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The participation of children and young people in care: Insights from an analysis of national inspection reports in the Republic of Ireland

Abstract

The term 'participation' is widely used to refer to the involvement of children and young people in decision-making on issues that affect their lives. The Health and Information Quality Authority (HIQA) is the national inspectorate for social care in Ireland. HIQA monitors Tusla, Ireland's child and family agency, for compliance with national children's standards, including standards on children and young people's participation rights. This paper outlines findings of a secondary analysis of data in relation to participation standards in HIQA foster care, residential care and special care inspection reports over a two-year period from 2013–2015 (n=40). The thematic analysis explores the degree to which the reports found that children in care are provided with the opportunity to influence decisions in relation to their everyday lives, to participate in child in care reviews, receive information, avail of advocacy services and have access to a complaints mechanism. While there is much evidence of good practice across all sectors, some notable differences between the realisation of participation standards in residential care and foster care were found. This baseline analysis was undertaken prior to the implementation of a comprehensive participation strategy by Tusla across the organisation and highlights areas in which practice can be improved or mainstreamed in this work programme.

Introduction

The term 'participation' is widely used to refer to the involvement of children and young people in decision-making on issues that affect their lives. Research has shown that when children in care are not heard or given a chance to participate in decisions that affect them prior to, and during the provision of care, it can impact negatively on emotional wellbeing and future outcomes (Leeson, 2007; Mitchell *et al.*, 2010; Nybell, 2013). Participation in decision-making is found to have numerous benefits for children and young people in care, such as positive psycho-social development and the increased self-esteem that comes from the opportunity to take part in activities that facilitate self-determination (Thomas & Percy Smith, 2012). It is argued that participation for children in care is important, therefore, not only for the development of personal capacity but to give young people who may have been victimised a sense of agency regarding their lives (Cashmore, 2002) and to prevent them from becoming outsiders in their own lives (Pölkki *et al.*, 2012).

Despite the benefits arising from participation for young service users, a number of challenges to participatory practice have been noted in international literature. In particular, the formal bureaucratic processes involving many adult stakeholders that characterise much child welfare and

protection practice can be disempowering for children and young people. It is widely acknowledged that young service users need to have information, guidance and child friendly practices to support their input into decision-making processes (Vis & Thomas, 2009; Gallagher *et al.*, 2012; Daly, 2014). Furthermore, research has consistently found that good relationships between professionals and young service users are required to effectively support participation (Gallagher *et al.*, 2012; Archard & Skiveness, 2009; Kennan *et al.*, 2018), and that there is a need to build staff and organisational capacity to balance participative and protectionist practice (Vis *et al.*, 2011).

Tusla, the Irish national Child and Family Agency, is responsible for the provision of child protection and welfare services in Ireland, including foster care, residential care and special care. As the national inspectorate for social care in Ireland, the Health Information and Quality Authority (HIQA) monitors Tusla's compliance with national children's standards. There are National Standards for Foster Care, Residential Care and Special Care. While these standards vary, they all include standards on children and young people's participation rights. The national standards uphold the rights of children to be consulted and heard in all decisions about their care and for their views to be given due weight in accordance with their age, stage of development and individual needs. The national standards also support children to have their voices heard by providing for children and young people to be given the necessary information about their rights, access to an independent advocate and the right to make a complaint and have that complaint taken seriously.

As part of the inspection process, inspectors meet with children, parents/carers and Tusla staff, meet or survey external professionals,¹ observe practices, and review case files and relevant documentation. The inspection reports provide a rich source of timely data informed by children and young people's experience of participation in decision-making within Tusla. While these reports shed light on practice in local service areas, no analysis has previously been conducted of the HIQA reports to provide a profile of participation practice nationally. This paper aims to address this gap by providing a secondary analysis of 40 HIQA foster care, residential care and special care inspection reports conducted over a two-year period from 2013–2015. The analysis is focused primarily on individual participation and explores the degree to which the reports found that children in care are provided with the opportunity to influence decisions in relation to their everyday lives, to participate in child in care reviews, receive information, avail of advocacy services and have access to a complaints mechanism.

