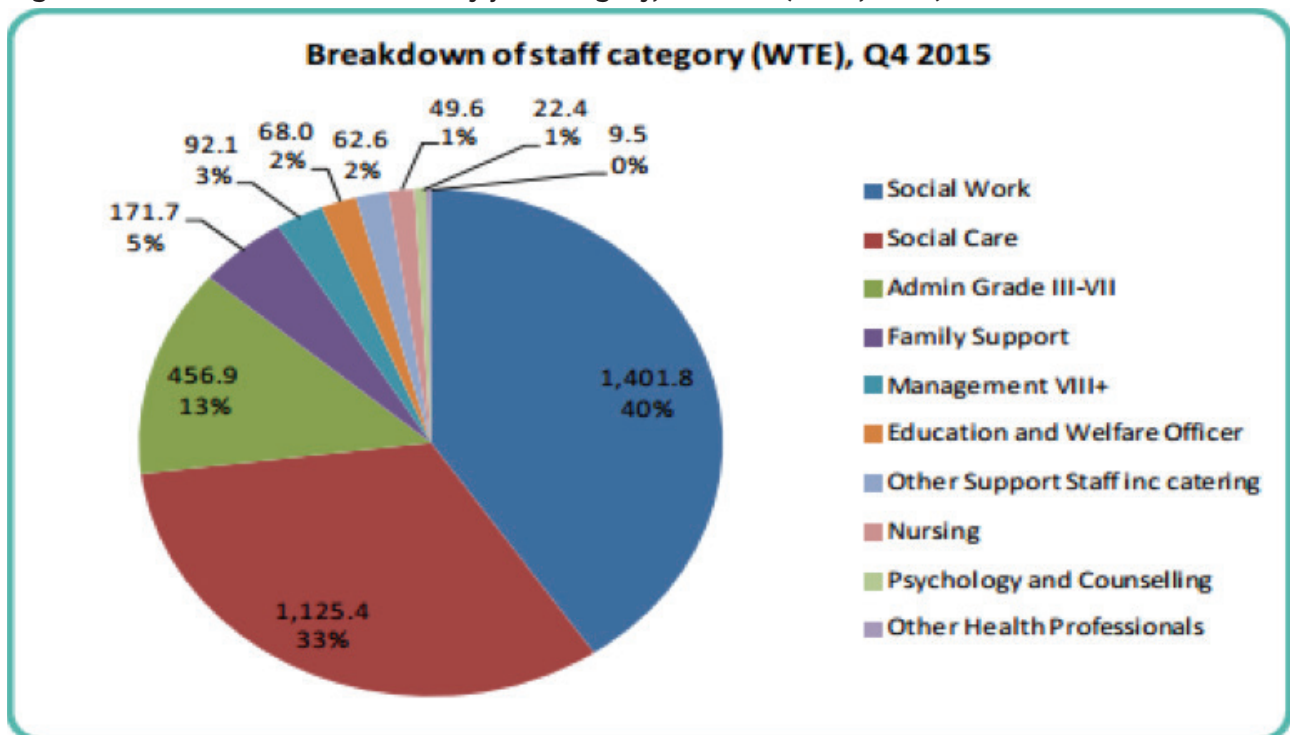


The questionnaire design was influenced by the Dillman, Tortora and Bowker (1999) principles for constructing web surveys. In accordance with these principles, the respondents were not required to provide an answer to each question, as this is understood to be counter to voluntary participation. The questionnaire was piloted in December 2015 with four postgraduate students working in child welfare and protection and with a Tusla family support conference coordinator. Following some minor changes after the pilot, the questionnaire was distributed to all Tusla staff online. Information on the questionnaire, including details on who was conducting the research, why it was being conducted and how the information collected would be used were included in a newscast issued by the communications department in Tusla. Information was also provided on the measures in place to respect confidentiality. Embedded in the newscast was a web link providing access to the questionnaire via SurveyMonkey. This newscast was issued to all Tusla staff on 5 January 2016, with the closing date set for 1 February 2016. To boost the response rate, hard copies of the questionnaire were available on request and made available to staff attending the Tusla national Conference on Children’s Participation in early January 2016 and at Tusla participation briefings held regionally during this month. Reminders about the questionnaire were included in two editions of the Tusla e-bulletin during January.

Sample

On 31 December 2015, there were 3,640 staff employed by Tusla. As detailed in Figure 1, social workers are the largest category of staff employed by Tusla, accounting for 41 per cent (n = 1,402) of the total staff employed at the end of the fourth quarter 2015, followed by social care staff accounting for a further one third (33%; n = 1,125) of total staff.

Figure 1: Breakdown of Tusla Staff by job category, Q4 2015 (Tusla, 2016)



A total of 370 Tusla staff (10.4%) responded to the questionnaire: 343 participated in the online questionnaire and 27 returned a hard copy.

Analysis

Analysis of the questionnaire was conducted using SPSS, the Statistical Package for the Social Sciences. A series of descriptive statistics were generated, which are presented in Chapter 4. Where appropriate, cross-tabulations were also produced to assess the relationship between specific sets of variables. Mirroring the thematic analysis of the HIQA reports, the responses to the open-ended questions were mined for evidence of practice compliant with each of the elements of the Lundy model. The same themes, for both individual and collective participation (set out in section 2.2 above), were used to organise and analyse the data.

2.4 Study limitations

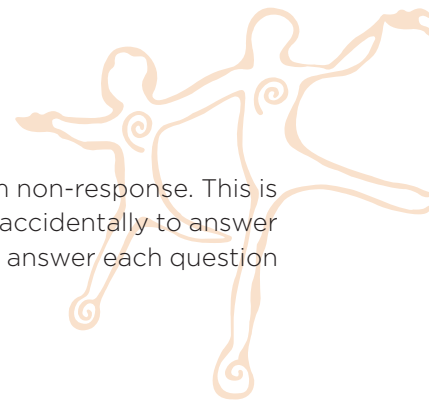
There were some limitations to the methods used for this baseline assessment. Limitations were identified in respect of the method of secondary analysis of the qualitative findings in the HIQA inspection reports and the method of surveying all Tusla staff. Starting with the former: because the secondary analysis entailed analysing data collected by HIQA, the research team had no control over the methodology used for data collection or the issues interrogated. For example, there was limited information available on children and young people being provided with feedback explaining the reasons for decisions taken. While the HIQA National Standards for Special Care Units explicitly state that 'reasons for any decisions taken are explained to the child, in accordance with their age and stage of development' (standard 1.5.1), this is not made explicit in the other national standards. Yet providing children and young people with information explaining the reason for the decisions taken is an element of the Lundy model and thereby a variable for consideration in this study. However, despite the limited qualitative data on this issue, the measure developed for inclusion in the questionnaire, designed to assess the extent to which practice in Tusla was compliant with the Lundy model of participation, included a statement on the provision of feedback.

A second limitation relates to the services inspected by HIQA. HIQA is mandated to inspect child welfare and protection services, as well as foster care, residential care and special care. This excludes other Tusla services, including Educational and Welfare Services (EWS), Early Years Inspectorate Services and Family Resource Centres. While data on children and young people's participation in the delivery of these services was not included in the HIQA reports, all Tusla staff, including those from the aforementioned services, were invited to complete the questionnaire distributed. In addition, a separate small-scale quantitative and qualitative study was conducted with staff from EWS and with children and young people in receipt of these services during the same period.⁴

Turning to the limitations of the data collected from surveying Tusla staff, it is probable that the findings are biased to represent Tusla staff who are committed to the principle of participation. While a sample size of 10 per cent of all Tusla staff was achieved, with good geographical spread and largely proportionate to the breakdown of Tusla staff in terms of their job role, sample bias is likely. However, triangulating the findings from the questionnaire and the findings from the secondary analysis of the HIQA reports facilitated the validation of the data. Two further limitations of the approach to surveying Tusla staff were that the questionnaire used primarily closed questions, and it did not require the respondents to provide an answer to each item. Regarding the former, it is said that closed questions enable researchers to produce aggregate data quickly, but the range of possible answers is set by the researcher, not the respondents. The richness of potential responses is therefore lower (Boynton and Greenhalgh, 2004). As recommended by Boynton and Greenhalgh (2004), a free text box was inserted at the end of each question for respondents who did not identify with the options provided. Regarding

⁴ McGreal, Bridget (2016). Children and Young People's Participation in Educational Welfare Services, submitted for an MA in family support studies. UNESCO Child and Family Research Centre, NUI Galway.

the latter, not requiring the respondents to answer each question allowed for item non-response. This is when people agree to participate in a questionnaire but fail either deliberately or accidentally to answer specific items (Bryman, 2015). As mentioned above, not requiring respondents to answer each question is compliant with the principle of voluntary participation.



3. Structural and Procedural Context for Participation

This chapter presents the findings in relation to the structural and procedural context Tusla was operating within, prior to the implementation of the PPFs programme of action to mainstream children and young people's participation within Tusla. As set out in Chapter 2, the data collection and analysis for this component of the research was guided by the structural and procedural indicators developed by the Council of Europe as part of their Child Participation Assessment Tool. The findings are written up under each of the structural and procedural indicators identified by the Council of Europe as follows. Section 3.1 provides an overview of the structural context at the time of data collection. First, it outlines the legal protection for children and young people's right to participate in decision-making in the national Constitution and legislation at the time of data collection. Second, it reviews Tusla policy and national standards to determine if there was explicit inclusion of children and young people's right to participate in decision-making in a national strategy. Third, it examines if children and young people's right to participate in decision-making was embedded in training programmes for Tusla professionals. Fourth, it outlines children and young people's representation in forums at local, regional and national governance levels. Section 3.2 provides an overview of the procedural context Tusla was operating within at the time of data collection. First, it examines if there were mechanisms or procedures in place to enable children and young people to exercise their right to participate safely in administrative proceedings.⁵ Second, it identifies what child-friendly complaints and feedback procedures were in place. Third, it explores whether a child and young person's right to participate was promoted and if children and young people were provided with information about their right to participate.

3.1 Structural Context

Legal Protection

Irish Constitution: Following the Constitutional Referendum on children's rights in November 2012, the new Article 42A includes an explicit recognition of the right of the child to have their views heard. It requires provision to be made by law that in the resolution of all proceedings:

- i. brought by the State, as guardian of the common good, for the purpose of preventing the safety and welfare of any child from being prejudicially affected, or
- ii. concerning the adoption, guardianship or custody of, or access to, any child

and in respect of any child who is capable of forming his or her own views, the views of the child shall be ascertained and given due weight, in so far as practicable, having regard to the age and maturity of the child. Legislation was enacted in 2015 to give effect to this Constitutional provision.

Legislation in Ireland: The Child and Family Agency Act 2013, Tusla's founding legislation, places a legal obligation on Tusla to involve children and young people in decision-making. It requires the agency in the performance of its functions under the Child Care Act 1991, the Education (Welfare) Act 2000, and the Adoption Act 2010, as well as in the planning and reviewing of the provision of services, to ensure the views of the individual child are ascertained and given due weight having regard to the age and maturity of the child. In relation to children in care, the Child Care Act 1991 made provision for more

⁵ This baseline assessment does not examine if there are mechanisms or procedures in place to enable children and young people to exercise their right to participate safely in judicial proceedings. The Child Care Proceedings in the District Court Research Group in University College Cork is currently examining this issue.

⁶ The Regulations are: Child Care (The Placement of Children in Residential Care) Regulations, 1995; Child Care (The Placement of Children in Foster Care) Regulations, 1995; Child Care (The Placement of Children with Relatives) Regulations, 1995.



detailed regulations to govern the placement of children in care. This set of regulations, governing the placement of children in residential care, in foster care, and with relatives,⁶ require in so far as practicable a care plan to be drawn up in consultation with the child and their guardians. The regulations also provide that when the case of a child in care is reviewed, regard shall be given to the views of the child. In relation to childcare proceedings coming before the courts, Section 25 of the Guardianship of Infants Act 1964 allows for the court, where it thinks it appropriate and practicable and with regard to the age and understanding of the child, to take account of their wishes. Provision is made in the Child Care Act 1991 to appoint a guardian ad litem to present the views and wishes of the child, but this is at the discretion of the judge.

Provision is also made in law, under the Children's Act 2001, for the courts to make an order instructing Tusla to convene a family welfare conference.⁷ The Act made provision for regulations to prescribe the convening of a family welfare conference. These regulations require the coordinator of the conference to consult with the child and their parents or guardian on the timing, location, attendance and procedures to be adopted during the conference.⁸

Policy and national standards

At the time of data collection there was no Tusla stand-alone strategy explicitly focused on children and young people's participation. However, as a precursor to the development of a Tusla strategy on children and young people's participation, Tusla published in 2015 a background guiding document, entitled *Toward the Development of a Participation Strategy for Children and Young People* (Kennan et al., 2015). In this document, Tusla makes an explicit commitment to listening to and involving children and young people in decision-making. This commitment is also expressed in government policy documents and national standards. *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People (2014-2020)* provides the current policy framework for the government and its agencies and is accompanied by a range of supporting strategies for improving outcomes for children and young people. *Better Outcomes, Brighter Futures* identifies six transformational goals to ensure children's outcomes are achieved. One of the six goals is that children and young people will be listened to and involved in decision-making in matters of relevance to their lives. This is now the focus of the Department of Children and Youth Affairs' *comprehensive National Strategy on Children and Young People's Participation in Decision-Making 2015-2020*.

National standards and guidance also form part of the policy framework from within which Tusla services operate. The Health and Information Quality Authority (HIQA) has a statutory function to set standards on safety and quality. As set out in section 2.2 above, there are National Standards for Child Protection and Welfare, Foster Care, Residential Care and Special Care. While these standards vary, they all include standards on children and young people's participation rights (see Appendix Two). The national child protection and welfare guidelines, *Children First: National Guidance for the Protection and Welfare of Children* (2011)⁹ and the accompanying Child Protection and Welfare Practice Handbook (2011)¹⁰ identify a child's right to be heard as one of the key principles of best practice in child protection and welfare. The guidance provides that at all stages of the child protection and welfare process the views of the child must be heard.

⁷ This baseline assessment does not examine if there are mechanisms or procedures in place to enable children and young people to exercise their right to participate safely in judicial proceedings. The Child Care Proceedings in the District Court Research Group in University College Cork is currently examining this issue.

⁸ Children (Family Welfare Conference) Regulations 2004.

⁹ These guidelines are in place to support people to identify and report child abuse and neglect and to support front-line practitioners to deal effectively with concerns.

¹⁰ This handbook is intended to complement the Children First guidelines as a reference text to support front-line practitioners.

¹¹ Tusla's Workforce Learning and Development has responsibility for the learning and development of staff within Tusla.

Provision of Training

Prior to the implementation of PPFS, there was no training focused specifically on children and young people's participation delivered nationally through Tusla's Workforce Learning and Development.¹¹ Children and young people's participation rights featured in training programmes, such as Children First training. However, there was no competency-based training on children and young people's participation for Tusla professionals.

Children and Young People's Representation on Governance Structures at the Local, Regional and National Level

Prior to the implementation of PPFS, there were few designated structures bringing children and young people together to participate at a governance level in service planning and review. The structures that were in existence were primarily focused on children and young people in care. The following sections provide an overview of the structures in place prior to 31 January 2016.

