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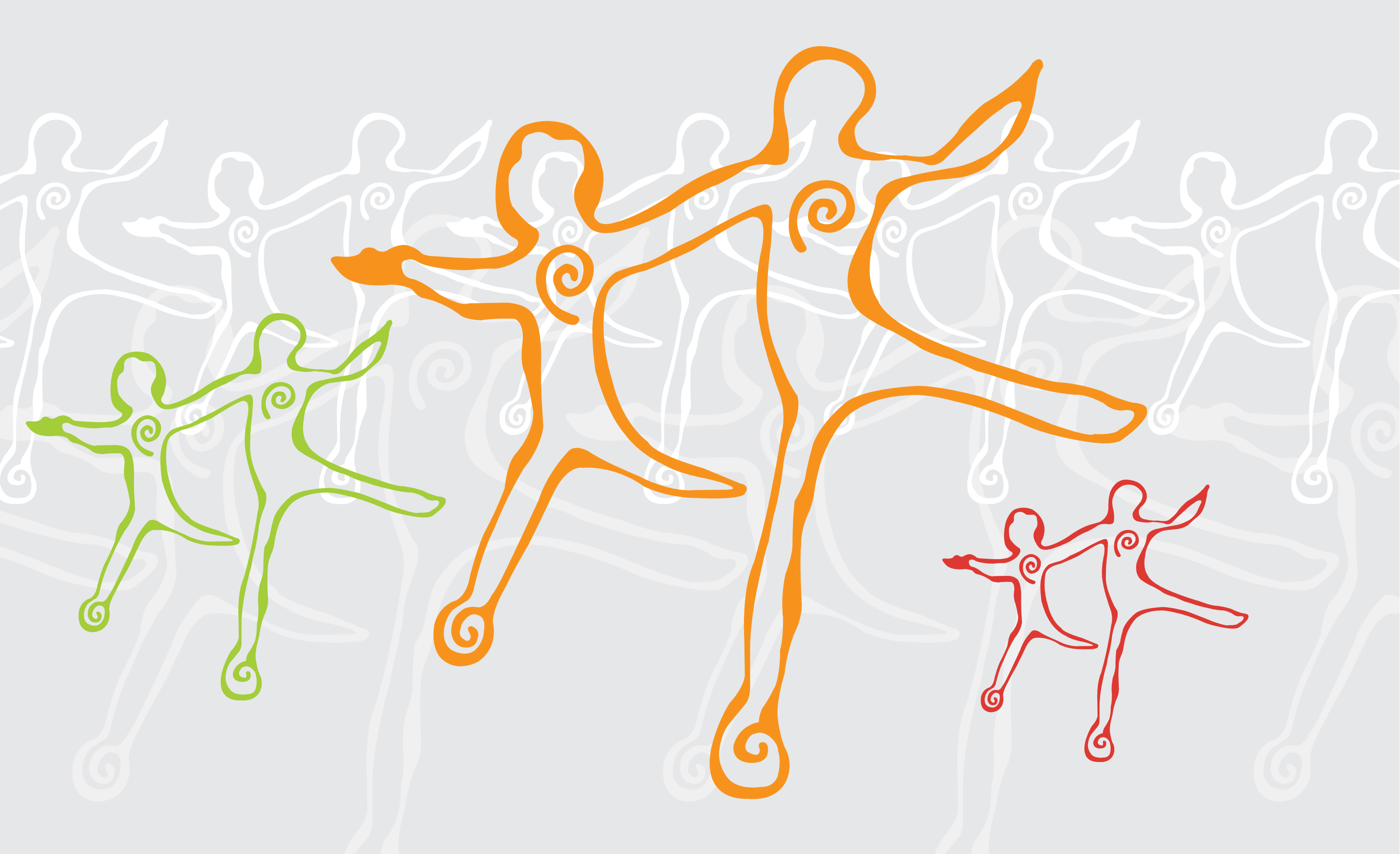

Outcomes for Permanence and Stability for Children in Long-term Care: Appendices

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Table of Contents

Appendix 1 Response Rate Summary

The following tables give an overview of the response rate for the Core Tusla study. Table 1 below shows the total percentage of responses from foster carers and/or children/young people in care and/or parents of origin in Counties Galway and Donegal. This figure is calculated where at least one party returned consent/assent documentation (e.g. a child/young person, her/his foster carers and/or families of origin, an aftercare service user) to give/withhold their consent/assent to participate in the study. This also includes the number of responses which were left blank.

Table 1 – Total number of responses from foster carers/children in care

Category	**Foster care Galway** **(G1-G195)**	**Foster Care Donegal** **(DL1-DL137)**	**Total** **(n=332)**
Total number of responses (e.g. at least one person returned consent or did not give consent for at least one item in a single case)	51 26%	56 40.8%	107 32.3%

Table 2 – Returns from foster carers

Table 2 below outlines the total number of returns from foster carers; the number who agreed to do case file analysis, interviews, the number that did not give consent etc.