¹ These may include members of An Garda Síochána, professionals from health services, educators and youth workers.

The paper aims to add to the body of knowledge regarding the participation of children and young people in care in an Irish context. Research conducted in Ireland over recent years has shown that processes supporting the participation of children and young people in care are in need of improvement. For example, in a national Government commissioned study, McEvoy and Smith (2011) undertook a consultation with 211 children and young people in the care of the state in Ireland on the issues that matter to them. One of the key themes emerging was a need to allow young people to express themselves in a less intimidating environment in care plan reviews and have a greater input into decisions impacting their lives in care. Young people also sought increased information on a variety of issues, such as the care system itself, organisations that support young people in care and aftercare services. This report recommended that a culture of participation is developed in which young people are consulted on the key decisions that affect their lives on an ongoing basis. Similar experiences were reported by Daly (2014), who conducted qualitative interviews with young people in care regarding their experiences of child in care reviews. Her study found that, of the ten young people interviewed, five felt that they had not been prepared adequately for the meeting. Those who felt prepared for the meeting were more likely to say that they had an input into the decisions that were made. Both of these studies reported a difficulty in recruiting participants to take part in the research, which highlights the value of supplementing primary research with analysis of secondary data, which has been done in this study.

Context for the Study

The UN Convention on the Rights of the Child (UNCRC) was ratified by Ireland in 1991. Irish national law since the Child Care Act (1991), has highlighted children's right to participate in decisions affecting their lives. The commitment to children's participation at national level was placed on a stronger footing with the launch of Ireland's *National Strategy on Children and Young People's Participation in Decision-Making 2015–2020* (Department of Children and Youth Affairs, 2015). The goal of this cross-departmental strategy is to ensure that children and young people have a voice in decisions made about their individual and collective lives in their communities, in education, on their health and wellbeing and in legal settings.

Tusla, the Child and Family Agency, was established in 2014, as part of a major reform of child protection, early intervention and family support services in Ireland. Tusla's founding legislation, the Child and Family Agency Act 2013, places a strong emphasis on partnership and co-operation with children and families in the delivery of services. The legislation requires that the Agency must ensure that the views of the individual child are given due weight in decisions regarding his/her care, having

regard to the age and maturity of the child. Tusla is also required to seek the views of young service users as a collective in relation to service planning and review.

In their guiding document, *Toward the Development of a Participation Strategy* (Kennan *et al.*, 2015) Tusla's conceptualisation of participation is based on Laura Lundy's model of participation, which is grounded in Article 12 of the UNCRC and delineates four steps in the realisation of a child's right to participate (Lundy, 2007). First, 'space': children must be provided with the opportunity to express a view in a space that is safe and inclusive. Second, 'voice': children 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. Children do not have the definitive say in the decision-making process, but their views should be given due weight, having regard to their age and maturity. Adopting the Lundy model of participation reaffirms the government's and Tusla's commitment to achieving a level of participation that is, at a minimum, compliant with the UNCRC. It has been noted that the realisation of space and voice is particularly challenging in the context of the care system and for children who are marginalised and vulnerable (see McCafferty, 2017 for a discussion of these issues).

In 2015, Tusla initiated a three year programme of action to embed children and young people's participation across the organisation. This programme of action includes the development and dissemination of a Tusla participation strategy and National Children's Charter; participation training and a toolkit for practitioners; 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 mechanism.

(Insert authors institution here) is evaluating whether the programme of action to embed participatory practice achieves its intended outcome. The study which is the focus of this paper was part of the baseline analysis for this larger study and provides an insight into aspects of Tusla practice in relation to supporting the participation of children in care *prior* to the implementation of this dedicated strategy.