Teenagers and Children Talking in Care - TACTIC: In 2012, the DCYA set up the 'Voice of Children in Care' Implementation Group in partnership with the HSE Children and Family Services. In 2013, the children and young people themselves took the decision to rename the group TACTIC, meaning 'Teenagers and Children Talking in Care'. The group was established to oversee implementation of the recommendations arising from an extensive DCYA consultation with children and young people in the care of the State in 2011. Children and young people who were part of this consultation were invited to form the group. To date, TACTIC's work has included:

- Providing input into Tusla's *Alternative Care Practice Handbook* (2014);
- Developing a suite of materials for all age ranges, which include: forms to support and assist young people to contribute to the Child in Care review process; information booklets for children and young people entering foster care and residential care; and user-friendly versions of the National Standards for both foster care and residential care.

These publications were launched in December 2014, along with the *Alternative Care Practice Handbook* and thereby concluding the work of TACTIC.

Tusla/EPIC foster care action groups: As of October 2015, four local youth forums had been set up by Tusla in conjunction with EPIC. Meetings had taken place in the following areas: two in Dublin North-East (Cavan/Monaghan and Dublin North Central), and one in Cork and in the wider southern region. This comprised a pilot phase of the project. The key aim of these foster care action groups is to consult with young people in foster care and to seek their views on care-related issues that are important to them. They constitute a formal mechanism by which young people can be facilitated and supported to engage directly on the reform and monitoring of care locally with the management of Tusla and nationally with senior policy-makers. Following the pilot phase, a further six forums had been established by January 2016.

Comhairle na nÓg: Comhairle na nÓg (youth council) is the official government structure at local level for the participation of children and young people in the development of policies and services. These youth councils have been established by the county and city development boards in accordance with the National Children's Strategy (2000) and are funded and overseen by the DCYA. In 2012, the DCYA published a roadmap for the development of direct links between Comhairle na nÓg and the Children and Young People's Services Committees (CYPSCs)¹². This was initiated to ensure that the CYPSCs have effective engagement with children and young people in the planning and delivery of children's services, including in the development of their local Children and Young People Plan.

¹² The Children and Young People Services Committees work to improve the lives of children, young people and families at local and community level through integrated planning and improved service delivery.



3.2 Procedural Context

Procedures to enable children and young people to exercise their right to participate in administrative proceedings

In 2009, the HSE Children and Family Services (now Tusla) published its standard operating procedures, with accompanying forms and detailed guidance for completing the forms. The development of these documents was the outcome of a Business Process Standardisation Project aimed at creating an integrated child welfare and protection system to look after every child and standardise the management of every case from first contact with the HSE social work department (now Tusla) through to case closure. The project was a precursor to the deployment of a National Child Care ICT System. While the standard operating procedures (SOPs) are currently being reviewed, those published in 2009 were in operation at the time of data collection, which ceased in January 2016. However, since 2009 some regional and local Tusla areas have adapted the SOPs and accompanying forms. The following sections review the main SOPs, forms and guidance issued in 2009 by Tusla national management. It does not include a review of adaptations made to these SOPs at the local or regional level.

Opportunities are identified in the following sections for children and young people to participate safely in Tusla proceedings concerning their personal welfare, protection or care. The procedures reviewed are the assessment, the child protection conference, the family welfare conference, and processes relating to care planning and review. The descriptions of these processes reviewed are taken directly from the *Report of the National Child Care Information System (NCCIS) Business Process Standardisation Project* (Health Service Executive, 2009). This report also includes the SOPs for a family support intervention. A review of these operating procedures is not included here. Instead, the final section below includes the guidance issued in the Meitheal toolkit on the operation of Meitheal, the national practice model that came into being in 2013 to ensure that the needs and strengths of children and their families are effectively identified, understood and responded to in a timely way.

Assessment: The assessment process involves two stages, initial assessment and further assessment. As formal assessments, both operate within specific time frames and follow standardised procedures for collecting and recording information. The aim of the initial assessment is to understand a child's risks and needs. Certain procedures in this process encourage child participation. When planning the assessment, for example, the social worker and team leader are asked to consider interviewing the child. In the initial assessment form, there is an opening to document the child's views 'where appropriate'. The importance of including the child's views is also outlined in the guidance section of the procedure. A reminder of the children's participation principle as set out in *Children First*, that 'children have a right to be heard, listened to and taken seriously... and there should be opportunities provided for their views to be heard independently of their parents/carers', is reiterated in the guidance section. Similarly to the initial assessment, the further assessment is a formal, time-limited practice that gathers information on a child's needs. The procedure encourages the social worker and team leader to meet with the child when planning the assessment.

Child Protection Conference: A child protection conference is an inter-agency and inter-professional meeting aimed at determining whether a child is at ongoing risk of significant harm. If this is shown to be the case, the conference designs a child protection plan that is adapted to the child's risks and needs. The child's involvement in this process is encouraged. The allocated social worker and team leader are asked to consider inviting the child to the conference, but only if it is in the child's best interest. Before the conference is held, it is expected that the social worker will meet with the child and their parents to guide them through the process and prepare them for the meeting. The SOPs state that the views of

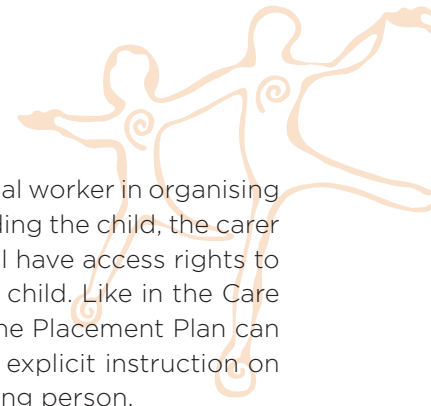
the child and family must be taken into account during the conference. Since the child protection plan is designed at the child protection conference, the child's level of involvement at the conference can affect their influence on the plan.

The child protection review conference evaluates the effectiveness of the child protection plan. If the child is not at ongoing risk of significant harm, the conference will consider alternative interventions or close the case entirely. If the child is still at ongoing risk of significant harm, the child protection plan will be revised. Before the conference, it is expected that the allocated social worker will meet with the child and parents to help them understand the process and prepare them for the meeting. Apart from this, no further guidance is given on the involvement of the child.

Family Welfare Conference: A family welfare conference is a family-led meeting that develops a set of actions to meet a child's needs. The family welfare conference is initiated if a court order directs Tusla to do so, if a child is believed to need a Special Care Order or if Tusla is concerned for the welfare of a child. The process, as outlined in the SOPs, emphasises the child's involvement in the conference. It states that the child's interests are 'paramount' and 'must be considered during the process'. In accordance with the Children (Family Welfare Conference) Regulations issued in 2004 (discussed in section 3.1), before the conference takes place, it is expected the family welfare conference coordinator will meet with the child and their parents to explain the purpose and process of the meeting. On the family welfare conference form, there is a section to indicate whether or not the child was aware of the conference referral being made. The family welfare conference review is a meeting that evaluates the existing family plan and modifies it if necessary. The procedure states that information from interviews and other direct work with the child is recorded in case notes.

Admission to Care: The Admission to Care form is the form to be completed by the relevant social worker in relation to the need for the child to be placed into care and the steps required to achieve this. In this form, there is no explicit section where the child's views can be noted. In the guidance document, which is provided to aid in filling out the Admission to Care form, it says: 'Information based on interviews and other direct work i.e. with the child/parents/carers/significant others . . . are normally recorded in the case notes. The relevant sections of the form are completed from the case notes' (section 13). Therefore, the social worker may refer to previous interviews with the child or others to complete the relevant sections of the form. Section D of the Admission to Care form provides a list of pre-admission tasks, which are to be ticked off as they are completed after the care order has been granted or consent has been acquired. This includes the task 'Care Information/Booklet to Child', meaning that information about the admission to care has been given to the child.

Care Plan: The Care Plan form is the form to be filled out by the social worker when developing a care plan for a child. Section B of the form includes a section entitled 'Child's Needs', where it is expected that information will be provided regarding the strengths and needs of the child, but it is unclear whether this is from the perspective of the child or the social worker. 'Child's View' and 'Child's Interests and Hobbies' are also headings in Section B of the form. Like the Admission to Care Procedure, the accompanying guidance document mentions that information from interviews with children, parents, guardians and significant others, as documented in the case notes, can be used to fill out relevant sections of the form. Section C asks the social worker to complete the details of the 'persons involved in drawing up the Care Plan', with space being left for the child or young person's name to be entered along with the names of the parents or carers, social workers and any others that were involved. There is no requirement to state the extent to which the child or young person has been involved, and there is no requirement that the child or young person participates in the development of the care plan.



Placement Plan: The placement plan form is the form to be completed by the social worker in organising a placement for the child or young person. This should include information regarding the child, the carer or placement, the purpose of the placement, along with details of those who will have access rights to the child. It also looks at the actions that are required to meet the needs of the child. Like in the Care Plan form, there is a section where the names of those involved in drawing up the Placement Plan can be included, with a space for the child or young person's name. But there is no explicit instruction on the form or in the accompanying guidance document to involve the child or young person.

Statutory Review of Children in Care: The standard operating procedure for the statutory review of children in care makes no mention of the need for the child to participate in the review. While it mentions that the social worker invites the 'review participants' to the meeting, it does not specify who these participants are. As discussed in Chapter 4, it is now common practice in some areas to support children and young people's participation in the review by supporting them to fill in child-friendly Child in Care review forms, as developed by TACTIC and others. However, this is a practice that has developed locally across different service areas, and is not referred to in the SOPs published in the 2009 Report of the NCCIS Business Process Standardisation Project. Returning to the SOPs published as part of this standardisation project, as part of the review process a form must be completed recording what occurred at the statutory review. In this form the social worker is asked to indicate, by ticking 'yes' or 'no', whether the child or young person attended the review. The accompanying guidance also highlights how information obtained from 'direct work' with the child and others, as recorded in the case notes, can be used to fill in relevant information in the revised care plan.

Meitheal: As stated above, Meitheal is the new national practice model to ensure that the needs and strengths of children and their families are effectively identified, understood and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and to realise their rights (Gillen et al., 2013). A Meitheal primarily relates to interventions that require a multi-agency response, but in certain circumstances can also include a single-agency response. As Meitheal came into being after 2009, guidance on its operating procedures are not included in the Report of the NCCIS Business Process Standardisation Project. The guidance on its operating procedures referred to here was published in the 2013 Meitheal toolkit. According to the toolkit, Meitheal is grounded in a set of principles, two of which explicitly place the child or young person at the centre of the process. One describes the process as being led by the parent or carer and child or young person. The other states that the Meitheal process privileges the voices of the parent or carer and child or young person, recognising them as experts in their own situations and assisting them to identify their own needs and ways of meeting them.

Child-Friendly Complaints Procedures and Feedback Mechanisms

At the time of data collection, which ceased in January 2016, Tusla received feedback and complaints through the HSE's 'Your Service, Your Say' complaint and feedback mechanism. This mechanism invites all service users to have their say about their experience of the services and how services have been delivered. While work had progressed to develop a child-friendly version of 'Your Service, Your Say', this had not been published at the time of data collection. However, in 2013, 'Speak up, Speak out' became operational for children in foster care. This national policy was presented in a leaflet specifically designed for children and young people and outlined the procedures for those in foster care to make a complaint. It was intended to be read and operated in conjunction with 'Your Service, Your Say'. Findings on the operation of these complaints mechanisms in practice are detailed in section 4.3.

Provision of Information on a Child's Right to Participate

In 2015, a child-friendly information leaflet on Tusla's approach to the participation of children and young people was published and disseminated nationally. The leaflet provides information in child-friendly language on who Tusla are, what services they offer, and what children and young people's participation rights mean in practice. The leaflet was designed for all Tusla service users.¹³ Findings in relation to promoting awareness of children's rights within Tusla at a local level, and to providing information on a child's right to participate in practice, are discussed in section 4.3.

¹³ This leaflet is available at: http://www.tusla.ie/uploads/content/3181-TUSLA_YouthStrategy_LEAFLET-POSTER_HR.pdf (accessed 28 February 2017).



4. Participation in Practice

This chapter presents the findings on participatory practice within Tusla, prior to the implementation of the PPFs programme of action to mainstream children and young people's participation. The chapter details the findings from the secondary analysis of the HIQA inspection report and from the analysis of the questionnaire circulated to all Tusla staff. As set out in Chapter 2, the Lundy model of participation provided a conceptual framework to guide the analysis. The data from the HIQA reports and the questionnaire were collated and analysed for evidence of practice compliant with each of the elements of the Lundy model. Specifically, evidence was collated and is presented below of Tusla staff actively seeking children and young people's views, providing children and young people with information, supporting them to express their views, listening to and taking their views seriously, and providing them with feedback. Prior to presenting the findings, section 4.1 profiles the HIQA reports included for secondary analysis and the respondents to the questionnaire. The findings are then broken down into findings relating to children and young people's participation in decisions on their personal welfare, protection and care (section 4.3) and children and young people's participation in service planning and review (section 4.4).

4.1 Profile of HIQA reports

As set out in Chapter 2, 53 HIQA inspection reports were sampled. They report on inspections of child protection and welfare services (n = 13), foster care services (n = 11), children's residential centres (n = 25) and children's special care units (n = 4), across a wide range of Tusla-integrated and local service areas. Details on each of the reports sampled are in Appendix Three, including their geographical area, whether the inspection was announced or unannounced, the number of children met during the inspection process, and the local areas' level of compliance with the relevant standards.

4.2 Profile of the questionnaire respondents

A total of 370 Tusla staff responded to the questionnaire. Table 1 reveals the Tusla-integrated service areas where the respondents worked. As set out in Table 1, there was representation from each geographical area, with the least number of respondents coming from Donegal (1.5%, n = 5), whereas Galway/Roscommon and the Mid-West had the highest number of respondents (10.1% each, n = 34).

Table 1: Geographical Tusla area where the respondents worked

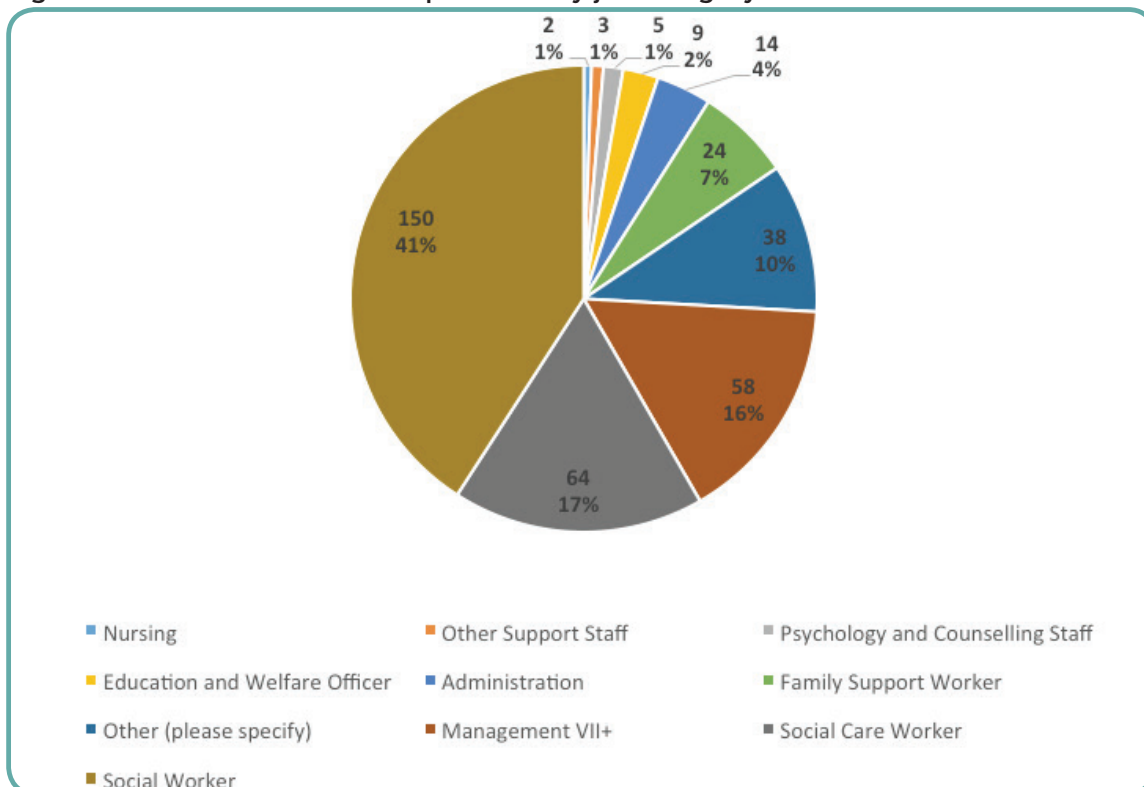
Area	Number of respondents from this area	% of respondents from this area
Donegal	5	1.5
Kerry	7	2.1
Cavan/Monaghan	12	3.6
Dublin South-West / Kildare / West Wicklow	12	3.6
Midlands	12	3.6
Dublin South Central	14	4.1

¹⁴ A total of 38 respondents failed to answer this question.