Foster carer's consent	**Galway**	**Donegal**	**Total**
Total Foster Carers returning at least one part of consent document (e.g. foster carer consent to interview/consent for case file analysis etc.)	30	29	59
Total Number of Foster Carers who agreed to case file access of foster child	9	4	13
Total Number of Foster Carers who agreed to interviewing the child	5	1	6
Total number of foster carers who did not give consent to do an interview with the child	0	2	2
Total number of Foster Carers with BLANK returns for case file	3	10	13

analysis			
Total number of Foster Carers Consents returned BLANK for children’s interviews	23	23	46
Total foster casers who actively said NO to case files	18	15	33
Total number of cases where foster carers consented to case file analysis and interview with child	5	0	5

Table 3 - Returns from children

Table 3 below documents the total number of cases where a child agreed/did not agree to take part in interviews, case file analysis etc.

Children’s assent	**Galway**	**Donegal**	**Total**
Total number of cases where child completed at least one part of assent document (e.g. interview assent/case file assent or both)	27	19	46
Total number of child assent for case file analysis	7	1	8
Total number of cases where child did not give assent= e.g. returned no to case file analysis	17	15	32
Total numbers of cases where child assented to interview	6	0	6
Total numbers of cases where child did not assent to interview	8	12	20
No of cases where child’s pack for interview was returned blank	12	11	23
No of cases where assent for case file access was returned blank	6	7	13
No of cases where child gave consent to access case file	7	2	9
Total number of cases where child ticked multiple options for case files (e.g. indicates that s/he wishes to share case file information and does not want to share case file information)	1	0	1

Table 4 - Returns from parents of origin

Parents of origin consent	**Galway**	**Donegal**	**Total**
Number of returns from parents of origin returned as deceased/insufficient address/no longer at this address	9	12	21
Number of cases where at least one parent of origin gave consent for child to do interview	1	5	6
Number of cases where at least one parent of origin specifically did not give consent for child to do interview (e.g. ticked NO to interview)	0	1	1
Number of cases where at least one parent of origin consented to case file analysis	4	12	16
Number of cases where at least one parent of origin does not consent to case file analysis	7	16	23
Number of cases where Parent of Origin 1 or 2 left child interview section blank	7	23	30
Where there was a return from 2 Parents of Origin in 1 case	0	8	8
Number of cases where both parents of origin gave consent for child to be interviewed in any one case	0	0	0
Number of cases where two parents of origin did not give consent for child to be interviewed in any one case	0	0	0
Number of cases where both parents of origin did not give consent for case file analysis in a single case	0	7	7
Number of cases where both parents of origin gave consent for case file analysis in a single case	0	1	1

Table 5 – Returns aftercare service users

Category	**After care Galway** **n=109**	**After care Donegal** **n=67**	**TOTAL** **n= 176**
Total Returns (includes those returned as insufficient address/gone away)	14	8	22
Total number returned blank/incomplete	0	0	0
Total Access to Case Files	4	4	8
Total number of agreement to interview	4	4	8
Total number of returns labelled gone away/not at this address/insufficient address	3	3	6
Total number of persons who refused access to case files	6	1	7
Total number of persons who returned with blank section for interview	6	1	7
Total number of cases returned with refusal to do interview	0	0	0

Table 6 - Summary of responses in total

Category	**Foster care Galway (G1-G195)**	**Foster Care Donegal (DL1-DL137)**	**TOTAL N= 332**
Total response foster care listings (e.g. at least one person returned consent/assent documentation)	51 (26%)	56 (40.8%)	107 (32.3%)
Category	**After care Galway** **N=109**	**After Care Donegal N=67**	**TOTAL 176**
Total returns after care	11	5	16 (9.09%)
TOTAL % RETURN			**24.26% in total**

Appendix 2 Framework analysis, Aftercare dataset (Qualitative study)

Table 7 – Summary of qualitative findings (aftercare data set)

T1: Life experiences prior to entering care	**T2: Factors affecting transition into care**	**T3: Concepts of identity and belonging**	**T4: Communication**
ST1: Childhood memories ST2: Experience of abuse/neglect ST3: Uncertainty and instability ST4: Mental illness	ST1: Early experiences ST2: Brokenness ST3: Negotiating new expectations ST4: Negotiating new relationships ST5: Family positionings	ST1: Family ST2: Age at entry into care (residual memory) ST3: 'Felt' connection ST4: Dual/hybrid identity ST5: Normality and normal childhood ST6: Abnormality ST7: Cultivating new identities – independence and freedom ST8: Supports *ST8.1 Loneliness* *ST8.2 Isolation*	ST1 Communication with social workers *ST1.2 Feeling different* *ST1.3 Differing expectations and assumptions* *ST1.4 Power and authority* *ST1.5 Trust* *ST1.6 Social support* ST2: Communication with foster parents *ST2.1: Pushing the boundaries* *ST2.3: Not knowing* *ST2.3: Learning new conventions* *ST2.4: Feeling supported*