Methods

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 to access good-quality data, while being

attentive to good stewardship of resources (Bryman, 2015; Yardley *et al.*, 2014). Secondary analysis was chosen as the methodology for this study because we felt that it would enable us to answer important questions about the participation of children in care in decision-making, using publicly available data. However, a limitation of this research approach is that the research team had no control over the methodology used for data collection or the issues interrogated because secondary analysis entailed analysing data collected by HIQA inspectors and within a wider inspection context.

The findings reported in this paper are based on a secondary analysis of HIQA inspections conducted during the period 2013–2015. All 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, 40 HIQA inspection reports were sampled. They include inspections on 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 service areas. The inspection findings were informed by the views of 254 children. The variability in sample size between service types should also be noted.

	Number of reports	Total number of children consulted in these reports
Residential care	25	58
Foster care	11	177
Special care	4	19
Total	40	254

Table 1: Numbers of reports included and children consulted

In order to assess if children’s social care services are meeting National Standards, the HIQA Children’s Team visit the services and talk to children and young people, their parents or guardians, and others including social care workers, social workers, managers and Guardian *ad litem*. Children and young people’s files and complaints are also reviewed. It should be noted that HIQA does not register or inspect individual foster carers.

While the reports addressed a broad range of areas, data was extracted in relation to participation standards only for the purposes of this 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 reporting patterns within the data’ (Probst & 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. In the first phase of analysis, a broad set of

codes were generated inductively from the data. In subsequent phases of analysis, a combination of inductive and deductive analysis was used, whereby initial codes were grouped into themes. The following themes were seen to be common across all three sets of national standards and were thus used to frame the analysis and structure the presentation of findings:

- Children's participation in decisions about their everyday lives
- Children's participation in formal reviews regarding their care arrangements
- Access to information to support decision-making
- Access to advocacy
- Access to a complaints mechanism

A focus on collective participation was beyond the scope of this paper but has been addressed elsewhere (see Kennan *et al.*, 2017).

Findings

In this section, the findings in relation to children and young people's participation in decisions about everyday living and participation in children in care reviews are outlined, followed by details regarding access to information, advocacy and complaints mechanisms.

Participation in decisions about everyday living

Across all HIQA reports, there was evidence of children and young people's views being routinely sought in the context of their everyday lives. The Lundy model of participation emphasises the importance of creating a safe space for children and young people to have their voices heard. In residential care inspection reports, there was evidence that house meetings were used widely to bring together children and young people and staff to discuss issues such as weekly menus, the social and recreational activities they partake in, house rules and how behaviour is managed. In many inspection reports, positive feedback from children and young people regarding the value of these meetings was noted.

The centre held meetings between staff and children on a regular basis. Children said that they could influence daily activities, holiday plans, meals and policies in the centre at these meetings. They told inspectors that group meetings provided the opportunity to address each other's behaviour and discuss what made the house a safe place to be. Two children said this gave them confidence in themselves and established group expectations of living together safely. This was of value to them. (HIQA Residential Care Inspection, Report 35)²

² An index of reports used in this analysis is available in Appendix 2 of Kennan *et al* (2017)

It appears from the inspection reports that these meetings were of particular value to children and young people in terms of discussing the behavioural dynamics associated with shared living in the residential centre. In one inspection report, it was highlighted that a meeting was recently called by a child 'to address the theft of their belongings in the centre and how this had affected them'. In another centre, it was noted that children were involved in making decisions about the consequences of their behaviour:

Children interviewed said that they were involved in responses to their behaviour that challenged. For instance, one child said that when she returned from being absent and at risk from the centre, she was involved in meetings to address this at risk behaviour and was included in how future absences would be managed. She said that in the months following this absence, staff supported her to make positive choices in her life that did not place her at risk. Another child told inspectors that following a specific incident, the staff team and her social worker included her in deciding what the consequences would be if there was another similar incident. Records showed that there were no further incidents. Both children said that the centre staff consistently included them in decisions about natural consequences to behaviour that challenged. They also told inspectors that it was clear to them that future placements could be jeopardised if challenging behaviour continued. (HIQA Residential Care Inspection, Report 36)

While these meetings or forums were received positively in the majority of cases, some inspection reports highlighted that young people's meetings were not held consistently, were poorly attended or were not well-structured. In one centre, it was noted that 'staff and management in the centre told inspectors that children's rights were promoted through participation in children's meetings but inspectors found that there had been no children's meetings held in the last 12 months'. Children in this centre told inspectors that the staff made decisions in relation to the centre, including meals provided for the children.