Louth/Meath	15	4.4
Dublin South-East/Wicklow	16	4.7
Mayo	16	4.7
Waterford/Wexford	18	5.3
Other (please specify)	21	6.2
Sligo/Leitrim/West Cavan	21	6.2
Carlow/Kilkenny/South Tipperary	23	6.8
Cork	25	7.4
Dublin North	25	7.4
Dublin North City	28	8.3
Galway/Roscommon	34	10.1
Mid-West	34	10.1
Total	338 ¹⁴	100.0

In terms of the respondent's job role, as set out in Figure 2 below, 15.8 per cent (n = 58) of the respondents described their job role as management at level VIII or higher. A further 17.4 per cent (64) classified themselves as social care workers, with social workers accounting for 40.9 per cent (150). A total of 10.3 per cent (n = 38) of respondents fell into the 'other' category and included such roles as CYPSC co-ordinators, Child and Family Support Network coordinators, family welfare conference coordinators, and training and development officers. This is a largely proportionate representation of Tusla staff when broken down into job category (see Figure 2), although there was an over-representation of management.

Figure 2: Breakdown of Tusla respondents by job category



Two thirds of respondents (67%) indicated that they worked with children and young people of all ages (0-18), and 76 per cent had direct contact with children and young people in their role.



4.3 Children and young people's participation in decisions on their personal welfare, protection and care

To explore the extent to which participation was embedded in practice, respondents were asked to indicate if they had direct contact with children and young people regarding their personal welfare, protection or care. If so, six questions were posed to ascertain the extent to which these respondents supported children and young people's participation. 'Participation' was understood as: providing children and young people with information; actively seeking their views; supporting children and young people to express their views in a safe and inclusive space; listening to children and young people; taking their views seriously; and providing children and young people with feedback, in compliance with all elements of the Lundy model (space, audience, voice and influence). Respondents were asked to rate their compliance with each of these elements of participation using a five-point Likert-type scale (definitely true, mostly true, unsure, mostly not true, and definitely not true). In total, 223 respondents rated their compliance with each of these elements of participation. The respondents who ticked either 'definitely true' or 'mostly true' for all six options were isolated for further analysis. It was found that 83 per cent (n = 186) of the respondents perceived that they support children and young people to 'participate' in decisions taken regarding their personal welfare, protection or care. The remaining 17 per cent (n = 38) did not respond positively to all six elements of participation and were deemed not to be supporting children and young people to 'participate' in decisions taken regarding their personal welfare, protection or care. The following sections detail the findings regarding practice at the time of data collection in relation to the individual elements of the Lundy model.

Actively seeking the views of children and young people

A cumulative total of 97 per cent of the respondents (n = 223) stated that it is 'definitely true' or 'mostly true' that they actively seek the views of children and young people, with 189 respondents who work directly with children and young people providing an example. Analysis of these responses, along with the secondary analysis of the HIQA report findings, yielded many positive examples of children's views being actively sought.

For many of the respondents it was evident that actively seeking the views of children and young people was firmly embedded in their practice. It was described by Tusla professionals as being 'integral' and 'fundamental' to their practice, and others spoke about it being part of 'every' initial assessment process and the 'norm' in all Child in Care reviews. Examples were provided of professionals actively seeking the views of children and young people across the spectrum of Tusla's services - child welfare (including educational and welfare services), psychiatric, child protection and alternative care services. It is clear from the examples provided that children and young people's views are primarily sought by means of:

- one-to-one consultations with the child or young person;
- inviting them to attend planning and review meetings; and/or
- child/youth-friendly form completion.

The HIQA findings provide further evidence of children and young people's views being routinely sought. In many of the reports sampled, the HIQA inspectors report that they were informed by children and young people that Tusla staff sought their views. The standard review of case files as part of the inspection process found that the views of children and young people are regularly recorded. For children and young people in care, it is evident that their views are sought regarding care planning as well as their day-to-day care. There are many examples of the views of children in care being sought regarding food plans, their bedroom design, the social and recreational activities they partake in and how their behaviour is managed.

Children were encouraged to exercise choice within their foster care placements in their daily care. A review of case files and interviews with children and young people found that children exercised choice regarding clothes, food, pocket money, activities and hobbies. Some children told inspectors that they could express their views in relation to access arrangements and its location if it did not fit in with their daily routine. During visits to foster care households, inspectors found that the majority of children had their own bedrooms which were decorated to reflect individual taste (HIQA inspection of fostering services, report 22).

There are exceptions to the norm. Not all the children and young people that the HIQA inspectors spoke with felt that their views are sought on decisions concerning their lives. Likewise, in some of the case files reviewed by HIQA, children's views were not recorded and no explanation was provided. In one instance HIQA found that when children and young people are not allocated a social worker, they are not being communicated with effectively. A small number of children also told the inspectors that if they did not have a good relationship with their social worker, they did not feel their voice was heard. There is further evidence of inconsistent practices in the responses to the questionnaire. Two social workers described accessing children's views as a practice they engaged in 'on some occasions' (survey respondents 95 and 169), and a small number of the questionnaire respondents said that they only ask children their views if it is appropriate to their age.

Providing children and young people with information

A total of 223 respondents answered the question on the extent to which they presently provide a child or young person with the appropriate information needed to form a view on decisions being taken. Of these respondents, 91 per cent indicated that this statement was 'definitely true' or 'mostly true' in their specific practice. There was no difference found for those staff who worked with children in care and those who do not.

The HIQA reports broadly identify two information requirements on the part of children and young people in receipt of Tusla services. These can be broadly categorised as: information on services, including information on Tusla processes and procedures, and information on children and young people's rights, including their participation rights and their right to access personal information documented in their case file. In relation to the provision of information, a distinct difference emerges in the qualitative data between on the one hand children and young people in residential care, and on the other hand children and young people in foster care and in receipt of child welfare and protection services.

Regarding the former, the HIQA reports reveal that it is standard practice for children and young people in residential care to receive information on Tusla services and on their rights. It is common practice for children and young people to receive a child-friendly information booklet or leaflet at their point of admission into residential care. The content of this written information varies among the residential centres, but generally it is reported by HIQA to broadly focus on the following three areas. First, information on the rights of the child and young person living in the centre, including their right to access information held on record about them. Second, information on all aspects of living in the centre, including the standard policies and procedures. Third, information on Tusla processes and procedures, for example details on care plans, Child in Care reviews and how to access advocacy services. The children and young people living in residential care who spoke with the inspectors consistently report an awareness of their rights and broad satisfaction with the information they received. There were two exceptions. Children in one special care unit reported that they were not aware of their rights or basic entitlements while in single separation, and they also expressed a preference for more information on personal searches. In another special care unit, children said they did not have adequate information about the purpose of clinical meetings.



Regarding children and young people living in foster care and those in receipt of child protection and welfare services, the HIQA reports reveal that nationally practices in relation to the provision of information are inconsistent. In the context of children and young people being provided with information on their rights, in one service area HIQA reported:

There was no systematic process to ensure that all children were informed about their rights. Rather, this depended on the individual social worker's good practice and a positive culture in the department (HIQA inspection of child protection and welfare services, report 11).

While this comment was made by HIQA in the context of one service area, this finding largely reflects practice nationally. There is no evidence of an organisational-level approach governing the provision of information to children or young people in foster care or in receipt of child welfare and protection services.

In relation to information being provided on children's rights, HIQA regularly reports observing information on children's rights being visibly displayed in social work offices. However, there are limited examples of children and young people individually being provided with leaflets or other forms of written information regarding their rights. When children and young people were asked by the HIQA inspectors if they were aware of their rights, in the majority of instances reported by HIQA children were unaware or did not fully understand their rights and in the main were not aware of their right to access their personal files. The situation is similar in relation to information being provided on Tusla processes and procedures for children and young people living in foster care and in receipt of child welfare and protection processes. Some good examples are provided of informative literature being provided on Tusla processes both within the HIQA reports and by the respondents to the questionnaire. But it is clear from the HIQA reports that this is on an ad hoc basis. On occasion the HIQA inspectors report observing staff communicating relevant information verbally to children and young people. Some children and young people consulted as part of the inspection processes also report receiving good verbal information. However, as noted by HIQA, these informal communications are not generally documented and therefore it is not possible to establish how common a practice this is. Some of the questionnaire respondents provide examples of communicating with children and young people to inform them about Tusla processes, including family welfare conferences, Meitheal, and Children in Care review processes. However, many of the children and young people that spoke with the HIQA inspectors report not receiving information on Tusla services or information on the role of, or what to expect from, social work services.

Supporting children and young people to express their views

When the questionnaire respondents (n = 223) who work directly with children and young people were asked if they support children and young people to express their views, 97.8 per cent said this was 'definitely true' or 'mostly true' for them. The responses to the question asking for an example to be provided of actively seeking the views of a child or young person, as well as the secondary analysis of the findings in the HIQA reports, provide an insight into how children and young people are supported to express their views. There is no one approach to supporting children and young people to express their views. The following description of how a child was supported to be actively involved in a family welfare conference is illustrative of the range of support that is offered and of efforts made to tailor the support to the individual child.

Each child is considered individually as to what is the most appropriate way for their views to be expressed at the FWC decision-making meeting itself. That could be either that they will be present themselves and represent themselves, have the assistance of a family member or advocate to represent them, or submit written material or art work in the case of younger

children. Children are invited to attend either part of the meeting, the entire meeting, or they can identify how they would like to hear about decisions made if they choose not to be present (family welfare conference coordinator, questionnaire respondent 273).

Likewise, some of the children and young people that spoke with the HIQA inspectors emphasised their individual preferences. Some children and young people said that because of their age, they wanted more information to be shared with them. Others told inspectors they wanted less information and just wanted to get on with their interests and lives. Some wanted to spend more time with their social workers outside of formal meetings, while others wanted to see their social worker less. Children and young people told inspectors that 'each social worker needed to work out with them a way and style of communication that suited them' (HIQA Child Protection and Welfare Inspection, Report 10). However, some common approaches adopted by Tusla professionals to support children and young people to express their views are evident in the data. It is also evident that whether steps are taken to support a child or young person and what these steps are is largely at the discretion of the individual professional. Practice in relation to the more common approaches adopted are detailed in turn below.

Creating a safe space

Some evidence emerged from the secondary analysis of the HIQA findings and the analysis of the open-ended responses in the questionnaire, that when engaging in a one-to-one consultation to elicit the views of the child or young person, some Tusla staff make it a priority to meet with the child in private. In one area inspected by HIQA, most of the children and young people spoken with informed the inspectors that they could speak with their social worker in private. However, in some instances HIQA reports that contact by a social worker with children and young people is limited to phone calls as opposed to face-to-face contact.

Some of the questionnaire respondents spoke about the need to spend time with the child or young person and to have regular meetings with them to create a safe space for them to share their views. Examples were provided of efforts made by Tusla professionals to establish a trusting relationship with the child. In the context of children in care, bringing children on social outings was the primary means reported of nurturing this relationship.

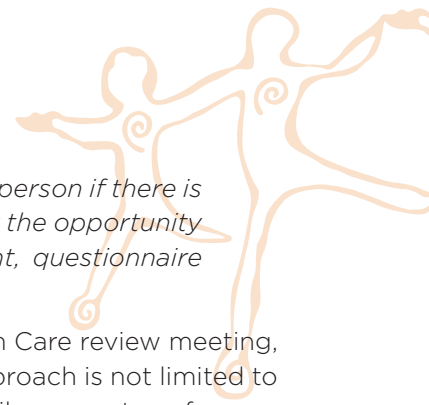
When I worked as a children-in-care social worker, I would take children out for hot chocolate, to play in the local park, basketball; basically engage them in different activities, build a relationship to allow them to build trust with me (social worker, questionnaire respondent 232).

In the case of very young children, three of the questionnaire respondents spoke about the importance of play in nurturing a relationship. As this social worker explains:

Playing with a child is invaluable in terms of relationship building and getting a sense of who the child is, and can be less threatening than interviewing the child in a clinical setting (social worker, questionnaire respondent 74).

Creating a safe space can also include engaging with the child in an environment that is child-friendly. During one HIQA child welfare and protection inspection it was observed that, as the social work premises were not child- or family-friendly, staff met children and parents somewhere that they felt comfortable. This included availing of family-friendly premises in voluntary organisations for interviews and family meetings. Creating a safe space can also include tailoring a meeting to a child's preferences and good preparation with the child in advance.

I have chaired Child in Care reviews where children have attended. I have tried to make this a more comfortable space for the child by meeting with the child and their social worker or advocate (whoever is their most trusted) before the meeting. I talk to the young person



about who will be at the meeting, what will be talked about. I ask the young person if there is anything that they want said or anything that they don't want to hear (offer the opportunity for them to leave the room for part of the meeting) (Tusla management, questionnaire respondent 209).

One social worker also reported that on occasion they facilitate a smaller Child in Care review meeting, with the child and significant adults only, to support the child to engage. This approach is not limited to Child in Care review meetings. Another questionnaire respondent, this time a family support conference coordinator, reported that children at the centre of a family welfare conference are asked to complete a sheet setting out who they want to attend the conference and what their expectations are. This information is presented at the beginning of the conference.

Engaging the child or young person in an age-appropriate manner

Secondary analysis of the HIQA report findings provides some evidence of social workers using age-appropriate language when engaging with children and young people. Analysis of the questionnaire data revealed that the use of child-friendly forms is a common approach to supporting a child or young person to formulate and communicate their views in an age-appropriate manner. The use of child-friendly 'Children in Care Review forms' was mentioned by social workers as standard practice in a number of integrated service areas.¹⁵ The purpose of these forms is to support children in care to make their views known during the Child in Care review process. The following example, describing a home visit to an eight-year-old boy living in long term foster care, is illustrative of their use in practice.

He filled out an age-appropriate form on his views concerning his placement and birth family contact and did some drawings of his own. This form was brought to his annual care plan review, and he attended the meeting and presented his form with me reading it out (social worker, questionnaire respondent 332).

However, one group of children who spoke with the HIQA inspectors described obtaining their written views before a Child in Care review as 'tokenistic', indicating that completing the form in and of itself is not sufficient. According to the HIQA inspector:

They considered the form they were asked to complete as childish and said they did not always receive a copy of their care plan or [were not always] asked to attend Child in Care reviews (HIQA Child Protection and Welfare inspection, Report 23).