Appendix 2 (contd.) Framework Analysis, Foster carer dataset (Qualitative study)

Table 8 – summary of qualitative findings, foster carer dataset

T1 Identity	**T2 Transitions into care**	**T3 Assumptions and reality**
ST1: Care ST2: Regulation ST3: Concept of family ST4: Concept of the 'good parent'	ST1: Good parent ST2: Home ST3: 'Doing my best' ST4: Information	ST1: Image of foster child ST2: 'Reality moment' ST.3 Relationships with parents of origin

ST5: Image of 'foster child' ST6: Placement breakdown *ST6.1: Turmoil* *ST6.2 Hell* *ST6.3 Best interests of the child* *ST6.4 Contradicts identity*	ST5: Matching	ST3.1 Parenting styles ST3.2 Coping ST3.3 Support ST 3.4 Extended Family ST 3.5 Social workers

T4 Relationships with social workers	**T5 Relationships with children**	**T6 Attitudes to services**
ST1: Communication *ST1.1 Face to face* *ST1.2 Letter* *ST1.3 Phone calls* ST2: Trust ST3: Information *ST3.1 Right to information* ST 4: Power and authority ST5: Regulation v care *ST5.1 Normal childhood* *ST5.2 Commitment to child's future* ST6: Future planning *ST6.1: Short*	ST1: 'Doing my best' ST2: Education ST4: Relationships with their own children ST5: Relationships between foster children and siblings *ST5.1 Jealousy* *ST5.2 Fear* *ST5.3 Re-positioning in family* *ST5.4 Invisibility* ST6: Fear *ST6.1 Return to the old life* *ST6.2 Inability to cope* ST7: Future planning *ST7.1 Best interests of the child* *ST1.2 Taking control* *ST7.2 Coping* *ST7.3 Effects on extended family members* *ST7.4 Health and Illness*	ST1: Positive *ST1.1: 'I get what I need'* *ST1.2 Social worker* ST2: Negative *ST2.1 'Pushing' for services* *ST2.2 Private Services* *ST2.2.1 Payment and best interests of the child*

term visions *ST 6.2: Long-term visions* ST7: Protection *ST7.1 Protecting 'whom'* *ST7.2 Negotiating responsibilities* *ST7.3 Moral obligations* *ST7.2 Normal childhood*	*ST7.5 Relationships with social workers* *ST7.5 Moral obligations* *ST7.6 Future stressors* ST8: Breakdown *ST8.1 Best interests of the child* *ST8.2 Coping* *ST8.3 Effects on extended family members*	

T7 Definition of permanence		
ST1: Living arrangement ST2: Stability in the home ST3: Factors affecting permanence in care *ST3.1: Age at care entry* *ST3.2: Early life and home environment* *ST3.3: Behavioural issues* *ST3.4: Education* *ST3.5 Coping* *ST3.6 Support* *ST3.6.1 Social workers* *ST3.6.2 Extended family* *ST3.6.3 Family of origin*		

Appendix 2 (contd.) Framework Analysis, parents of origin dataset (Qualitative study)

Table 9 – summary of qualitative findings, parents of origin dataset

T1 Early life experiences	**T2 Factors leading to care admission**	**T3 Reactions to care admission**
ST 1 Place of birth/family circumstances ST2 Family Relationships ST 3 Romantic partners ST 4 Personality	ST 1 Inability to cope ST 1.1 'Falling apart' (emotional responses) ST 1.2 Alcoholism ST 1.3 Neglect and abuse ST 1.4 Family breakdown	ST 1 Description of experience ST 2 Trust ST 3 Loss ST 4 Anger ST 5 Recrimination ST 6 Doubt ST 7 Guilt ST 8 Failure ST 9 'Bad parent' ST 10 Labelling and stigma ST 11 Acceptance

T4 Coping with care admission	**T6 Relationships with foster carers**	**T7 Relationships with social workers**
ST 1 Family ST 2 Friends ST 3 Social Workers	ST 1 First meetings ST 2 Parenting styles ST 3 Ability to	ST 1 Power and authority ST 2 Mistrust

ST 3.1 Trust ST 3.2 Contact ST 3.3 Information on placement	provide/’better life’ ST 3.1 ‘They’re better off’	ST 3 Normality ST 4 Stigma and labelling
ST 4 Services	ST 4 Parenting styles	ST 5 Human rights ST 5.1 ‘Nobody’/ ‘Nothing’
ST 5 Not coping	ST 5 Information on placement	ST 5.2 ‘Stranger’

T8 Relationships with children	**T9 Trust/mistrust**	**T10 Present life circumstances**
ST 1 Early relationship	ST 1 Life experiences	ST 1 Mental health
ST 2 ‘Similar traits’	ST 2 Social workers	ST 2 ‘Getting on with life’
ST 3 Relationship in care	ST 3 Family	ST 3 Fears for the future
3.1 Face to face contact 3.2 Letters 3.3 Contact meetings 3.4 Care planning		ST 4 Acceptance ST 5 Guilt
ST 4 Future relationship ST 4.1 Fear of rejection		ST 6 Anxiety

T11 Future selves		
ST 1 ‘Making something of my life’		
ST 2 Education		
ST 3 Family		

Appendix 3 Quantitative Tool

Outcomes for Permanence and Stability for Children in Care Study

Quantitative Data Collection Tool

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June 2016

Please tick as appropriate:

Section 1 – Demographic Information about the Child/Young Person

This section asks for demographic information about the child/young person like their sex, their age at entry into care, and their ethnic and cultural background.