Inspection reports of foster care services also highlighted that children were encouraged to exercise choice with regard to their daily care within their foster care placements. 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).

Participation in child in care reviews

Children in care are required to have an annual review of their care placement. Children's participation in these review meetings has received attention in recent years (Daly, 2014). The

residential care and foster care reports for the period analysed indicated that, in the majority of cases, children and young people were encouraged to attend review meetings and were supported to express their views at the meetings. While there was evidence that many children did take part in the full meeting or part of it, some children chose not to attend and had their views represented by a social worker, key worker or family member. In some reports it was noted that the level of consultation with children and families in the preparation of care plans and participation in statutory reviews was good and that children and young people were involved in making decisions. The following extract gives a flavour of how practice in one residential centre was described:

Each child and parent had their own form to complete as part of statutory review meetings. One child said that he always “has a big say at review meetings and they go well for me”. The children were involved and active in decisions about their care and personal development and services were delivered in a coordinated way by all professionals involved. (HIQA Residential Care Inspection Report, No. 33)

While all residential care inspection reports and most foster care reports were positive regarding this aspect of practice, shortcomings were highlighted in a foster care inspection reports in relation to three service areas. In one area, children spoken to by inspectors said that they considered efforts to obtain their written views before care plan meetings to be ‘tokenistic’ and that the form used was ‘childish’. They said that were not always asked to attend child in care reviews and did not always receive a copy of their care plan. The inspector also noted that there was potential for improvement in relation to children’s participation in this service area:

Case files did not routinely evidence that children had received a copy of their care plan and were invited to attend child in care reviews. An inspector observed a care review where a child who wanted to attend was only invited in at the end of the meeting for a limited time. The child was given an overview and a space to discuss his/her views but inspectors found there was no reason why the child could not have attended all of the review. (HIQA Foster Care Inspection, Report 23)

In a foster care inspection report of another area, it was highlighted that while it was common practice for children and young people to be encouraged to attend review meetings, many such meetings were overdue which meant that children had not had a mechanism to put forward their opinions. Children’s attendance at meetings was found to be ‘inconsistent’ in a third foster care area, but it was acknowledged that practice was improving and was being developed by staff and management.

Access to information to support decision-making

The provision of necessary information in an age-appropriate format is essential in ensuring that children and young people have a voice in relation to matters of relevance to their lives (Lundy, 2007). According to the national standards for foster care, residential care and special care, children and

young people should have access to information on services, including information on Tusla processes and procedures, and information on their 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 between practice in residential care and in foster care. Regarding the former, the HIQA reports reveal that it is common practice for children and young people to receive a child-friendly information booklet or leaflet on Tusla services and on their rights 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 reported an awareness of their rights and broad satisfaction with the information they received, as illustrated in the following extract:

Information was provided to children on their rights. A colourful, comprehensive and child friendly information booklet clearly outlined all aspects of living in the centre which included children's rights. The wider residential service within the area had also developed separate information booklets regarding the complaints procedure and access to information for children and young people in care. Children who spoke with the inspector said they had received this information and had a good understanding of their rights in care. (HIQA residential Care Inspection Report, No. 40)

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, the HIQA reports showed that practices in relation to the provision of information were inconsistent between service areas. While there are many examples of good practice, the analysis indicates that it occurs on an ad hoc basis, with no evidence of an organisational-level approach governing the provision of information to children or young people in foster care. The following extract reflects the lack of standardisation in relation to information provision that was a recurring theme across many of the foster care inspection reports:

Not all children understood their rights, although the service promoted children's rights in its policies and many of its practices. Some children were unsure or unaware of their rights and their rights to dignity, respect, privacy and choice could be undermined. Social workers said that they did not routinely advise or educate children about their rights. Inspectors found

evidence that the 'Children's Booklet about Foster Care', which refers to children's rights, was distributed to some children in foster care but was not routinely provided. The majority of the children who spoke with inspectors did not fully understand their rights in relation to access to information, consultation, complaints and their right to access their case files. (HIQA Foster Care Inspection Report, No. 19)

Access to advocacy services

Advocacy can be understood as the provision of one to one support by an individual or a service for the purpose of enabling a child to have their voice heard. The use of advocates is widely seen as an effective means of enabling children to be engaged in decisions taken regarding their care, protection or welfare (Kennan *et al.*, forthcoming). Advocates can enable children's views to be represented in a relatively systematic way, ensure that due attention is paid to these views, and facilitate feedback to be provided to the child on the outcome of the process (Jelicic *et al.*, 2013). The national standards for foster care, residential care and special care require that children must be informed of their right to avail of the services of an advocate or other independent service.

Our analysis found reports that children and young people in residential care were facilitated to access independent advocacy services, notably the Empowering People in Care (EPIC) organisation. There were also reports of children and young people accessing guardian *ad litem* services in the case of court proceedings.

Children had access to an independent advocacy service, Empowering People in Care (EPIC) and one child was using this service. EPIC's contact details were contained within the children's guide to the centre which had been given to children, and both children who spoke to the inspector were aware of EPIC and the support they provided. (HIQA residential Care Inspection Report, No. 42)

It was also recorded in some cases that children and young people had said that residential care staff and social workers actively advocated for them. While access to advocacy is primarily reported by HIQA in relation to inspections of residential care and special care units, there are some examples provided of children and young people in foster care being supported to access external advocacy services.

Access to a complaints mechanism

Across the national standards for children in care, young people have the right to express concerns or complain about their care. All children in care must be given written information about the complaints procedure, all complaints should be recorded, taken seriously and clear conclusions reached. Having a robust system of managing complaints and feeding back to young people regarding decisions made

is important in terms of ensuring that young people voices are heard ('audience') and responded to fairly and appropriately ('influence') (Lundy, 2007).

Our analysis revealed inconsistencies in practice in relation to supporting children and young people to express their views on issues of concern relating to service provision, with a notable difference between the experiences of children and young people living in residential care and those in foster care. It was evident from the analysis that many foster care services manage and record complaints in accordance with the HSE complaints mechanism 'Your Service, Your Say' in addition to 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. A common concern noted in HIQA reports was that all complaints were not centrally recorded and managed. HIQA found that at times, concerns which did not become formal complaints were responded to by the social worker and simply recorded in case notes but not in a separate section that is easily accessible. Many children and young people who the HIQA inspectors spoke with reported that they did not know how to raise a concern or make a complaint, as the following example illustrates.

The system for managing complaints was not robust. A new complaints leaflet had recently been developed, and was being given to each child during the course of the inspection. However, inspectors found and social workers confirmed that the leaflet was not appropriate for younger children. Not all children met by inspectors knew about the complaints process. Case notes did not consistently document whether a discussion on the right to complain and the complaints process had occurred between the child and their social worker. (HIQA Foster Care Inspection Report, No. 21)

By contrast, 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 was common practice for a central log to be maintained recording all formal complaints in each residential centre. The following extract illustrates how this aspect of practice was described by HIQA:

The management of complaints was effective and efficient. Children who met with the inspector were aware of how to make a complaint, who they could talk to and they were provided with age appropriate information about complaints. The centre's complaints register evidenced that 14 complaints had been made in the previous three months by two children. Thirteen of these were made by one child. Inspectors found that complaints were dealt with appropriately and in a timely manner. (HIQA Residential Care Inspection Report, No. 49)

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. The HIQA reports also regularly commented on the potential for complaints made by children and young

people to be analysed as a means to identify emerging patterns and trends, which could lead to improvements in service planning and provision. However, there was limited evidence of this happening in practice. While the analysis reveals 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.