Social workers in two Dublin-based areas reported using the Child in Care review form developed by TACTIC, the Teenagers and Children Talking in Care group convened by the Department of Children and Youth Affairs.¹⁶

The use of communication tools to support a child to express their views was not limited to having age-appropriate Child in Care review forms. Examples of supporting children and young people to formulate their views by using child-friendly forms are provided by the questionnaire respondents across a range of services offered by Tusla. There are examples of child-friendly forms being used to inform family support interventions, the Meitheal process, child protection conferences and family welfare conferences. One family welfare conference coordinator also reported that children and young people have written letters to be presented to the family welfare conference to have their 'thoughts, wishes and feelings' taken into consideration (respondent 327). Other child-friendly approaches mentioned by the questionnaire respondents include the use of magic wand worksheets and the 'Three Houses' signs-of-safety tool.

¹⁵ Social workers in the following Integrated Service Areas mentioned using child-friendly Children in Care Review forms: Dublin North; Dublin North City; Galway Roscommon; Sligo/Leitrim/West Cavan; and Cavan Monaghan.

¹⁶ These areas are Dublin North and Dublin North City.

Supporting children and young people with communication difficulties

While there is evidence in the data of individual social workers supporting children and young people with communication difficulties to express their views, overall services appeared weak in this regard. In relation to children and young people of a different nationality, HIQA reports on a number of occasions that interpreters are made available – although in some areas this is reported as being subject to resources. In the case of very young children, there are some limited examples provided in the HIQA findings and by the questionnaire respondents of using art, play therapy (including role play) and drama as a means of supporting a child or young person to express their views. On two occasions animal-assisted therapy was mentioned as a method of supporting children with communication difficulties. In some areas Tusla had access to disability services and aids to assist professionals to support children with disabilities to communicate their views. Elsewhere HIQA found that family support workers were engaged for this role.

Inconsistencies in practice are clearly evident and at times subject to resources. In one area, HIQA found that access to alternative therapies is limited due to budget constraints, yet in another area children and social work staff informed inspectors that there are no delays or resource constraints when accessing alternative therapies to support children to communicate their views. With just a few exceptions, HIQA consistently reports that Tusla professionals do not have access to Braille, the loop hearing aid system or sign language services to facilitate children and young people with visual or hearing impairments to express their views. However, despite gaps in service provision there is evidence of individual social workers making efforts to support children to communicate their views.

One child with communication challenges told inspectors that his/her social worker had helped them to communicate their views, and this child appreciated the social worker's efforts in this regard (HIQA Child Protection and Welfare inspection, Report 11).

Provision of advocacy services

There is some explicit evidence in the data of Tusla professionals actively advocating for the children and young people they are responsible for. Tusla professionals, consulted as part of a Child Welfare and Protection inspection, report that advocating for children is 'central to their everyday practice'. However, these professionals acknowledged they could take on a more supportive role at meetings where professionals were in the majority (HIQA Child Welfare and Inspection, Report 9). A small number of questionnaire respondents, who were social care workers, specifically provide examples of how they have positioned themselves as advocates for that child or young person they have responsibility for. As described by a social care worker based in a residential centre:

Through everyday interactions with the young people I would ask how they felt about their situations, listen to and advocate for them in relation to this by passing information to their social workers either as soon as possible or through weekly handover, at placement management meetings and Child in Care reviews (social care worker, questionnaire respondent 194).

Following a residential centre inspection, HIQA reported:

Children saw staff in the centre as advocates for them, particularly within meetings about their care plans, liaising with social workers and for accessing support services outside the centre (HIQA Residential Centre Inspection, Report 42).

A number of social workers, who were questionnaire respondents, also provided examples of advocating for children in court. As well as Tusla professionals advocating for children and young people, the



secondary analysis of the HIQA report findings also found that children and young people are facilitated to access independent advocacy services, including guardian ad litem services in the case of court proceedings. While this is primarily reported by HIQA following inspections of residential care and special care units, there are examples provided by HIQA and the questionnaire respondents of children and young people in foster care and in receipt of child welfare and protection services being supported to access external advocacy services.

Access to a complaints mechanism

The secondary analysis of the HIQA findings reveals inconsistencies in practice in relation to supporting children and young people to express their views on issues of concern relating to service provision. There is a notable difference between the experiences of children and young people living in residential care and those in foster care and in receipt of child welfare and protection services. It is evident from the HIQA findings that many child welfare and protection and foster care services manage and record complaints in accordance with the HSE complaints mechanism 'Your Service, Your Say', although in two areas confusion was expressed as to whether the mechanism was still valid, given that it was a HSE process. Analysis of the HIQA findings also revealed that 'Your Service, Your Say' appears to regularly operate in parallel with other, ad hoc and less formal complaints processes, such as letters being written directly to the area manager or being communicated directly to social workers. It is a common concern noted by HIQA that all complaints are not centrally recorded and managed. HIQA found that at times, concerns which do not become formal complaints are responded to by the social worker and simply recorded in case notes but not in a separate section that is easily accessible. With a few exceptions, HIQA also found that the complaints mechanism in operation and the information provided are not child-friendly. There is limited evidence in the HIQA findings of children and young people being actively encouraged to make a complaint. The majority of children and young people that the HIQA inspectors spoke with reported that they did not know how to raise a concern or make a complaint.

In contrast, following inspections of residential centres, HIQA broadly found that complaints made by children and young people living in the residential centres were managed appropriately and efficiently. All the children and young people who spoke with the inspectors on this issue concurred with this view, telling the inspectors that they were aware of how to make a complaint and, broadly speaking, were satisfied with the process. It is common practice for a central log to be maintained recording all formal complaints in each residential centre. However, the recording of informal complaints was often identified as an issue. On a number of occasions HIQA expressed concerns that informal complaints were not recorded in a uniform way.

Listening to children and young people and taking their views seriously

When Tusla professionals who work directly with children and young people were asked in the questionnaire if they presently listen to and take children's views seriously, 98.2 per cent (n = 223) said this was 'definitely true' or 'mostly true' for them and their practice. Having provided an example of actively seeking the views of children and young people, the questionnaire respondents were asked whether these views influenced the decisions taken regarding the child or young person's personal welfare protection or care. Of the 219 respondents who answered the question, 76 per cent said 'yes' and 3.7 per cent said 'no'. Importantly, though, one fifth of the respondents (20%) stated they were 'unsure'. The respondents were then asked to explain their answer, with 135 providing an explanation.

Analysis of both the explanations provided and the secondary analysis of the HIQA findings revealed that practice in relation to listening to the views of children and young people and taking their views seriously is very mixed. Some children who spoke with the HIQA inspectors reported that they felt listened to, while others reported that they didn't feel their voices were heard. For example, within one Integrated Service Area it is reported:

Children and parents had mixed experiences of communication with the social work department. Some described positive experiences and said they felt listened to and were well informed about their case. Others expressed their dissatisfaction and said that they did not always feel informed or listened to, and were not always updated on case developments (HIQA Child Protection and Welfare inspection, Report 4).

Similarly, a social care worker questionnaire respondent reported:

In some cases the voice of the child was held central to the decision-making process, and I was completely satisfied that their views were treated with respect and were listened to and included as part of the overall decisions that were made. At other times the voice of the child was minimised and not given the same weight as the adult voices involved, and it is for this reason I always tell children and young people that while I will express their views for them within the team/CPC arenas, I cannot guarantee an outcome they might choose (social care worker, questionnaire respondent 291).

In two instances children and young people informed the HIQA inspectors that having their voice heard was dependent on their relationship with their social worker. Similarly, there is some evidence in the HIQA findings of children and young people feeling that their complaints had not been taken seriously. But again practice in this area was mixed, with other children reporting that their complaints had been addressed to their satisfaction.

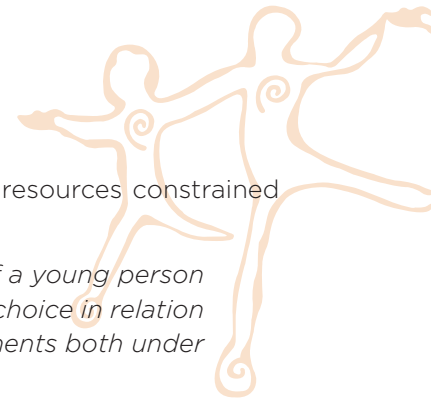
Nevertheless, the analysis of the HIQA findings yield many positive examples of children and young people's views influencing decisions. The type of decisions influenced by children and young people are wide-ranging. There is evidence of children and young people influencing decisions pertaining to a requested change of social worker, access arrangements, care plans, plans agreed as part of a Meitheal, plans to address non-attendance at school, and the management of a child or young person's behaviour in care. Many positive examples are also provided of children and young people influencing their daily care and routines, with children in care generally reporting that they had a choice in relation to the social and recreational activities they were involved in. An awareness of the importance of taking the views of each individual sibling seriously was also evident on occasion. As this social worker explained:

I had intended to seek voluntary foster care for both siblings, but having listened to the younger child and understanding that she felt safe at home and was not at as much risk as her sister due to her submissive nature, I managed to ensure a different outcome, which has worked to date [one child accessed foster care while the other remained with her parents with extensive family support] (questionnaire respondent 158).

However, there was some evidence in the HIQA findings of siblings being assessed as a family unit, rather than a focus on the individual child.

While some of the questionnaire respondents explained that being influenced by the views of children and young people is pivotal to their practice and demonstrated a genuine openness to being influenced by their views, many of the respondents acknowledged that children's views need to be weighed up against other factors. These reported factors include the safety and welfare of the child, the level of risk involved, and overall what is considered to be in the child or young person's best interests. They also include the views of other family members and the willingness of parents to engage. Other respondents indicated that it is dependent on the age and capacity of the child. One respondent reported that only children over seven have their views taken into consideration, as '*some children are too young to be interviewed*' (social worker, respondent 116). Another respondent also felt constrained by Tusla processes being a professional decision-making forum.

A child protection conference is a professional decision-making forum, so while participants may take the views of the child into account they may not always be able to do so (social worker, questionnaire respondent 330).



On a number of occasions questionnaire respondents explained that a lack of resources constrained them from acting on children and young people's views.

Often times a lack of resources influence the decisions made in respect of a young person despite the view of the young person, e.g. a young person may not have a choice in relation to the placement that is available to them due to a lack of available placements both under 18 and over 18 (aftercare worker, questionnaire respondent 326).

Providing children and young people with feedback

A total of 90.6 per cent (n = 223) of those who responded to the question indicated that it was 'definitely true' or 'mostly true' that they presently provide the child with feedback, explaining the reasons for decisions taken. However, there are limited accounts in both the HIQA findings and the questionnaire responses of children and young people being provided with feedback. HIQA on a number of occasions reports good follow-up with children and young people when they have made a complaint, but there is little evidence of children and young people being provided with feedback outside of the complaints system. However, it is evident that some of the questionnaire respondents were acutely aware of the importance of providing feedback to the child.

The child's views are always taken into consideration when making decisions in relation to their care and well-being. If decisions must be made that actively oppose the wants and wishes of a child, then it is vital that time is given in order to explain to them why these decisions are made. If this piece of work is not undertaken, it is difficult to gain a child's agreement with plans that are created and can lead to active disruption of such plans (social worker, questionnaire respondent 341).

Some children emphasised to the HIQA inspectors the importance of receiving written outcomes of meetings to enhance their understanding of key decisions.

4.4 Children and young people's participation in service planning and review

The extent to which the respondents perceived Tusla as providing children and young people with opportunities to participate in service planning and review was assessed using the same six statements set out above and included in Table 2 below. The respondents who ticked either 'definitely true' or 'mostly true' for all six options were isolated for further analysis. Of the 267 respondents who answered all six questions, 22 per cent (n = 58) perceived that Tusla provides opportunities for children and young people's participation in service planning and service review. The remaining 78 per cent (n = 209) were not of this view. A more detailed breakdown of the responses provided is set out in Table 2.

Table 2: Children and young people’s participation in service planning and review

Tusla Presently:	Definitely true		Mostly true		Unsure		Mostly not true		Definitely not true	
	No.	%	No.	%	No.	%	No.	%	No.	%
Provides children and young people with appropriate information they need to be involved.	22	8.2	130	48.7	59	22.1	50	18.7	6	2.2
Actively seeks the views of children and young people.	43	16.1	128	47.9	43	16.1	49	18.4	4	1.5
Provides an inclusive space for children and young people to express their views.	22	8.2	91	34.1	73	27.3	65	24.3	16	6
Ensures children and young people’s views are listened to by those with the power to effect change.	25	9.4	104	39.2	75	28.3	52	19.6	9	3.4
Ensures that children and young people’s views are taken seriously.	33	12.5	117	44.5	64	24.3	42	16.0	7	2.7
Provides feedback to children and young people to let them know if changes occur as a result of their participation.	18	6.8	82	31.2	96	36.5	54	20.5	13	4.9

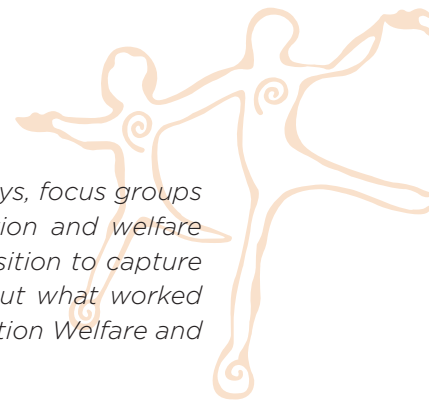
A total of 178 respondents went on answer the question about whether they could provide an example of how Tusla engages children and young people in service planning and review, and 122 explained whether their participation resulted in tangible change. Analysis of these responses on whether participation resulted in tangible change, when factoring in respondents’ job role, revealed some notable differences. For example, 42.5 per cent (n = 17) of management, 44.2 per cent (n = 29) of social care workers and 50 per cent (n = 7) of family support workers believed that tangible change had occurred, compared to only 29.9 per cent (n = 29) of social workers. This indicates a disparity in the perception on change occurring or not, depending on job role.

The following sections detail the findings, based on the examples provided by the questionnaire respondents on how Tusla engages children and young people in service planning and review and the secondary analysis of the HIQA findings. Overall, there was limited data in the HIQA reports on children and young people’s participation in service planning and review. The responses to the open-ended questions in the questionnaire are largely lacking in detail, with many broad-brush references to the Tusla/EPIC foster care action groups or TACTIC. A number of respondents failed to make the distinction between individual and collective participation, providing further examples of children and young people participating in decisions regarding their personal welfare, protection and care. Almost one fifth of the respondents (n = 33) used this opening in the questionnaire to report that they were not aware of any examples of children and young people’s views being sought to inform service planning and review. The following sections present the findings in relation to children and young people’s views being actively sought, followed by an overview of the evidence on whether their views are listened to and taken seriously in service planning and review.

Actively seeking the views of children and young people

Following a child protection and welfare inspection, HIQA found that:

There were no formal systems of consultation or canvassing the views and opinions of children using the service. The area manager informed inspectors that the area had held forums for children in care, and much of the child-friendly literature used to inform children



across services had been developed from these forums. However, no surveys, focus groups or feedback systems were in place for children using the child protection and welfare service. Inspectors found that this meant that the service was not in a position to capture the views of these children, and the service would not be informed about what worked well or needed to improve from the child's perspective (HIQA Child Protection Welfare and Inspection, Report 14).