1. What sex is the child/young person?

   Male ☐ Female ☐

2. How old was the child/young person on the date of her/his entry into their current care placement?

   0-3 years ☐
   4-6 years ☐
   7-9 years ☐
   10-12 years ☐
   13-15 years ☐
   16-18 years ☐

3. What is the child's date of birth? ***(state the day, month and year as follows DD/MM/YY)***

   ____

4. How old is the child/young person presently?

   0-3 years ☐

   4-6 years ☐

   7-9 years ☐

   10-12 years ☐

   13-15 years ☐

16-18 years ☐

19-23 years ☐

Over 23 years ☐

5. Which of the following best describes the child/young person's ethnic or cultural background?

White Irish ☐

Irish Traveller ☐

Any other White Background ☐

Black/Black Irish ☐

African ☐

Any other Black background ☐

Asian/Asian Irish ☐

Chinese ☐

Any other Asian background ☐

Other including mixed background ☐ (please specify)

6. What nationality is the child? (Please specify, E.g. Irish, British etc.)

____

7. Prior to the child/young person's current care placement, what type of accommodation did s/he occupy?

Privately owned house[1] ☐

Privately owned flat or apartment[2] ☐

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[1] Includes houses that are owned outright or owned with mortgage or loan

[2] Includes flats or apartments that are owned outright or owned with mortgage or loan

Private rental house ☐

Private rental flat or apartment ☐
House rented from Local Authority ☐

Flat or apartment rented from Local Authority ☐

House rented from Voluntary Body ☐

Flat or apartment rented from Voluntary Body ☐

Privately owned bedsit[3] ☐

Private rental bedsit ☐

Bedsit rented from Local Authority ☐

Bedsit rented from Voluntary Body ☐

Bed and Breakfast ☐

Hostel ☐
Homeless ☐
Mobile or Temporary Structure (i.e. mobile home) ☐

Don't Know ☐

Other ☐ (please specify)

8. Which of the following best describes the location where the child/young person resided, prior to entering her/his current care placement?

Inner city location ☐
Suburban city area ☐
Large town ☐
Small town ☐
Countryside location ☐
Don't Know ☐
Other ☐ (please specify)

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[3] Includes bedsits that are owned outright or owned with mortgage or loan

Section 2 – Information on Child's/Young Person's Care Placement(s)

9. Is the child/young person currently in care?

Yes ☐ No ☐ Don't Know ☐

(If you answered 'yes' to Question 9 go to Question 10. If you answered 'No' or 'Don't Know' to Question 9, skip to Question 11)

10. If the child/young person is still in care, please indicate her/his current type of care arrangement:

Relative Foster Care ☐

General Foster Care ☐
Private Foster Care ☐
Residential Care ☐
Private Residential Care ☐
Special Care Arrangement ☐
High Support ☐
Other (please specify)

11. How old was the child/young person when s/he exited care?

0-3 years ☐
4-6 years ☐
7-9 years ☐
10-12 years ☐
13-15 years ☐
16-18 years ☐
Don't Know ☐

12. Prior to the child/young person's current care placement, was s/he previously placed in care?[4]

Yes ☐ No ☐ Don't Know ☐

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[4] Note: this includes long-term and short-term care arrangements

(If you answered 'yes' to Question 12 go to Question 13. If you answered 'No' or 'don't know' to Question 12, skip to Question 15)

13. Approximately how many care placements did the child/young person experience prior to her/his current care placement?

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐
More than 5 ☐

14. Please state the year(s) when the child/young person was previously admitted into care and the approximate duration of each of these prior care admissions (***in days, weeks, months and/or years)***

Year of care admission	**Number of days**[5]	**Number of weeks**	**Number of months**	**Number of years**

15. How long (approximately) did it take for the child/young person to be placed in care after care plan decisions were made? ***(Please specify in days, weeks and/or months approximately).***

____

16. Please state the total length of time the child/young person was / is in care approximately from the date of her/his entry into care to the date she/he left care (or up to the present date if the child is still in care)? ***(Please specify in days, weeks, months, years as appropriate).***

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[5] Refers to duration of care placement(s) in days, weeks, months etc

Section 3 – Health Status of Child/Young Person

This section asks for information specifically about the health status of the child/young person; conditions that they may have been diagnosed with prior to entering care and/or during their current care placement.