Discussion

According to Irish policy and legislation, children in Ireland have the right to have a say in relation to decisions affecting their lives (Department of Children and Youth Affairs, 2015). Having a say is of particular importance for children in care because professionals are responsible for making decisions on many very important aspects of their lives, such as where they live and who cares for them (Thomas & O’Kane, 1999). The focus on children’s participation is driven by a desire to ensure that the rights and dignity of the child are respected and that decisions taken are informed by and responsive to their needs (Mason, 2008; Kiely, 2005). Previous Irish research has shown that many children and young people feel that they don’t have the information and support required to participate fully in decisions regarding their lives in care (McEvoy & Smith, 2011; Daly, 2014). National Standards play an important role in describing what people should expect when they experience a particular social care service (HIQA, 2017). Children in care in Ireland should expect to be consulted and heard in all decisions about their care and for their views to be given due weight in accordance with their age, stage of development and individual needs. Children should also expect to receive the necessary information about their rights, have access to an independent advocate and to be able to make a complaint and have it taken seriously.

This analysis of HIQA inspection reports on Tusla’s compliance with the national participation standards for children in care has found that there is much good participatory practice being conducted by social care professionals in Ireland. 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 staff being responsive to the diverse needs of children and young people. For the purposes of this analysis, we focused on five key aspects that have been associated with good practice in the participation of children in care. There is evidence that children are widely supported to participate in decisions in the context of their everyday lives. The importance of regular and well-structured house meetings as a forum for decision-making for children in residential care emerged strongly from the findings, with reports from children that they perceived these meetings to be very valuable. The HIQA reports drew attention to the importance of ensuring that the meetings are well structured, take place regularly and that young people feel that they are a safe space to express their views. As well as providing

space and voice for young people, it can be seen from examples of young people's testimonies given in some reports that such meetings enabled them to feel heard and to have influence over key decisions relating to their lives, such as sanctions for challenging behaviour. Where house meetings are well managed, therefore, they can play a key role in fulfilling the intent of Article 12, as conceptualised by Lundy (2007). The testimonies from some young people in HIQA reports reflect the findings of previous studies that children are more likely to respect decisions that they have been party to rather than those that are imposed upon them (Kiely, 2005; Cashmore, 2002). Reports on practice were positive overall but a small number of residential care settings fell short of the required standard.

A number of studies have found that a child's attendance at a planning or review meeting is more likely to result in their participation in decision-making (Kennan et al., forthcoming; Golbeck *et al.*, 2007; Thomas & O'Kane, 1999, Vis & Thomas, 2009). Across the HIQA reports analysed, there was widespread evidence that children are supported to participate in Child in Care review meetings. On the whole, young people report feeling well prepared for meetings and are involved in making decisions. Some young people chose not to attend the meeting but had their views represented on their behalf. It is acknowledged that children do not always want to take active part in decision making but being informed and feeling that they are listened to is valuable for them (Polkki *et al.*, 2012; Winter, 2012). While practice was positive overall, there were also a small number of areas in which it fell short of the standard.

The HIQA reports also consistently reported that children in both residential and foster care had been supported to access independent advocacy services. The EPIC organisation was seen to play a significant role in the provision of advocacy services to young people, with many reports of young people having met with EPIC staff. While the HIQA reports are not required to comment on the outcomes of such advocacy services, previous studies have found that advocates can help young people to be more at ease in adult-dominated decision-making processes (Chase et al., 2006); support the child to influence the decisions taken (Jelicic *et al.*, 2013) and facilitate meaningful feedback to be provided to the child on the outcome of the process (Jelicic *et al.*, 2013).

The provision of information to children in care regarding their rights and the services available to them is upheld in the national standards and considered an important pre-requisite for informed decision-making (Lundy, 2007). A distinct difference was noted in the analysis between residential care and foster care in relation to providing children and young people with the necessary information. Children and young people in foster care 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 indicate 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.