As there was limited evidence elsewhere of the views of children and young people being sought, particularly those in receipt of child protection and welfare services, for the purpose of informing service planning and review this finding would appear to be the norm. Nevertheless, there are some positive examples, but these activities are specific to certain areas and largely reliant on the initiative of Tusla professionals.

On a few occasions it is reported that, through the work of the CYPsy coordinators, children and young people are consulted in the development of the Children and Young People's Plan. Examples are also provided of consultations being conducted utilising pre-existing representative forums, including Comhairle na nÓg, or by surveying children and young people. The data provides some further evidence of Tusla professionals conducting research or evaluations with children and young people in their area to ascertain their views on service planning and provision. For example, in one area it is reported that a client feedback survey was in its infancy. This was designed to 'ascertain what worked well or needed to improve from the child's perspective' (HIQA Child Welfare and Inspection, Report 12).

Regarding children in care (both residential and foster care), it is widely reported across all the data that the recently established Tusla/EPIC foster care action groups and the TACTIC initiative actively seek children and young people's views on service planning and provision. For children in residential care, some of the questionnaire respondents mention the role of 'house meetings' in actively seeking children and young people's views. However, it would seem that the purpose of these meetings is to inform service provision within the residential centre, as opposed to at a local, regional or national level. Outside of these structures, a small number of examples are provided of ad hoc structures being established to inform care provision. For example, in 2015 HIQA reported that one special care unit established a consultation group comprising young people with experience of special care. There are also a number of examples provided by the questionnaire respondents and in the HIQA reports of consultations with children and young people in aftercare. HIQA reports that one Integrated Service Area has established a consultation group comprised primarily of children in aftercare and found that there was evidence of this group's feedback being considered in service design (HIQA Foster Care Inspection, Report 23).

Other examples of children and young people in care informing service provision include evidence from the questionnaire respondents of a social work team leader in one area meeting with children and young people after their care plan review, to ask how things could have been done differently and what would have enabled a better meeting. Similarly, a manager of residential centres in one area explained how they occasionally meet with young people from the centres for the purpose of asking them about their experience of care and learning how things could be improved. In another area, a manager reported that children with whom they have developed individual relationships are supported to influence practice by taking part in the induction of new social workers. A questionnaire respondent with knowledge of practice in special care centres reported that exit interviews are conducted with young people leaving special care.

A Tusla manager remarked on the challenge of meaningfully involving children and young people in service planning and review.

Locally we have struggled to find a mechanism for involving children/young people in our service planning, and to do this in a way that is inclusive and not tokenistic (time has been

a factor in this, and scope – nearly 500 children in care in this area and approx. 1900 CPW [child protection and welfare] cases) (Tusla management, questionnaire respondent 162).

For this reason, the manager reported that feedback on the service is accessed through complaints, including from children and young people, and this information is used to inform service planning and review. The HIQA reports regularly comment on the potential for complaints made by children and young people to be analysed to identify emerging patterns and trends. These trends could lead to improvements in service planning and provision informed by the views and concerns of children and young people. However, there was limited evidence of this happening in practice. In the context of child protection, welfare and foster care services, given that complaints processes are not always standardised, and according to HIQA there are many flaws in the system in terms of how complaints are managed and recorded, there were limited examples of individual complaints effecting change on a systematic level. Likewise, while the secondary analysis of the HIQA findings reveal that complaints processes in residential centres are more robust, there remains limited evidence of management in the residential centres analysing complaints to inform service planning and review. However, in addition to the example set out above, there is some evidence in the HIQA findings of other integrated service areas facilitating analysis of complaints and sharing the learning.

The area manager told inspectors that she/he had direct oversight of complaints. She/he analysed the information from complaints about the service and identified the learning from the complaint and its resolution. She/he then identified areas where practice could improve. This information was sent in writing to the acting principal social worker and team leaders for their responses and implementation of the recommendations. For example, one complaint led to the introduction of letters being sent to parents to confirm and clarify issues discussed . . . The issue of complaints was also a standing agenda item at senior management meetings (HIQA Child Protection and Welfare Inspection, Report 11).

In two other areas HIQA found some evidence of complaints being a standing item on the agenda of team meetings for the purpose of generating learning. The role of the HIQA inspection reports and recommendations therein is also mentioned by a small numbers of questionnaire respondents as informing service planning and review.

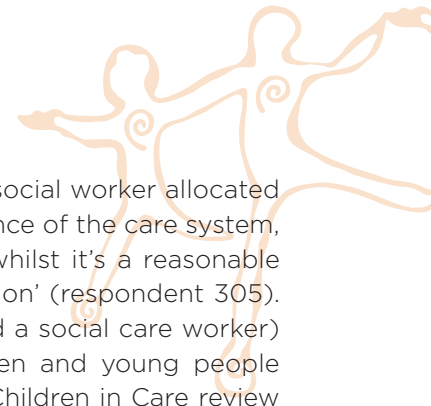
Listening to children and young people and taking their views seriously

There is limited evidence in the data of children and young people's views resulting in tangible change. However, one manager in Tusla observed that there is a gradual shift towards the voice of the child influencing service planning and provision. As explained by this manager, aftercare provision is illustrative of this.

When I first became a social worker, aftercare provision was practically non-existent and there was extremely limited support provided to young people. While it still isn't robust enough, it has developed considerably. I think the voice of young people has been a considerable factor in this (Tusla management, questionnaire respondent 162).

Yet a number of the questionnaire respondents spoke of the challenges in this regard. Having described some consultations conducted with children and young people, a Child and Family Support Network coordinator went on to explain:

Some tangible changes were achievable with the cooperation and support of local service providers. Some innovative changes to services were achieved. However, real change at resource and policy levels is limited. Often managers' hands are powerless, especially regarding resource allocation or policy change. 'Silo'-type thinking at agency levels results in poor planning and works against these processes (Family Support Network coordinator, questionnaire respondent 251).



Similarly, commenting on a request by children and young people to have one social worker allocated to them, which was raised during a consultation with children who have experience of the care system, a social worker noted that ‘staff retention is an issue in the organisation, so whilst it’s a reasonable request, it’s hard to deliver on that when staff turnover is high in Child Protection’ (respondent 305). Nevertheless, two further respondents from the same area (a social worker and a social care worker) noted that following on from this consultation, representatives of the children and young people involved were participating in the design of a new access venue and that the Children in Care review forms are now more child-friendly.

Across the different areas, the involvement of children and young people in the production of child-friendly materials is the most commonly reported tangible outcome of actively seeking the views of children and young people. A number of the questionnaire respondents report that children and young people’s views have influenced the production of materials, including information on child protection conferences, the formulation of feedback forms and child-friendly leaflets on how to make a complaint, and most notably, in some areas, there is a clear shift towards child-friendly and age-appropriate Children in Care review forms. Other ad hoc examples are provided of children and young people influencing service planning and provision in the data. These include new guidelines in one region governing the day-to-day care of children and young people living in care, planning social media access to aftercare information, influencing the delivery of a family support programme in one service, and influencing the development of a service-level agreement with one community-based organisation.

4.5 Challenges when involving children and young people in decision-making

A total of 75 per cent of the respondents (n = 162) working directly with children and young people suggested that they face difficulties when involving a child or young person in decisions concerning their personal welfare, protection or care. The top three difficulties these respondents face are:

- 1) Children and young people don’t always want to participate in decision making (n = 60, 35% of first preferences).
- 2) Children and young people have difficulty communicating their views (n = 31, 19% of second preferences).
- 3) Parents do not agree to a child or young person’s participation in the decisions being taken (n = 20, 14% of third preferences).¹⁷ When these top three difficulties reported by staff were analysed further by job role, no significant differences emerged.

When the questionnaire respondents were asked if they felt Tusla faces challenges when involving children and young people in service planning and review, 87 per cent (n = 221) said yes. When this finding was analysed by job role, it emerged that social workers (n = 85, 78.7%), family support workers (n = 11, 73.3%) and social care workers (n = 30, 69.8%) agreed that Tusla does face challenges. However, only 58.8 per cent (n = 10) of those categorising themselves as management felt the same. The top three challenges reported are:

- 1) Adults (practitioners, managers, parents and carers) believe they know best (n = 60, 25.8% of first preferences).
- 2) Children and young people have been asked their views before and, from experience, don’t believe their views will be taken seriously (n = 45, 20% of second preferences).
- 3) The lack of openings to channel children and young people’s views to senior management, and insufficient time to engage in dialogue with children and young people (n = 31 each, 14.8% of third preferences each).

¹⁷ Of note, research on the Meitheal process found some evidence that practitioners checked with parents about whether their child wanted to be or should be engaged in the process, meaning that they had a significant mediating role in the extent of their child’s participation (Cassidy et al., 2016).

When these top three challenges reported by staff were analysed further by job role, again no significant differences emerged.

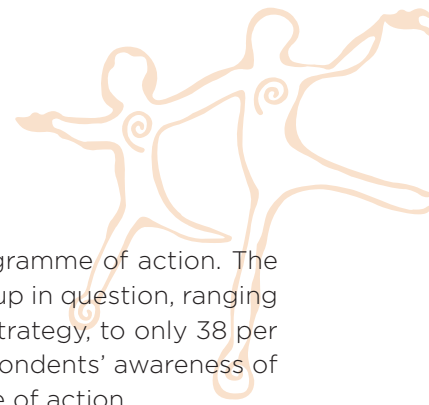
4.6 Skills development needs

The respondents were also asked to identify the top six skills they needed to develop, to help them support the participation of children and young people. Given that each respondent could pick up to six areas, a total of 967 choices were made; 250 identified their first choice, 208 their second and 157 their third, with these first three amounting to 64 per cent of the options chosen. The following were the results, in order of priority:

- First place was skills to engage seldom-heard children and young people (n = 88, 35% of first preferences). When broken down by job type, results showed that 67 per cent (n = 4) of educational welfare officers and 55 per cent of those ticking the 'other' job category saw this as their key skills development need. This compared to 33 per cent each for both social care (n = 14) and family support workers (n = 5) and 32.5 per cent (n = 13) of management. A total of 29 per cent (n = 30) of social workers saw this as their primary skills development need.
- Second place was skills to communicate creatively (n = 55, 27% of second preferences). Analysis by job type found that 75 per cent (n = 3) of educational welfare officers and 50 per cent (n = 1) of psychology and counselling staff saw this as their key skills development need. A total of 39 per cent (n = 11) of those ticking the 'other' job category and 29 per cent (n = 24) of social workers scored this option as their second-greatest need also, while only 16 per cent (n = 6) of social care workers felt the same.
- Third place was an understanding of the meaning of participation (n = 28, 17.8% of third preferences). When examined by job role, it was found that 44 per cent (n = 4) of family support workers, 20 per cent (n = 4) of those ticking the 'other' job category, 19 per cent (n = 12) of social workers and 10 per cent of social care workers regarded this as their third most important skills development need.
- Fourth place was active listening skills (n = 20, 15% of the fourth preferences); analysis of this result by job role revealed that 22 per cent (n = 4) of management, 19 per cent (n = 5) of social care workers, 17 per cent (n = 3) of those ticking 'other' as a job category and 13 per cent (n = 7) of social workers regarded this as their fourth most important skills development need.
- In fifth place was an understanding of children's human rights (n = 17, 14.2% of fifth preferences), while effective communication skills came in sixth place (n = 15, 15.3% of sixth preferences).

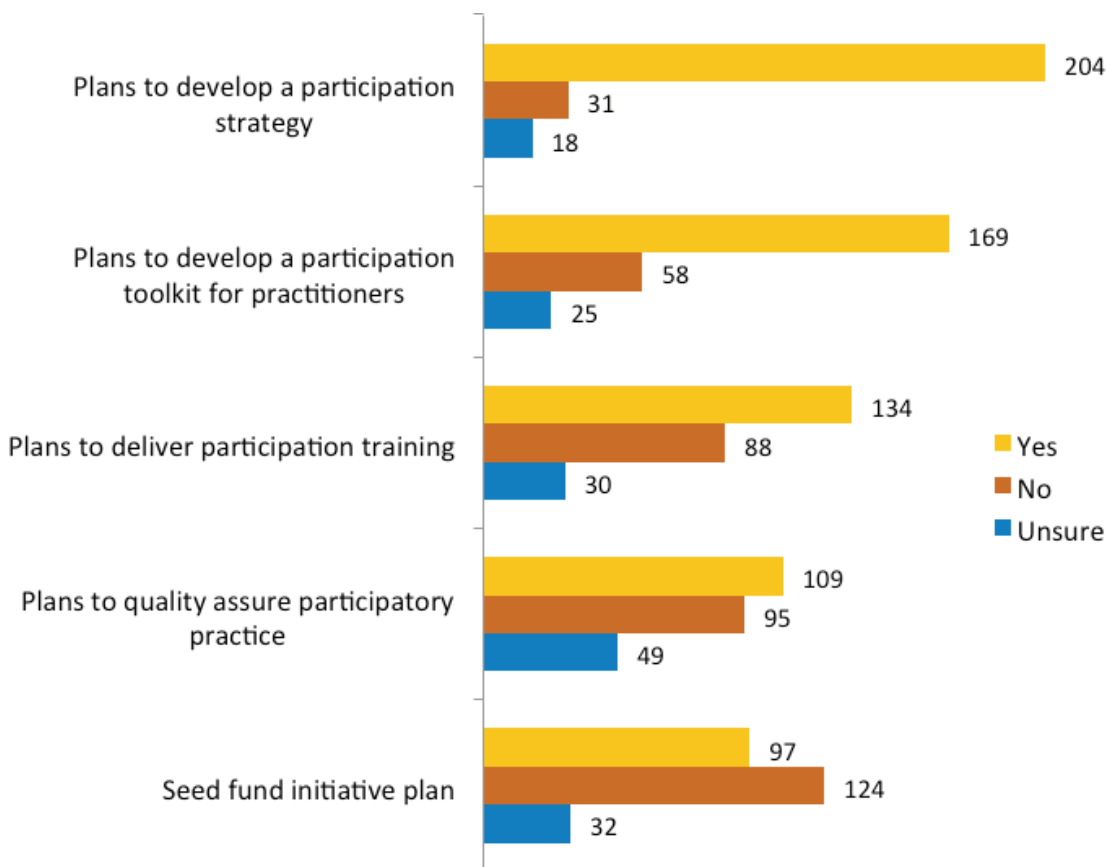
4.7 Awareness of Tusla programme of work to support children's participation

Finally, respondents were asked about their level of awareness regarding Tusla's programme of action to embed participatory practices within the agency. As set out in the introduction, this programme of action includes: the development and dissemination of a Tusla participation strategy; contracting expertise to develop participation training and a participation toolkit for practitioners; contracting the development of a quality assurance framework for participation to ensure the process of participation results in real change; a seed fund initiative; three national conferences on children's participation; and the establishment, in conjunction with EPIC, of foster care action groups for children and young people in foster care to feed into policy development and service provision. Study participants were asked



about their level of awareness of the first five of these components of the programme of action. The results, as shown below, illustrate the variation in levels of knowledge for the group in question, ranging from 81 per cent being aware of the development of the national participation strategy, to only 38 per cent aware of the seed funding initiative. The following graph illustrates the respondents' awareness of Tusla's plans to implement the following components of the planned programme of action.

Figure 3: Awareness of Tusla's plans to implement the following components of the planned programme of action.