17. Has the child/young person been diagnosed as having any of the following conditions or difficulties? (***Note: You can choose as many of the following options from the list, as appropriate***).[6]

Attention Deficit Hyperactivity Disorders (ADHD) ☐
Blindness or vision impairment ☐
Deafness or hearing impairment ☐
Autism Spectrum Disorders (ASD) ☐
Diagnosed intellectual disability ☐
Difficulties with basic physical activities such as walking, reaching, climbing stairs or carrying ☐
Speech and language impairment ☐
Difficulty with learning, remembering or concentrating ☐
Psychological or emotional condition ☐
Terminal illness ☐
Difficulty with pain, breathing or any other illness or condition ☐
Physical impairment ☐
Special Educational Need (SEN) (E.g. dyslexia, dyspraxia) ☐
Don't Know ☐
Other ☐ (please specify)
Has not been diagnosed with any condition ☐

18. Prior to or after admission to her/his current care placement, was the child/young person diagnosed with any mental health difficulties including depression, panic attacks, anxiety and/or eating disorders?

Yes ☐ No ☐ Don't Know ☐

(If you answered 'yes' to question 18 go to question 19. If you answered 'no' or 'don't know' to question 18 please skip to question 20)

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[6] If s/he has not been diagnosed with any condition, please tick the final box on this list as appropriate.

19. Please indicate which of the following mental health conditions that the child/young person was diagnosed with, prior to and/or after admission into her/his current care placement ***(Note: you can choose as many of the following options from the list, as appropriate)***

Stress ☐

Anxiety ☐
Panic attacks ☐
Depression ☐

Self-harm ☐

Suicidal thoughts ☐

Eating disorders ☐

Bipolar disorders ☐

Schizophrenia ☐
Don't Know ☐

Other ☐ (please specify)………………………………………...
Has not been diagnosed with any mental health conditions ☐

20. Prior to, during or after her/his current care placement, was the child/young person referred to Child and Adolescent Mental Health Services (CAMHS)?

Yes ☐ No ☐ Don't Know ☐

(If you answered 'yes' to Question 20 go to Question 21. If you answered 'No' or 'Don't Know' to Question 20, skip to Question 22)

21. Please specify the diagnosis or type of service(s) that CAMHS provided for the child/young person

22. In your professional opinion, does the child suffer from any mental health difficulties that are as yet undiagnosed by mental health professional services such as depression, panic attacks, anxiety and/or eating disorders?

Yes ☐ No ☐ Don't Know ☐

23. If there is any additional information that you think is relevant and relates to the child/young person's physical and/or mental health status, you may add it here.

Section 4 - Information on Family of Origin/Main Caregiver(s)

This section asks for demographic information about the child/young person's main caregiver(s), whom s/he lived with, prior to her/his admission into care.

24. Which of the following best describes the household type that the child/young person resided in, prior to her/his current care placement?

Married Couple Family ☐
One-Parent Family; mother living with child/children ☐
One-Parent Family; father living with child/children ☐
Lone mother residing with another person ☐
Lone father residing with another person ☐
Household comprised of unrelated persons ☐
Don't Know ☐
Other ☐ (please specify)

25. Approximately how many persons resided in the same house as the child/young person on the date of her/his entry into their current care placement?

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐
More than 5☐

26. What is the child/young person's relationship to her/his main caregiver(s), whom s/he resided with prior to her/his current care placement?

Son/daughter ☐
Stepchild ☐
Grandchild ☐
Sibling (i.e. brother or sister) ☐
Extended family member (i.e. niece, nephew, cousin) ☐
Foster parent ☐
Adoptive parent ☐

No relation ☐
Other ☐ (please specify)…………………………………..

27. Does the child/young person have siblings?[7]

Yes	☐	No	☐	Don't Know	☐

(If you answered 'yes' to Question 27 go to Question 28. If you answered 'No' or 'don't know' to Question 27, skip to Question 32).

28. Prior to being admitted into care, how many other children/young people under 18 years of age resided at the same address as the child/young person?

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

More than 5☐

29. Have any of the child/young person's siblings[8] ever been admitted into care[9]?

Yes	☐	No	☐	Don't Know	☐

30. How many of the child/young person's siblings are in care at the present time or have been in care?

1 ☐
2 ☐
3 ☐

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[7] Includes siblings from family of origin, step siblings and children residing at the same address as the child who may be unrelated to her/him

[8] Includes siblings from family of origin and step-siblings and children residing at the same address as the child who may be unrelated to her/him

[9] Note: this includes short term care and long term care arrangements

4 ☐
5 ☐

More than 5☐

31. Please enter the ages of the child/young person's siblings when they went into care and the length of time each child spent in care in the table below.

	Sex	**Age at entry into care**	**Current age**	**Total length of time in care (approximately)**
Sibling 1				
Sibling 2				
Sibling 3				
Sibling 4				
Sibling 5				

32. If you have any additional information about household type, the child/young person's siblings and/or information about their care histories, including why they were admitted into care, you may give it here.