Similarly, there was a notable difference between the experiences of children and young people living in residential care and those in foster care with regard to access to a complaints mechanism. HIQA frequently found that there was a lack of clarity surrounding the complaints process for children in foster care 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. By contrast, 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 highlighted at the outset, Tusla is currently implementing a comprehensive three year programme of action to embed children and young people's participation across the organisation. Among the many actions as part of this strategy, a child-friendly complaints mechanism has been established and foster care action groups have been formed (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. The analysis reported in this paper was undertaken prior to the implementation of this participation strategy. As part of the evaluation of the participation programme, a follow-up analysis of HIQA inspections will be undertaken to assess changes in participatory practice over the intervening years.

In terms of future research, in addition to a follow up study in the Irish context, it would be valuable to compare the findings of this study with reports on adherence to participation standards in other countries. While publicly available data-sets, such as the one on which this paper is based, provide valuable insights into areas of strength and weakness in service provision for children in care, the limitations of secondary analysis should also be noted. The researchers did not have control over the questions asked and it was not possible to probe or explore the issues in greater detail. Thus, in-depth primary research with children and young people, carers and social care professionals working in these sectors regarding their experiences of participation is also needed and should be triangulated with the findings of this study.

Conclusion

Drawing on a secondary analysis of data in relation to participation standards in Irish foster care, residential care and special care HIQA inspection reports, this paper has explored the degree to which the reports found that children in care are provided with the opportunity to influence decisions in relation to their everyday lives, to participate in child in care reviews, receive information, avail of advocacy services and have access to a complaints mechanism. There is much evidence that children are supported to participate in decision-making but there is also scope for improvement in terms of ensuring that this right extends to all children in care and in all areas of practice.

References

- Archard, D. & Skivenes, M (2009). Hearing the child. *Child & Family Social Work*, Vol.14(4), pp.391-399.
- Bryman, A. (2015). *Social Research Methods*. Oxford University Press.
- Cashmore, J (2002). Promoting the participation of children and young people in care, *Child Abuse and Neglect*, Vol. 26 (8), pp837-47.
- Chase, E., Simon, A., Wigfall, V., Warwick, I. and Heathcote, S. (2006). *Findings from an Evaluation of the Voice Advocacy Service*. London: Thomas Coram Research Unit.
- Daly, F (2014). 'It's about me' - Young Peoples Experience of Participation in their Case Reviews. Dublin: EPIC. Available Online at: <http://www.epiconline.ie/topics/publications/>. Accessed on September 30th 2016.
- Department of Children and Youth Affairs. (2015). *National Strategy on Children and Young People's Participation in Decision Making*. Dublin: Government Publications.
- Gallagher, M., Smith, M., Hardy, M., Wilkinson, H. (2012). Children and families' involvement in social work decision making, *Children & Society*, Vol. 26, pp.74-85.
- Goldbeck, L., Laib-Koehnemund, A. and Fegert, J. M. (2007). A randomized controlled trial of consensus-based child abuse case management, *Child Abuse & Neglect*, 31(9), 919-933.
- Government of Ireland (1991). *Child Care Act*. Dublin: Stationery Office.
- HIQA (2017) <https://www.hiqa.ie/areas-we-work/childrens-services>. Accessed on 13th November 2017.
- Jelicic, H., Gibb, J., La Valle, I., Payne, L. (2013). *Involved by Right: The voice of the child in the child protection conferences*. London: National Children's Bureau.
- Kennan, D., Brady, B. Forkan, C. (2018). Supporting children's participation in decision-making: A systematic literature review exploring the effectiveness of participatory processes. *British Journal of Social Work*. <https://doi.org/10.1093/bjsw/bcx142>

Kennan, D., Forkan, C., and Brady, B. (2017). 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. Galway: UNESCO Child and Family Research Centre, National University of Ireland, Galway.