5. Concluding Discussion

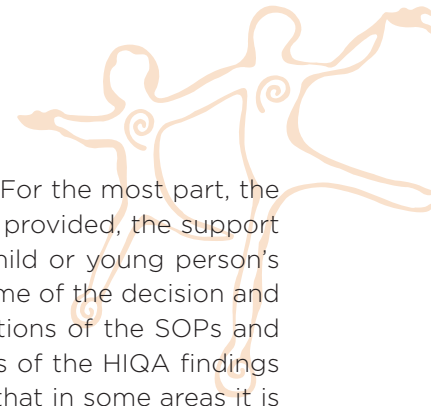
This study set out to assess to what extent the participation of children and young people was embedded in Tusla's culture and operations, prior to the implementation of the PPFS programme of action to mainstream children's participation. To assess this, all data for this baseline assessment was collected prior to 31 January 2016. The baseline assessment comprised two parts. First, by means of documentary analysis, it established the structures and procedures in place that provide a supportive framework for children's participation in Tusla at the time of data collection. This aspect of the study was guided by the structural and procedural indicators developed by the Council of Europe, as part of their Child Participation Assessment Tool. These indicators are aligned to the building blocks that government needs to have in place to implement the child's right to participate (Council of Europe, 2016).

Second, the baseline assessment captures practice within Tusla prior to the implementation of the PPFS programme. It achieved this objective by means of secondary analysis of HIQA findings on Tusla's compliance with national participation standards and the distribution of a questionnaire to all Tusla staff. In keeping with Tusla's approach to participation, which is underpinned by the Lundy model, the baseline assessment captures practice corresponding to the core elements of the Lundy model. These are: providing information to children and young people; actively seeking their views; supporting children and young people to express their views in a safe and inclusive space; listening to the views of children and young people; taking their views seriously; and providing feedback on the outcome of decision-making. The assessment sought to capture practice in relation to children and young people's participation in decisions of a personal nature, concerning the welfare, protection or care of an individual child or young person and practice in relation to children and young people's collective participation in service planning and review.

5.1 The Structural and Procedural Context for Participation

This baseline assessment found that, at a procedural and structural level, not all the building blocks were in place prior to the implementation of PPFS for Tusla to embed a child's right to participate. At the structural level, a child's right to participate was well established in Ireland's Constitution and in Tusla's founding legislation. While there was no Tusla strategy explicitly focused on children and young people's participation rights at the time of data collection, there was a firm commitment at the national policy level to involve children and young people in decisions on issues that affect their lives. However, in terms of training programmes for professionals, there was no competency-based training on children and young people's participation delivered nationally through Tusla's Workforce Learning and Development. The baseline assessment also found that, prior to the implementation of PPFS, there were few designated structures bringing children and young people together to participate at a governance level in service planning and review. The structures that were in existence were primarily focused on children and young people in care.

At the procedural level, a review of Tusla's standard operating procedures, accompanying forms and detailed guidance for completing the forms, published in the 2009 Report of the NCCIS Business Process Standardisation Project, established that there are mechanisms in place to support children and young people to exercise their right to participate safely in administrative proceedings. However, while provision is widely made in Tusla's SOPs for a child or young person's views to be sought, it was found that their involvement in decision-making is often encouraged rather than required. There is also scope



for improvement in ensuring compliance with all elements of the Lundy model. For the most part, the SOPs and accompanying forms do not require staff to account for information provided, the support they provided to children and young people to express a view, whether the child or young person's view was taken into account, and whether feedback was provided on the outcome of the decision and the reasons for the decision taken. However, there are regional and local variations of the SOPs and accompanying forms, some of which came to light from the secondary analysis of the HIQA findings and the findings from the questionnaire distributed. For example, it was found that in some areas it is now common practice for child-friendly Child in Care review forms to be used to support children and young people to express their views in Child in Care reviews. Furthermore, guidance on the operation of Meitheal (the new national practice model to ensure that the needs and strengths of children and their families are effectively identified, understood and responded to) and the Meitheal forms places the child at the centre of decision-making and seeks to ensure compliance with all elements of the Lundy model.

In terms of child-friendly complaints procedures and feedback mechanisms, at the time of data collection Tusla received feedback and complaints through the HSE's 'Your Service, Your Say' mechanism. There was no child-friendly version of 'Your Service, Your Say' published at this time. In relation to the provision of information to children and young people on their participation rights, the study found that in 2015, a child-friendly information leaflet on Tusla's approach to the participation of children and young people was published and disseminated nationally. Other examples of information sharing emerged from the secondary analysis of the HIQA reports and the questionnaire findings. These data sources revealed that it is standard practice for children and young people in residential care to receive information on their rights, including their participation rights. However, regarding children and young people living in foster care and those in receipt of child protection and welfare services, the HIQA reports reveal that nationally practices in relation to the provision of information are inconsistent. Ad hoc examples emerge from the findings of varied practices in relation to the provision of information on a child's right to participate.

5.2 Participation in Practice

Children and young people's participation in decisions on their personal welfare, protection and care

At the practice level, this baseline assessment found that there is much good practice by professionals working across the spectrum of Tusla's services. The vast majority of the questionnaire respondents (83%) perceived that they presently support children and young people to participate in decisions taken regarding their personal welfare, protection or care. The qualitative data, drawn from the open-ended questions in the questionnaire and the HIQA findings, which were in part informed by the views of children and young people, provide further evidence of practice in compliance with the different elements of the Lundy model of participation. While actively seeking the views of children and young people emerged as standard practice for the most part, the qualitative data established that practice across all other elements of the Lundy model was not mainstreamed to be the norm in all cases and across all age groups. The study found that there was less of an emphasis on the latter elements of the Lundy model of participation.

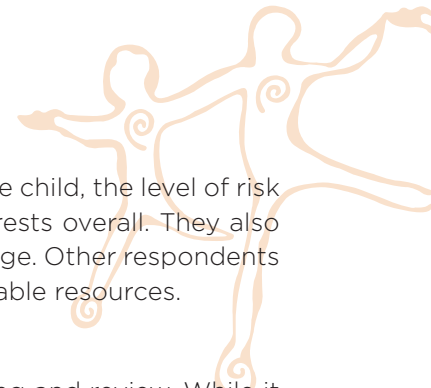
There was evidence of children and young people being supported in a variety of ways to express their views in a safe and inclusive space, and of Tusla staff being responsive to the diverse needs of children and young people. However, whether measures are taken to support a child or young person to express a view and what these measures are is largely at the discretion of the individual professional. Some common approaches adopted by Tusla professionals included the following. Staff spoke about creating a safe space for the child or young person to comfortably communicate their views. This was achieved

by meeting the child or young person in private, building a relationship of trust, creating a child-friendly, less intimidating environment, and preparing the child or young person in advance. Communicating with the child in an age-appropriate manner by using age-appropriate language and a range of resources, including child-friendly forms, was also commonly mentioned as a means of supporting a child or young person to formulate and communicate their views. Actively advocating for the child or young person or facilitating access to independent advocacy services was another means of supporting children and young people to participate. However, support for children and young people with disabilities and with communication difficulties (including very young children) was found to be ad hoc. While there was evidence in the data of individual social workers supporting children and young people with communication difficulties to express their views, overall services and support for staff appeared weak in this regard. Indeed, the questionnaire respondents rated skills to engage seldom-heard children and young people and skills to communicate creatively as their top two skills development needs.

The HIQA reports also reveal that there were inconsistencies in practice on supporting children and young people to have access to a complaints mechanism. There was a notable difference between the experiences of children and young people living in residential care and those in foster care and in receipt of child welfare and protection services. In relation to children and young people in foster care and in receipt of child welfare and protection services, there was a lack of clarity surrounding the complaints process and, for the most part, there was no uniform recording or analysis of complaints. The majority of children and young people that the HIQA inspectors spoke with reported that they did not know how to raise a concern or make a complaint. In contrast, following inspections of residential centres, HIQA broadly reports that the children and young people who spoke with the inspectors on this issue were aware of how to make a complaint and were satisfied with the process.

As referred to in section 5.1 above, the data from the HIQA reports and the questionnaire revealed that in practice a distinct difference also emerges in relation to providing children and young people with the information they require to form a view between on the one hand children and young people in residential care, and on the other hand children and young people in foster care and in receipt of child welfare and protection services. While providing children and young people with information on their participation rights is one form of information they require, the HIQA findings also reveal that children and young people require information on services, including information on Tusla processes and procedures. Children and young people in foster care and in receipt of child protection and welfare services were not systematically receiving the required information to support their participation. There was no organisational approach to the provision of information and no requirement for staff to record whether information has been provided to children and young people in receipt of these services. In contrast, the HIQA reports reveal that it is standard practice for children and young people in residential care to receive information on their rights and on Tusla services. It is common practice for children and young people to receive a child-friendly information booklet or leaflet at their point of admission into residential care, and staff were asked to account whether they had provided information to the child in the admission-to-care form.

The vast majority of Tusla professionals who work directly with children and young people reported that they presently listen to and take children's views seriously. However, one fifth of the respondents who provided an example of actively seeking the views of children and young people stated that they were 'unsure' if these views influenced the decisions taken regarding the child or young person's personal welfare protection or care. The qualitative data in the HIQA reports and the open-ended questions in the questionnaire revealed that, while there is an eagerness to take children and young people's views seriously, practice in relation to listening to these views and taking them seriously is mixed. Many of the respondents to the questionnaire acknowledged that children's views need to be weighed up



against other factors. These reported factors include the safety and welfare of the child, the level of risk involved, and what is considered to be in the child or young person's best interests overall. They also include the views of other family members and the willingness of parents to engage. Other respondents indicated that it is dependent on the age and capacity of the child and the available resources.

Children and young people's participation in service planning and review

We turn now to the involvement of children and young people in service planning and review. While it is a requirement in Tulsa's founding legislation that in planning and reviewing the provision of services, the views of children and young people will be ascertained and given due weight, as referred to in section 5.1, this baseline assessment found that there were few designated structures in Tulsa, prior to the implementation of PPFs, to bring children and young people together to participate in service planning and review. While there were efforts at the organisational level to enable children and young people to have their voice heard, in particular through the Tulsa/EPIC foster care action groups, the TACTIC initiative and the work of some of the CYPsY coordinators, overall the examples emerging in the data were ad hoc and largely reliant on the initiative of individual professionals. In practice there were limited examples of consultations with children and young people resulting in tangible change. This is reflected in the study finding that only 22 per cent of the questionnaire respondents perceived that Tulsa provides opportunities for children and young people's participation in service planning and service review. HIQA suggests that beyond establishing new structures and initiating consultations with children and young people, there is the potential for individual complaints made by young service users to be analysed to identify emerging patterns and trends to feed into service planning and review. However, at present there were limited examples of this happening in practice.

5.3 Concluding Remarks

This baseline assessment found that not all the structural and procedural building blocks required to progress children and young people's participation rights were in place at the time of data collection. From the practice perspective, there was much good practice to support children and young people's participation in decisions concerning their personal welfare, protection and care, and pockets of good practice in supporting children's participation in service planning and review. Nevertheless, this assessment found that participatory practice – at both the individual and collective level and across all elements of the Lundy model – was not mainstreamed or embedded in Tulsa's culture and operations. There is scope for improvement in providing a safe and inclusive space for all children and young people to express their views, mainstreaming the provision of information that children and young people need to form a view, and ensuring that all children and young people's views are taken into account and that they are provided with feedback explaining the reasons for decisions taken. Each of these is critical to realising a child's right to participate at individual and collective level, and necessary to comply with the Lundy model of participation.

To progress the medium-term outcome of the PPFs programme, that the participation of children is embedded in Tulsa's culture and operations, Tulsa is currently implementing a comprehensive programme of action to embed children and young people's participation within the agency. As set out in the introductory section of this report, the implementation of this programme of action, which is currently well under way, includes the following: developing and disseminating a Tulsa participation strategy and National Children's Charter; contracting expertise to develop child and youth participation training and a participation toolkit for practitioners; contracting the development of a quality assurance framework for participation; a seed fund initiative; three national conferences on child and youth

participation; establishing foster care action groups in conjunction with Empowering Children in Care (EPIC) in each integrated service area, to support children and young people in foster care to feed into policy development and service provision; and developing a child-friendly complaints service. It is intended that this baseline assessment will be followed by a follow-up study to track progress on embedding a culture of participation during the timeframe of the PPFS programme.

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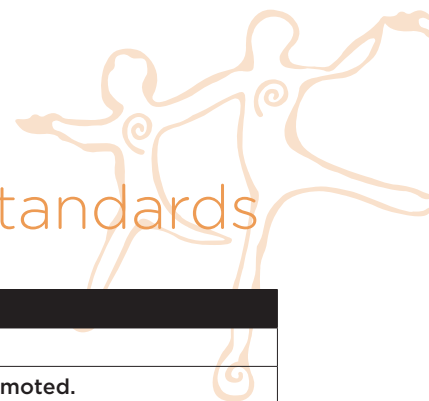
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Appendix 1: Lundy Model of Participation Checklist for Practitioners



Source: Department of Children and Youth Affairs (2015) *National Strategy on Children and People's Participation in Decision-Making 2015-2020*. Dublin: Government Publications.

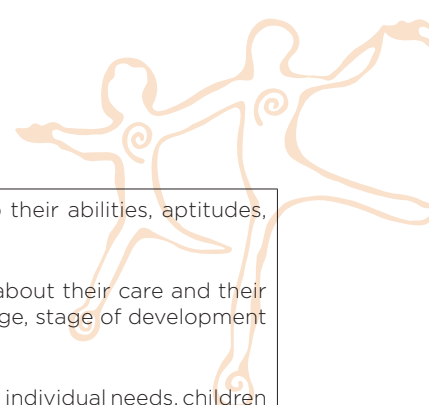
Appendix 2: National Children's Standards



National Standards for the Protection and Welfare of Children	
Theme 1: Child-Centred Services	
<p>Standard 1:1</p>	<p>Children's rights and diversity are respected and promoted.</p> <p>Features to meet the requirements of this Standard include:</p> <p>1.1.1 All rights of children under the United Nations Convention on the Rights of the Child are upheld, respected, valued and promoted.</p> <p>1.1.2 Children are supported in understanding their rights to ensure that they can effectively exercise them.</p> <p>1.1.3 Children are made aware of their right to be protected from abuse and neglect and kept safe and are taught how to keep safe.</p> <p>1.1.4 Children are treated with dignity and respect, their equality is promoted and services respect their age, gender, sexual orientation, disability, race, religious beliefs, geographical location, membership of an ethnic group or Traveller community.</p> <p>1.1.5 The privacy and confidentiality of children are respected and promoted, where appropriate.</p>
<p>Standard 1:2</p>	<p>Children are listened to and their concerns and complaints are responded to openly and effectively.</p> <p>Features to meet the requirements of this Standard include:</p> <p>1.2.1 Children are listened to and their views are understood and taken seriously when decisions are made that directly affect their lives.</p> <p>1.2.2 The service is cognisant of the difficulties some children may have in communicating a concern and has measures in place to address communication difficulties and facilitate children in reporting concerns and complaints.</p> <p>1.2.3 Children are facilitated to communicate a concern and report child abuse and/or neglect and are listened to when they share these concerns.</p> <p>1.2.4 Children are consulted with on a regular basis for feedback to identify areas for service improvement.</p> <p>1.2.5 Children are kept fully informed of developments during their involvement with the service, where appropriate.</p> <p>1.2.6 Children are provided with access to external sources of advocacy and independent representation, if required.</p> <p>1.2.7 There is a complaints procedure that is transparent, open and accessible. The service ensures an appropriate and timely response to all complaints and addresses the issues raised.</p>

<p>Standard 1:3</p>	<p>Children are communicated with effectively and are provided with information in an accessible format.</p> <p>Features to meet the requirements of this Standard include:</p> <p>1.3.1 Children and families are communicated with effectively in a clear, honest and sensitive manner about the service provided and the implications of decisions made.</p> <p>1.3.2 The service communicates effectively with other professionals and agencies to avoid repetition or confusion in information provided to/by children and families.</p> <p>1.3.3 The service communicates with children and families at regular intervals during their involvement with the service.</p> <p>1.3.4 Information on child abuse and neglect is provided to children in an age-appropriate, accessible format, which takes account of their communication and literacy needs.</p> <p>1.3.5 The service engages in regular campaigns to raise awareness about child abuse and neglect, how to report concerns of abuse and neglect and how these reports will be dealt with.</p> <p>1.3.6 Information is disseminated to the public on child protection and welfare services and how to report a concern and access services.</p>
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<p align="center">National Standards for Foster Care</p>	
<p>3. Children's Rights</p> <p>Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.</p>	
<p>Dignity</p>	<p>3.1 Children are provided with personal care appropriate to their age, stage of development, gender, culture, ethnicity, religion, and individual needs.</p> <p>3.2 Children are enabled to be independent, consistent with their age, stage of development and individual needs.</p>
<p>Privacy</p>	<p>3.3 Children are facilitated to have undisturbed contact with family and friends, unless there are clear reasons not to do so.</p> <p>3.4 Children's correspondence and personal effects are respected.</p> <p>3.5 Children have age-appropriate opportunities to be alone.</p>



<p>Choice</p>	<p>3.6 Children are encouraged and enabled to develop their abilities, aptitudes, skills and interests.</p> <p>3.7 Children are consulted and heard in all decisions about their care and their views are given due weight in accordance with their age, stage of development and individual needs.</p> <p>3.8 Consistent with their age, stage of development and individual needs, children have access to information about services available to them and information held on their case files in order to form opinions and exercise choice. They are facilitated to correct any inaccuracies in the information held on their files and given appropriate support when accessing sensitive information.</p> <p>3.9 Children are encouraged to exercise choice across a range of daily activities such as buying clothes, saving and spending money, and hobbies.</p> <p>3.10 Children are told about the complaints procedure, given a written copy of it in an age-appropriate format and assisted, where necessary, to make a complaint about their care. Their complaints are taken seriously and, in the first instance, dealt with locally and promptly.</p>
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4. Valuing Diversity

Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.