Section 5 – Reasons for child/young person's admission to care

This section asks for information about some of the reasons the child/young person was admitted into care.

33. Please indicate which of the following factors (if any) contributed to the child/young person's admission into care? ***(Note: you can choose as many of the following options from the list as appropriate)***

Abandonment ☐

Neglect ☐

Sexual abuse ☐

Physical abuse ☐

Emotional abuse ☐

Alcohol misuse – parent(s) of origin/main caregiver(s) ☐

Drug misuse – parent(s) of origin/main caregiver(s) ☐

Child’s behavioural problems ☐

Child’s physical impairment ☐

Child’s Special Educational Need (SEN) ☐

Mental health of parent(s) of origin/main caregiver(s) ☐

Physical health of parent(s) of origin/main caregiver(s) ☐

Child’s mental health ☐

Death of parent(s) of origin/main caregiver(s) ☐

Homelessness ☐

Intellectual Disability ☐

Parenting Capacity ☐

Protective Capacity ☐

Parent(s) of origin/main caregiver(s) no longer able to provide care ☐

Exposure to physical and/or sexual violence ☐

Incarceration of parent(s) of origin/main caregiver(s) ☐

Relationships with other children living in the household ☐

Other ☐ (please specify)

34. If you have any additional information that you think is relevant to the circumstances or factors that contributed to the child/young person going into care, you may add it here.

Section 6 – Information on Parents of Origin/ Caregiver(s)

This section asks for information about the child and her/his family of origin/ main caregiver(s) who s/he lived with before s/he went into care. If the child resided in a household with 2 main caregivers, you are asked to give information about both caregivers.

If the child resided in a household with 1 caregiver only, you are only asked to give details about 1 caregiver. Separate sections are provided where you can give detail for each caregiver, entitled 'Information on Caregiver 1' and 'Information on Caregiver 2'.

If more than 2 caregivers resided with the child and gave her/him regular care, we ask that you give information on the 2 caregivers in the household who provided the most and most frequent care to the child in your opinion.

You can give additional information at the end of Section 6 on other caregivers who may have been involved in caring for the child.

Information on Caregiver 1

35. What sex is Caregiver 1?

Male ☐ Female ☐ Don't Know ☐

36. On the date that the child/young person was admitted into care, what was the marital status of Caregiver 1?

Single ☐
Married ☐
Cohabiting ☐
Widowed ☐
Separated ☐
Divorced ☐
Civil Partnership ☐
Don't Know ☐
Other ☐ (please specify)

37. Please indicate the employment status of Caregiver 1 on the date of the child/young person's admission into care.

Full-time employment (for payment or profit) ☐
Part-time employment (for payment or profit) ☐
Unemployed ☐
Retired ☐
Student ☐
Looking after home/family ☐
Unable to work due to sickness or disability ☐
In receipt of Lone Parent or Carers payments ☐
Don't Know ☐
Other☐ (please specify)

38. If Caregiver 1 was working for payment or profit can you please indicate the sector that s/he worked in on the date of the child/young person's admission into care and/or her/his job title? (E.g. hospitality, retail, social care etc)?

____

39. What type of accommodation did Caregiver 1 occupy on the date of the child/young person's admission into her/his current care placement?

Privately owned house[10] ☐

Privately owned flat or apartment[11] ☐

Private rental house ☐

Private rental flat or apartment ☐
House rented from Local Authority ☐

Flat or apartment rented from Local Authority ☐

House rented from Voluntary Body ☐

Flat or apartment rented from Voluntary Body ☐

Privately owned bedsit[12] ☐

Private rental bedsit ☐

Bedsit rented from Local Authority ☐

Bedsit rented from Voluntary Body ☐

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[10] Includes houses that are owned outright or owned with mortgage or loan
[11] Includes flats or apartments that are owned outright or owned with mortgage or loan
[12] Includes bedsits that are owned outright or owned with mortgage or loan

Bed and Breakfast ☐

Hostel ☐
Homeless ☐
Mobile or Temporary Structure (i.e. mobile home) ☐
Don't Know ☐
Other ☐ (please specify)

40. Can you please indicate the approximate gross income of Caregiver 1 for the 12 month period up to the date of the child/young person's admission into her/his current care placement?

€0 - € 10,000 ☐
€10,001 - € 20,000 ☐
€ 20,001- €30,000 ☐
€30,001- €40,000 ☐
Over €40,001 ☐
Don't Know ☐

41. Has Caregiver 1 ever experienced homelessness?

Yes ☐ No ☐ Don't Know ☐

42. Has Caregiver 1 been diagnosed with any of the following conditions or difficulties?

Attention Deficit Disorders ☐
Blindness or vision impairment ☐
Deafness or hearing impairment ☐
ASD Spectrum ☐
Diagnosed intellectual disability ☐
Difficulties with basic physical activities such as walking, reaching, climbing stairs or carrying ☐
Speech and language impairment ☐
Difficulty with learning, remembering or concentrating ☐
Psychological or emotional condition ☐
Terminal illness ☐
Difficulty with pain, breathing or any other illness or condition ☐
Physical impairment ☐
Special Educational Need (SEN) (i.e. dyslexia, dyspraxia) ☐
Don't Know ☐
Other ☐(please specify) ……………………….
Has not been diagnosed with any condition ☐

43. Has Caregiver 1 been diagnosed with any mental health difficulties including depression, panic attacks, anxiety and/or Eating Disorders?