[http://www.childandfamilyresearch.ie/cfrc/publications/Kennan, D. Brady, B. Forkan, C. \(2016\). *Children's Participation: A Systematic Review Exploring the Effectiveness of Structures and Procedures Intended to Support Children's Participation in Child Welfare, Child Protection and Alternative Care Services*, UNESCO Child and Family Research Centre: Galway.](http://www.childandfamilyresearch.ie/cfrc/publications/Kennan,D.Brady,B.Forkan,C.(2016).Children's%20Participation:%20A%20Systematic%20Review%20Exploring%20the%20Effectiveness%20of%20Structures%20and%20Procedures%20Intended%20to%20Support%20Children's%20Participation%20in%20Child%20Welfare,%20Child%20Protection%20and%20Alternative%20Care%20Services)

Kennan, D., Redmond, S., Devaney, C., Landy, F., Canavan, J. and Gillen, A. (2015). *Toward the Development of a Participation Strategy for Children and Young People: National Guidance and Local Implementation*. Galway: UNESCO Child and Family Research Centre.

Kiely, P. (2005). The voice of the child in family group conferencing model, In Mason, J. and Fattore, T. (eds) *Children Taken Seriously: In Theory, Policy and Practice*. London: Jessica Kingsley.

Leeson, C. (2007). 'My life in care: Experiences of non-participation in decision-making processes' in *Child & Family Social Work, Vol:12 pp.268–277*.

Lundy, L. (2007). "'Voice" is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child', *British Educational Research Journal*, 33(6), 927–42.

Mason, J. (2008). A children's standpoint: Needs in out-of-home care, *Children & Society*, 22(5), 358-369.

McCafferty, Paul. (2017) Implementing Article 12 of the United Nations Convention on the Rights of the Child in Child Protection Decision-Making: a Critical Analysis of the Challenges and Opportunities for Social Work. *Child Care in Practice Vol. 23 , Iss. 4*.

McEvoy, O. & Smith, M. (2011) *Listen to Our Voices! : Hearing Children and Young People Living In The Care Of The State*, Dublin: Government Publications.

Mitchell, M. B.,Kuczynski, L. Tubbs, C. Y. Ross, C. (2010). We care about care: Advice by children in care for children in care, foster parents and child welfare workers about the Transition into Foster Care, *Child & Family Social Work, Vol.15(2), pp.176-185*.

Nybell, L.M. (2013). Locating youth "voice": Considering the contexts of speaking in foster care, *Children and Youth Services Review, Vol 35, pp1227-1235*.

Pölkki, P., Vornanen, R., Pursiainen, M., Riikonen, M. (2012). Children's participation in child-protection processes as experienced by foster children and social workers, *Child Care in Practice, Vol.18(2), p.107-125*.

Probst, B. and Berenson, L. (2013). The double arrow: How qualitative social work researchers use reflexivity, *Qualitative Social Work*, 13(6), 813-827.

Thomas, N., O'Kane, C. (1999). Children's participation in reviews and planning meetings when they are looked after "in middle childhood", *Child and Family Social Work*, 4(3), 221-230.

Thomas, N., Percy Smith, B. (2012). It's about changing services and building relationships': Evaluating the Development of Children in Care Councils, *Child and Family Social Work, Vol 17 pp.487-496*.

Vis, S. A., Strandbu, A., Holtan, A., Thomas, N. (2011). Participation and Health - a research review of child participation in planning and decision-making, *Child & Family Social Work*, Vol.16(3), pp.325-335.

Vis, S. A., Thomas, N. (2009). Beyond talking - children's participation in Norwegian care and protection cases, *European Journal of Social Work*, 12(2), 155-168.

Winter, K. (2012). The perspectives of young children in care about their circumstances and implications for social work practice, *Child and Family Social Work*, Vol. 15, pp. 186-195.

Yardley, S. J., Watts, K. M., Pearson, J. and Richardson, J. C. (2014). Ethical issues in the reuse of qualitative data: Perspectives from literature, practice, and participants, *Qualitative Health Research*, 24(1), 102–13.