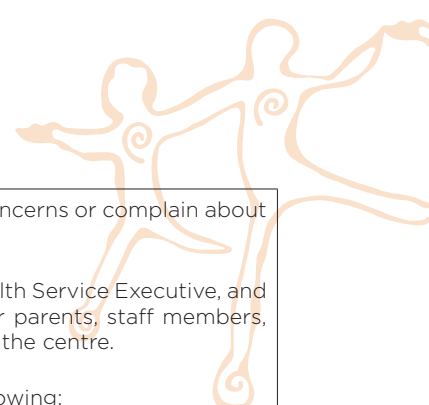
	<p>4.1 Children are encouraged to understand and appreciate their cultural, ethnic and religious heritage.</p> <p>4.2 Children and young people are encouraged and facilitated to observe the religious practices of their families (Child Care (Placement of Children in Foster Care) Regulations 1995, Part III, Article 8; and Child Care (Placement of Children with Relatives) Regulations 1995, Part III, Article 8) and to give appropriate expression to their cultural, ethnic and sexual identity.</p> <p>4.3 Wherever possible, children are placed with carers from their own cultural, ethnic and religious group.</p> <p>4.4 Where children are placed outside their cultural, ethnic or religious group, foster carers are supported to enable the children to develop a positive understanding of their origins and background.</p> <p>4.5 Children are encouraged and facilitated to understand and manage their disability and/or illness in accordance with their age, stage of development, individual needs and wishes.</p> <p>4.6 Children are supported and encouraged to develop skills to deal with all forms of discrimination.</p> <p>4.7 Children with disabilities receive appropriate services and support to help them to maximise their potential, including equipment and, where necessary, the adaptation of the carer's home and/or vehicle.</p> <p>4.8 The right of children to participate in all decisions in relation to their care is facilitated through access to advocacy and support services.</p>
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25. Representation and Complaints

Health boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.

	<p>25.1 Health boards have procedures and guidelines for dealing with complaints and representations, and copies of these procedures are given to children in an age-appropriate format, their parents and foster carers.</p> <p>25.2 Health boards ensure that all parties involved in the foster care service are aware of their right to make a complaint.</p> <p>25.3 Complaints procedures clearly outline the following:</p> <ul style="list-style-type: none"> • what constitutes a complaint; • how a child can be helped to make a complaint; • the procedure to be followed (steps to be taken, timescale, who investigates the complaint, where and how it is recorded, feedback to the complainant); • how the complainant who is unhappy with the outcome can appeal a decision. <p>25.4 Health boards have a responsibility to:</p> <ul style="list-style-type: none"> • facilitate children, their families, carers and others with a bona fide interest in their welfare to make representations and complaints; • inform them of their right to avail of the services of an advocate or other independent service; • ensure they are aware of any independent services which exist and know how to access them; • ensure complainants and other interested parties are heard on the matter of the complaint. • notify the complainant and other interested parties in writing of the outcome of their complaint and of the actions taken in response to it. <p>25.5 Health boards' complaints procedures take account of the particular needs of people with disabilities. Health boards arrange access to translation, interpretation and communication services for those who require these services.</p>
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National Standards for Residential Care	
4. Children's Rights	
The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.	
Consultation	<p>Young people's views are sought when decisions are being made that affect their daily life and their future. Child Care (Placement of Children in Residential Care) Regulations 1995, Part III, Article 4.</p> <p>4.1 Supervising social workers, managers and staff members consult with young people and their families about decisions that affect their lives and future.</p> <p>4.2 The opinions and views of young people are sought and valued. They help inform policies and practice and the daily running of the centre.</p>

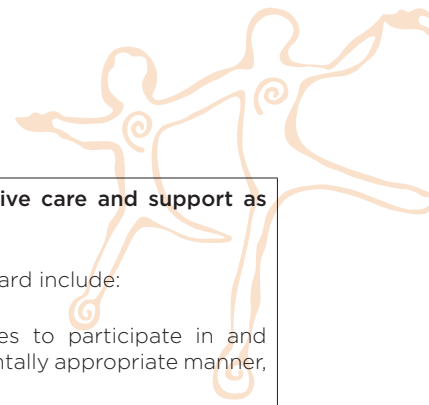


Complaints	<p>Young people in residential care are able to express concerns or complain about their care.</p> <p>4.3 There is a complaints procedure agreed by the Health Service Executive, and written information about it is given to children, their parents, staff members, social workers and others with a legitimate interest in the centre.</p> <p>4.4 The complaints procedure clearly outlines the following:</p> <ul style="list-style-type: none">• what constitutes a complaint;• how a young person can be helped to make a complaint;• who they can complain to, in and outside the centre;• the procedure to be followed (steps to be taken, time scale, who investigates the complaint, where and how it is recorded, feedback to the complainant);• how a person making a complaint can appeal a decision if they are unhappy with the outcome. <p>4.5 Staff understand the purpose of a complaints procedure and treat complaints professionally. They routinely record how an individual's concerns are resolved.</p> <p>4.6 Young people and parents are able to make a complaint and understand how it will be dealt with.</p> <p>4.7 All serious complaints are promptly notified to the appropriate person in the Health Service Executive.</p> <p>4.8 Complaints made by young people and parents are recorded and taken seriously, and clear conclusions are reached.</p> <p>4.9 There are systems in place to monitor the incidence and outcomes of all complaints.</p>
Access to information	<p>The centre has written policy on young people's access to information. Young people are given access to information about themselves and services available in accordance with their age and level of experience.</p> <p>4.10 Young people have access to information about their rights under the United Nations Convention on the Rights of the Child, 1989 and the Freedom of Information Act, 1997.</p> <p>4.11 Young people are given information verbally and in writing of their right to access their records and information recorded about them, and are guided in how to exercise this right.</p> <p>4.12 Young people and their families receive written information about their placement.</p>

National Standards for Special Care Units

Theme 1: Child-Centred Services

<p>Standard 1:1</p>	<p>The rights and diversity of each child are respected and promoted.</p> <p>Some features to meet the requirements of this standard include:</p> <p>1.1.1 The rights of children, as prescribed in the United Nations Convention on the Rights of the Child and in Irish law, are promoted and protected. Deprivation of liberty due to detention in special care does not infringe on children's other civil and legal rights.</p> <p>1.1.2 Children are informed of their rights and supported in exercising and understanding their rights in a manner that is appropriate to their age and stage of development.</p> <p>1.1.3 Children are treated with dignity and respect, their equality is promoted and their age, gender, family status, civil status, sexual orientation, disability, race, religious beliefs and membership of an ethnic group or Traveller community are respected.</p> <p>1.1.4 Social, religious and cultural beliefs and values are respected and valued in the everyday activities of the special care unit.</p> <p>1.1.5 Children's dietary requirements and cultural and religious beliefs are taken into account in relation to mealtimes and food provided.</p> <p>1.1.6 The views of children are listened to with care and respect and are taken into account in all decisions.</p> <p>1.1.7 Children are facilitated in accessing a social worker, legal representation and advocacy services.</p>
<p>Standard 1:2</p>	<p>The privacy and dignity of each child are respected.</p> <p>Some features to meet the requirements of this standard include:</p> <p>1.2.1 The privacy and dignity of each child are respected, consistent with the provision of safety and security.</p> <p>1.2.2 Room and personal searches adhere to the centre's policy which respects the privacy and dignity of each child and provide a clear rationale for the circumstances in which searches are carried out. Where possible, children are present when their rooms are searched and are informed why their room is being searched.</p> <p>1.2.3 Personal possessions belonging to children are respected, consistent with the provision of safety and security.</p> <p>1.2.4 Policies and procedures in relation to personal communication are child-centred, respect the privacy and dignity of children and give a clear rationale for the circumstances in which privacy may be infringed upon, the reasons for this infringement and the risks involved.</p>



Standard 1:3	<p>Each child exercises choice and experiences effective care and support as part of a programme of special care.</p> <p>Some features to meet the requirements of this standard include:</p> <p>1.3.1 Children exercise choice and have opportunities to participate in and contribute to their daily lives in an age and developmentally appropriate manner, consistent with the provision of safety and security.</p> <p>1.3.2 Children have varied daily routines and have opportunities for new experiences, to discover and develop their talents and to acquire the skills needed for adulthood, consistent with the provision of safety and security.</p> <p>1.3.3 Staff listen to children and give due consideration to their preferences. The particular challenges experienced by children in special care are understood by staff, and arrangements are made to facilitate their autonomy, consistent with the provision of safety and security.</p> <p>1.3.4 Special occasions and personal achievements are marked and celebrated.</p> <p>1.3.5 Children have opportunities for supervised play, recreation and leisure, consistent with the provision of safety and security.</p> <p>1.3.6 Children are provided with opportunities to develop social and life skills. Hobbies and interests are encouraged and facilitated, consistent with the provision of safety and security.</p>
Standard 1.4	<p>Each child has access to information, provided in an accessible format that takes account of their communication needs.</p> <p>Some features to meet the requirements of this standard include:</p> <p>1.4.1 All information is in a format and medium that are appropriate to the information and communication needs of each child.</p> <p>1.4.2 Assistance and support are provided to children to access information and to communicate with others through a variety of media, consistent with the provision of safety and security.</p> <p>1.4.3 Children are provided with an accessible copy of these Standards, appropriate to their age and stage of development, and staff in the special care unit spend time explaining the Standards to each child.</p> <p>1.4.4 Children and their families are kept informed of and consulted about relevant developments in the special care unit.</p> <p>1.4.5 The special care unit has a policy regarding access to information, and consent is obtained from the child's family or social worker prior to sharing any sensitive information with children.</p> <p>1.4.6 Personal information is shared in the best interests of the child and in line with legislative requirements.</p>

<p>Standard 1.5</p>	<p>Each child participates in decision-making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.</p> <p>Some features to meet the requirements of this standard include:</p> <p>1.5.1 Children are listened to with care and respect and their views are considered in all decisions. Reasons for any decisions taken are explained to the child, in accordance with their age and stage of development.</p> <p>1.5.2 Children are consulted with and participate in decision-making, in conjunction with their social workers and social care workers.</p> <p>1.5.3 Children have access to independent advocacy services.</p> <p>1.5.4 The guardian ad litem, where appointed by the courts, advocates for all decisions to be taken in the best interests of the child, consults with the child and respects their privacy and dignity with the aim of protecting their rights, safety, health and welfare.</p> <p>1.5.5 Informed consent is obtained from the child's family or social worker prior to any treatment or intervention, participation in research projects and the provision of personalised information to a third party. The procedure for obtaining consent is consistent with legislation, the policy of the registered provider and any guidance issued by professional and regulatory bodies.</p> <p>1.5.6 Where a child is legally capable of consenting to surgical, medical or dental treatment without parental and or guardian involvement or consent, the child is encouraged to communicate with and involve their family and/or social worker.</p>
<p>Standard 1.6</p>	<p>Each child develops and maintains positive attachments and links with family, the community and other significant people.</p> <p>Some features to meet the requirements of this standard include:</p> <p>1.6.1 The positive attachments children make before admission are promoted and maintained by the special care unit, consistent with the provision of safety and security.</p> <p>1.6.2 Families and friends are welcomed and are involved in the child's life, unless there are clearly documented reasons why this cannot happen or there is a direction from the High Court or the Child and Family Agency, subject to regular review.</p> <p>1.6.3 Children are facilitated and encouraged to engage in social activities and leisure interests in the local community, consistent with the provision of safety and security.</p>



Standard 1.7	<p>1.7.1 Information on the complaints procedure is displayed publicly and explained to children in a format that is suitable to their age and communication needs.</p> <p>1.7.2 Children, their families and others are encouraged and supported to express any concerns and are reassured that there are no adverse consequences for raising an issue of concern, whether informally or through the formal complaints procedure.</p> <p>1.7.3 Children have access to an advocate when making a complaint or concern.</p> <p>1.7.4 There is a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints by children and their families. These are seen as a valuable source of information and are reviewed and used to make improvements to the service provided.</p> <p>1.7.5 Concerns and complaints are recorded and managed immediately at local level, without recourse to the formal complaints procedure. Complaints not resolved informally are dealt with under the formal complaints process.</p> <p>1.7.6 There is a procedure for making formal complaints which is consistent with relevant legislation and regulations, service provider protocols and takes account of best practice guidelines. Children and their families are given information about how to make complaints externally, when they are not resolved within the special care unit.</p> <p>1.7.7 Children and their families are informed of the outcome of the complaint review and any actions taken in a timely manner.</p>
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Appendix 3: HIQA Reports Included in Study