Yes ☐ No ☐ Don’t Know ☐

(If you answered ‘yes’ to question 43 go to question 44. If you answered ‘no’ or ‘don’t know’ to question 43 skip to question 45)

44. Please indicate which of the following mental health condition(s) that Caregiver 1 has been diagnosed with ***(Note: you may choose as many options below, as appropriate)***

Stress ☐
Anxiety ☐
Panic attacks ☐
Depression ☐
Self-harm ☐
Suicidal thoughts ☐
Eating disorders ☐
Bipolar disorders ☐
Schizophrenia ☐
Don’t Know ☐
Other ☐(please specify)
Has not been diagnosed with any mental health conditions ☐

45. If you have any additional information about Caregiver 1 that you think is important, you may add it here

<u>Information on Caregiver 2</u>

46. What sex is Caregiver 2?

Male ☐ Female ☐ Don’t Know ☐

47. On the date that the child/young person was admitted into care, what was the marital status of Caregiver 2?

Single ☐
Married ☐
Cohabiting ☐
Widowed ☐
Separated ☐
Divorced ☐
Civil Partnership ☐
Don’t Know ☐
Other ☐(please specify)

48. Please indicate the employment status of Caregiver 2 on the date of the child/young person’s admission into her/his current care placement.

Full-time employment (for payment or profit) ☐
Part-time employment (for payment or profit) ☐
Unemployed ☐
Retired ☐
Student ☐
Looking after home or family ☐
Unable to work due to sickness or disability ☐
In receipt of lone parent or carers payments ☐
Unknown ☐
Don’t Know ☐
Other ☐(please specify)

49. What type of accommodation did Caregiver 2 occupy on the date of the child/young person’s admission into care?

Privately owned house[13] ☐

Privately owned flat or apartment[14] ☐

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[13] Includes houses that are owned outright or owned with mortgage or loan

[14] Includes flats or apartments that are owned outright or owned with mortgage or loan

Private rental house ☐

Private rental flat or apartment ☐
House rented from Local Authority ☐

Flat or apartment rented from Local Authority ☐

House rented from Voluntary Body ☐

Flat or apartment rented from Voluntary Body ☐

Privately owned bedsit[15] ☐

Private rental bedsit ☐

Bedsit rented from Local Authority ☐

Bedsit rented from Voluntary Body ☐

Bed and Breakfast ☐

Hostel ☐
Homeless ☐
Mobile or Temporary Structure (i.e. mobile home) ☐
Don't Know ☐
Other ☐ (please specify)

50. Can you please indicate the approximate gross income of Caregiver 2 for the 12 month period prior and up to the date of the child/young person's admission into her/his current care placement?

€0 - € 10,000 ☐
€10,001 - € 20,000 ☐
€ 20,001- €30,000 ☐
€30,001- €40,000 ☐
Over €40,001☐
Don't Know ☐

51. Has Caregiver 2 ever experienced homelessness?

Yes ☐ No ☐ Don't Know ☐

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[15] Includes bedsits that are owned outright or owned with mortgage or loan

52. Has Caregiver 2 been diagnosed with any of the following conditions or difficulties? ***(Note: you can choose as many options from the list below, as appropriate).***

Attention Deficit Hyperactivity Disorder (ADHD) ☐
Blindness or vision impairment ☐
Deafness or hearing impairment ☐
Autism Spectrum Disorder (ASD) ☐
Diagnosed intellectual disability ☐
Difficulties with basic physical activities such as walking, reaching, climbing stairs or carrying ☐
Speech and language impairment ☐
Difficulty with learning, remembering or concentrating ☐
Psychological or emotional condition ☐
Terminal illness ☐
Difficulty with pain, breathing or any other illness or condition ☐
Physical impairment ☐
Special Educational Need (SEN) (i.e. dyslexia, dyspraxia) ☐
Don't Know ☐
Other ☐ (please specify)
Has not been diagnosed with any condition ☐

53. Has Caregiver 2 been diagnosed with any mental health difficulties including depression, panic attacks, anxiety and/or Eating Disorders?

Yes ☐ No ☐ Don't Know ☐

(If you answered 'yes' to question 53 go to question 54. If you answered 'no' or 'don't know' to question 53 skip to question 55).

54. Please indicate the specific type(s) of mental health condition(s) that Caregiver 2 has been diagnosed with ***(Note: you may choose as many options below as appropriate).***

Stress ☐

Anxiety ☐
Panic attacks ☐
Depression ☐

Self-harm ☐

Suicidal thoughts ☐

Eating disorders ☐

Bipolar disorders ☐

Schizophrenia ☐
Don’t Know ☐
Other ☐ (please specify)…………………………….