HIQA Child Welfare and Protection Reports

Report Number	Tusla Area	Date of Inspection	Announced or Unannounced	# of Children Met	Standard 1.1 Compliance Level	Standard 1.2 Compliance Level	Standard 1.3 Compliance Level
1.	Dublin North City	25/02/2014-06/03/2014	Announced	7	Minor Non-Compliance	Minor Non-Compliance	Moderate Non-Compliance
2.	Waterford	15/04/2013-02/05/2013	Announced	19	This standard was met	Standard was met	Standard was met
3.	Mayo	23/09/14-02/10/14	Announced	5	Requires Improvement	Requires Improvement	Requires Improvement
4.	Louth/ Meath	19/01/2015-29/01/2015	Announced	9	Requires Improvement	Requires Improvement	Requires Improvement
5.	Kerry	28/01/2014-12/02/2014	Announced	8	Compliant	Moderate Non-Compliance	Moderate Non-Compliance
6.	Roscommon/ Galway	25/11/2013-03/12/2013	Announced	14	Compliant	Moderate Non-Compliance	Moderate Non-Compliance
7.	Kildare, West Wicklow	14/04/2013-29/04/2013	Announced	10	Standard was met	Standard was met	Standard was met
8.	Dublin South City	04/03/2013-15/03/2013	Announced	9	Standard was met	Standard was met	Standard was met
9.	Donegal	13/05/2014-22/05/2014	Announced	8	Compliant	Minor Non-Compliance	Minor Non-Compliance
10.	Cork	7/10/2014-22/10/2014	Announced	8	Requires Improvement	Requires Improvement	Requires Improvement
11.	Cavan/ Monaghan	18/02/2013-01/03/2013	Announced	11	Standard was met	Standard was met	Standard was met
12.	Dublin North	17/02/2015-26/02/2015	Announced	9	Requires Improvement	Requires Improvement	Requires Improvement
13.	Galway	25/11/2013-06/12/2013	Announced	Unknown	Compliant	Minor Non-Compliance	Minor Non-Compliance



HIQA Foster Care Inspection Reports

Report Number	Tusla Area	Date of Inspection	Announced or Unannounced	# of Children Met	Standard 3 Compliance Level	Standard 4 Compliance Level	Standard 25 Compliance Level
14.	Laois, Offaly	14/01/2015 – 22/01/2015	Announced	15	Standard was met in part	Standard was met in part	Standard was met in part
15.	Longford, Westmeath	15/05/2013– 29/05/2013	Announced	12	Standard was met in part	Standard was met in part	Standard was met in part
16.	Mid-West	11/02/2014– 20/02/2014	Announced	9	Moderate non-compliance	Compliant	Compliant
17.	Mayo	02/04/2013– 12/04/2013	Announced	12	Standard was met in part	Standard was met in part	Standard was met in part
18.	Galway/ Roscommon	16/06/2015– 25/06/2015	Announced	20	Requires improvement	Meets Standard	Requires improvement
19.	Dublin South-West/ Kildare West Wicklow	25/06/2014– 03/07/2014	Announced	10	Requires improvement	Requires improvement	Requires improvement
20.	Dublin South Central	28/01/2014– 06/02/2014	Unannounced	12	Moderate non-compliance	Compliant	Moderate non-compliance
21.	Dublin North	09/07/2013– 25/07/2013	Announced	9	Standard was met in part	Standard was met in part	Standard was met in part
22.	Cork	12/06/2013– 20/06/2013 and 29/07/2013– 09/08/2013	Announced	46	Standard was met in part	Standard was met in part	Standard was met in part
23.	Cavan Monaghan	30/06/2015– 02/07/2015 and 06/07/2015– 08/07/2015	Announced	17	Requires Improvement	Requires Improvement	Requires Improvement
24.	Carlow/ Kilkenny/ South Tipperary	20/05/2014– 22/05/2014 and 28/05/2014– 30/05/2014	Announced	15	Compliant	Non-compliant minor	Non-compliant minor

HIQA Residential Care Inspection Reports

Report Number	Tusla Area	Date of Inspection	Announced or Unannounced	# of Children Met	Standard 4 Compliance Level
25.	West	27/04/2015	Unannounced (Themed)	4	Requires Improvement
26.	Waterford/ Wexford	04/09/2014– 05/09/2014	Unannounced	0	Meets Standards
27.	Waterford/ Wexford	16/06/2015	Unannounced (Themed)	4	Meets Standards
28.	Waterford/ Wexford	12/06/2014	Announced	3	Exceeds Standard
29.	South	19/06/2014	Announced	0	Meets Standards

30.	South	20/07/2015-21/07/2015	Announced (Themed)	4	Requires Improvement
31.	South	30/07/2014-31/07/2014	Unannounced	1	Requires Improvement
32.	South	10/07/2014-11/07/2014	Unannounced	3	Meets Standards
33.	South	12/02/2014-13/02/2014	Unannounced	3	Compliant
34.	Dublin North-East	23/07/2015-24/07/2015	Unannounced	3	Meets Standards
35.	Dublin North-East	11/06/2015	Unannounced (Themed)	2	Requires Improvement
36.	Dublin North-East	25/06/2014	Announced	3	Meets Standards
37.	Dublin North-East	25/08/2015-26/08/2015	Unannounced	2	Requires Improvement
38.	Dublin North-East	06/08/2015-11/08/2015	Unannounced (Themed)	2	Requires Improvement
39.	Mid-West	23/06/2015	Unannounced (Themed)	2	Requires Improvement
40.	Mid-West	05/06/2014	Unannounced	1	Requires Improvement
41.	Mid-West	04/06/2014	Announced	2	Meets Standards
42.	Dublin South-West/ Kildare West Wicklow	13/06/2014	Announced	2	Meets Standards
43.	Dublin North City	11/06/2014	Announced	4	Meets Standards
44.	Dublin Mid-Leinster	09/07/2015	Unannounced (Themed)	4	Requires Improvement
45.	Dublin Mid-Leinster	07/08/2015	Unannounced (Themed)	1	Requires Improvement
46.	Cork	11/06/2015	Announced	2	Requires Improvement
47.	Cork	17/06/2014	Unannounced	2	Requires Improvement
48.	Cork	02/07/2014-03/07/2014	Unannounced	2	Meets Standards
49.	Cork	15/01/2015	Unannounced	2	Meets Standards



HIQA Special Care Centres Inspection Reports

Re- port Num- ber	Special Care Cen- tre	Date of In- spection	Announced or Unan- nounced	# of Chil- dren Met	Compliance Level with Standard:						
					1.1	1.2	1.3	1.4	1.5	1.6	1.7
50.	Ballydowd	21/10/2015- 22/10/2015	Announced	7	Meets stand- ard	Re- quires im- provement	Meets stand- ard	Meets stand- ard	Meets stand- ard	Meets stand- ard	Meets stand- ard
51.	Ballydowd	10/07/2015- 15/07/2015	Unan- nounced and Themed	7	Re- quires im- provement	Not includ- ed	Not includ- ed	Not includ- ed	Not includ- ed	Not includ- ed	Not includ- ed
52.	Coovagh House	08/09/2015- 09/09/2015	Announced	3	Meets Stand- ards	Re- quires im- provement	Meets stand- ard	Meets stand- ard	Ex- ceeds stand- ard	Meets stand- ard	Meets stand- ard
53.	Gleann Aliann	23/09/2015- 24/09/2015	Announced	2	Meets stand- ard	Re- quires im- provement	Re- quires im- provement	Re- quires im- provement	Meets stand- ard	Meets stand- ard	Re- quires im- provement

* Compliance level was categorised using two different scales. Exceeds standard, meets standard, requires improvement, or standard met in part and significant risk identified. The other scale categorised compliance as follows: compliant, non-compliant – minor, moderate or major.

** ID number for residential centre is not included here.

Appendix 4: Survey on Children and Young People's Participation

Information on Survey

Dear Participant,

Tusla has committed to a programme of action to embed participatory practice in the organisation. The term 'participation' is taken to refer to the involvement of children and young people in decision-making on issues that affect their lives, as part of a process of enacting their rights. Participation can occur at both the individual and service planning and review level. This programme of action, which includes training and quality assurance, falls under the Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS).

To inform its delivery we invite you to complete this short online survey, which will take 5-7 minutes of your time. Before deciding, it is important you are aware why this research is being undertaken and what it involves.

Who is running the study?

This study is being coordinated by a research team at the UNESCO Child and Family Research Centre at National University of Ireland, Galway. The Centre is Tusla's research and evaluation partner on the PPFS Programme.

What am I going to be asked about?

In this survey you will be asked about:

- How participatory you consider Tusla and your individual practice to be and the outcome of such practices;
- Challenges to participatory practices and your skills development needs;
- Your levels of awareness about Tusla's programme of work to support children and young people's participation.

How do my answers count?

Taking part is voluntary, but your answers will greatly help us to find out about current participatory practice within Tusla and will inform the development of participation training and an accompanying toolkit.

How will the information be treated?

This is an anonymous survey and will not be linked to your email address. In the event that you can be identified by providing your job role and geographical area of work, the reporting of the information provided to Tusla and those commissioned to deliver the training and quality assurance programme will respect the anonymity of all participants.

Who would I contact to find out more about the research?

To find out more about the research, the research team lead in the **UNESCO Child and Family Research Centre** in NUI Galway is Danielle Kennan, who can be contacted on +353 91-495731 or by email: danielle.kennan@nuigalway.ie

Your time and the information you provide is much appreciated.



Danielle Kennan

UNESCO Child and Family Research Centre



Background Information

1. In which geographical Tusla area do you currently work?

- | | | |
|---|--|--|
| <input type="radio"/> Carlow/ Kilkenny/ South Tipperary | <input type="radio"/> Dublin South Central | <input type="radio"/> Mayo |
| <input type="radio"/> Cavan/ Monaghan | <input type="radio"/> Dublin South East/ Wicklow | <input type="radio"/> Midlands |
| <input type="radio"/> Cork | <input type="radio"/> Dublin South West/ Kildare/ West Wicklow | <input type="radio"/> MidWest |
| <input type="radio"/> Donegal | <input type="radio"/> Galway/ Roscommon | <input type="radio"/> Sligo/ Leitrim/ West |
| <input type="radio"/> Dublin North | <input type="radio"/> Kerry | <input type="radio"/> Cavan Waterford/ Wexford |
| <input type="radio"/> Dublin North City | <input type="radio"/> Louth/ Meath | |
| <input type="radio"/> Other (please specify) | | |

2. Which of the following best describes your job role?

- | | | |
|--|---|---|
| <input type="radio"/> Social Worker | <input type="radio"/> Nursing | <input type="radio"/> Management |
| <input type="radio"/> Social Care Worker | <input type="radio"/> Other Health Professionals | <input type="radio"/> VII+ Administration |
| <input type="radio"/> Family Support Worker | <input type="radio"/> Education and Welfare Officer | |
| <input type="radio"/> Psychology and Counselling Staff | <input type="radio"/> Other Support Staff | |
| <input type="radio"/> Other (please specify) | | |

3. What age group of children and/or young people are you mostly responsible for?

- All ages (0-18)
- Early Childhood (0-6)
- Middle Childhood (7-12)
- Adolescence (13-18)
- Other (please specify)

4. In your job role, do you have direct contact with children and young people?

- Yes
- No

If you have direct contact with children and young people, on the next section you will be asked questions about their participation in decisions regarding their personal welfare, protection or care.

If you do not have direct contact, please skip ahead to question 12 (page 5) to answer questions about children and young people's current opportunities for participation in service planning and review.

Children and young people's participation in decisions on their personal welfare, protection or care

5. If you have direct contact with children and young people regarding their personal welfare, protection or care, please rate yourself in terms of your one-to-one engagement with them.

Click on the most appropriate response provided for each statement

<u>Presently you:</u>	Definitely true	Mostly true	Unsure	Mostly not true	Definitely not true
Provide the child or young person with the appropriate information they need to form a view on decisions being taken.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively seek the views of the child or young person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support the child to express their view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure the child's views are listened to by those with the power to effect change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take the child's views seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide the child with feedback explaining the reasons for the decisions taken.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



6. Can you give an example of how you have actively sought the views of an individual child or young person?

7. Did the child or young person's views influence the decisions taken regarding their personal welfare, protection or care?

- Yes
- No
- Unsure

8. Please explain.

9. Do you face difficulties when involving a child or young person in decisions concerning their personal welfare, protection or care?

- Yes
- No

10. If yes, what are the three main difficulties you have?

Please indicate a maximum of three by ticking the boxes or using the space provided.

- Children and young people don't always want to participate in decision-making.
- Children and young people have been asked their views before and, from experience, don't believe their views will be taken seriously.
- Children and young people have difficulty communicating their views.
- I don't have the required skills or confidence to effectively communicate with children and young people.
- It is not always appropriate for children and young people to be asked their views.
- I am not clear on the appropriate weight to give to the views of the child or young person.
- I believe I know best.
- Parents do not agree to a child or young person's participation in the decisions being taken.
- There is a lack of formal opportunities to engage in dialogue with the child or young person.
- There is a lack of child or youth friendly spaces/offices.
- There is a lack of support from line management or middle management.
- There is insufficient time to engage in dialogue with the child or young person.
- There is insufficient time to establish a trusting relationship with the child or young person.
- Other (please specify)

11. Before moving to the next section, please tick yes if you primarily work with children and young people in alternative care.

Yes



Children and young people's participation in **service planning and service review**

12. Please rate Tusla as an organisation in terms of children and young people's current opportunities for participation in service planning and service review.

Click on the most appropriate response provided for each statement

Tusla presently:	Definitely true	Mostly true	Unsure	Mostly not true	Definitely not true
Provides children and young people with appropriate information they need to be involved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively seeks the views of children and young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides an inclusive space for children and young people to express their views.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensures children and young people's views are listened to by those with the power to effect change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensures that children and young people's views are taken seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides feedback to children and young people to let them know if changes occur as a result of their participation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Can you give an example of how Tusla has actively sought the views of children and young people in relation to service planning and service review.

14. Did the views of the children and young people result in tangible change?

- Yes
- No
- Unsure

15. Please explain.

16. In your view, does Tusla face challenges when involving children and young people in service planning and service review?

- Yes
- No
- Unsure



17. If yes, what in your view are the three main challenges?

Please indicate a maximum of three by ticking the boxes or using the space provided.

- Adults (practitioners, managers, parents/carers) believe they know best.
- Children and young people don't always want to participate in decision-making.
- Children and young people have been asked their views before and, from experience, don't believe their views will be taken seriously.
- Children and young people have difficulty communicating their views.
- It is not always appropriate for children and young people to be involved.
- Parents do not agree to a child or young person's involvement.
- There is a lack of child or youth friendly spaces/offices.
- There is a lack of formal structures to engage in dialogue with children and young people.
- The lack of openings to channel children and young people's views to senior management.
- The lack of support from senior management.
- There is insufficient time to engage in dialogue with children and young people.
- Other

Other (please specify)

Skills development needs

18. Using the boxes below, please identify (through numbering the boxes in order of priority from 1 through to 6) any skills development needs you have, which are needed to support the participation of children and young people?

- Active listening skills.
- An understanding of the meaning of participation.
- An understanding of children's human rights.
- Effective communication skills.
- Skills to communicate creatively.
- Skills to engage seldom heard children and young people.
- None
- Other

If you selected other, please specify



Your level of awareness about Tusla's programme of work to support participation

19. Tusla, from the outset, has expressed a commitment to involve children and young people in decision-making on issues of relevance to them. Are you aware of Tusla's plans to:

	Yes	No	Unsure
Develop a national participation strategy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a participation toolkit for practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliver participation training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality assure participatory practices to ensure that the process of participation results in real change for children and young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make seed funding available to support participatory practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Further Information

20. Are there particular resources that you currently use to support your participatory practice?

Yes

No

21. If yes, please include details (for example title, author and if not widely known links if available).

If you are interested to speak with us and/or provide further information on the example(s) you provided of involving children and young people in decision-making, we would very much like to hear from you. We are currently collating examples of good participatory practice. Please contact the research team on:

danielle.kennan@nuigalway.ie



United Nations
Educational, Scientific and
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UNESCO Chair in
Children, Youth and Civic Engagement
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