Has not been diagnosed with any mental health conditions ☐

55. If you have any additional information about Caregiver 2 that you think is important, you may add it here.

56. If you have any additional information about additional persons who were resident at the same address as the child on the date of her/his entry into care, you may give it here (Note: this includes adults/young people who are related to the child and persons who are not related to her/him).

Section 7 - Frequency of Contact with Caregiver(s)/Family of Origin

This section asks for information about the frequency and quality of contact between the child/young person and her/his families of origin/main caregiver(s) whom s/e resided with before going into care.

57. Whilst in care, did the child contact one or more of her/his main caregiver(s) whom s/he lived with prior to her/his current care placement on at least one occasion?[16]

Yes ☐ No ☐ Don’t Know ☐

We now ask for more specific information around the **degree** and **quality** of contact that the child maintained with her/his parent(s) of origin/main caregiver(s) whilst s/he was in care.

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[16] Contact includes face-to-face meetings, virtual meetings (e.g. via Skype), contact via social media (i.e. Bebo, Facebook), letters, e-mails, text messages and/or telephone calls.

Contact with Caregiver 1

58. Whilst in care, how often (approximately) did Caregiver 1 and the child/young person meet face-to-face?

At least once a day ☐

Approximately 3 times per week or more ☐

Approximately 1-2 times per week ☐

Approximately 1-2 times per month ☐

Less frequently than once a month ☐

Approximately once every 1-3 months ☐

Approximately once every 4-6 months ☐

Approximately once every 7-9 months ☐

Approximately once every 10-12 months ☐

Less frequently than once a year ☐

Never ☐

Don't Know ☐

Other ☐ (please specify)

59. If the child/young person and Caregiver 1 did not meet face-to-face whilst s/he was in care, please indicate some of the main reasons why you think that face-to-face contact was not maintained.

60. Whilst s/he was in care, did the child/young person and Caregiver 1 contact each other on at least one occasion using any of the following media? ***(Note: you may choose as many options from the list below, as appropriate).***

Letter ☐
E-mail ☐
Social media (e.g. Facebook/MySpace/WhatsApp, Viber) ☐
Skype ☐
Twitter ☐
Phone call ☐
Text message ☐
Don't Know

Other ☐ (please specify)

61. If you have any additional information about the child/young person's relationship with Caregiver 1 and the **quality** and **level** of contact with Caregiver 1 whilst s/he was in care, you may add it here.

Contact with Caregiver 2

62. Whilst in care, how often (approximately) did Caregiver 2 and the child/young person meet face-to-face?

At least once a day ☐

Approximately 3 times per week or more ☐

Approximately 1-2 times per week ☐

Approximately 1-2 times per month ☐

Less frequently than once a month ☐

Approximately once every 1-3 months ☐

Approximately once every 4-6 months ☐

Approximately once every 7-9 months ☐

Approximately once every 10-12 months ☐

Less frequently than once a year ☐

Never ☐

Don't Know ☐

Other ☐ (please specify)

63. If the child/young person and Caregiver 2 did not meet face-to-face whilst s/he was in care, please indicate some of the main reasons why you think that face-to-face contact was not maintained.

64. Whilst s/he was in care, did the child and Caregiver 2 contact each other on at least one occasion using any of the following media? ***(Note: you may choose as many options from the list below, as appropriate).***

Letter ☐
E-mail ☐
Social media (e.g. Facebook/MySpace/WhatsApp, Viber) ☐
Skype ☐
Twitter ☐
Phone call ☐
Text message ☐
Don't Know ☐
Other ☐(please specify)

65. If you have any additional information about the child/young person's relationship with Caregiver 2 and the **quality** and **level** of contact with Caregiver 2 whilst s/he was in care, you may add it here.

Frequency of Contact with Siblings

66. Whilst in care, did the child contact one or more of her/his siblings on at least one occasion[17]?

Yes ☐ No ☐ Don't Know ☐ Not applicable ☐

We will now ask you to provide some detailed information on the child's level of contact with any two of her/his siblings.

Note: if the child has one sibling, we ask that you provide information in the section entitled 'Contact with sibling 1' only and move to the next section (Section 8 – Contact with grandparents and extended family).

If the child does not have any siblings, you may skip immediately to Section 8.

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[17] In this context, siblings refer to children from family of origin and any other children/young people who resided at the same address as the child prior to her/his current care arrangement.

If the child has more than two siblings, we ask that you give information about siblings that you feel were more significant in the life of the child/young person whilst s/he was in care in the sub-sections entitled ‘Contact with sibling 1’ (below) and ‘Contact with sibling 2’.

You can also provide additional information on contact with siblings, if appropriate, in later sections of this tool if you wish.

Contact with Sibling 1

67. What sex is sibling 1?

Male ☐ Female ☐ Don’t Know ☐

68. Whilst in care, how many times per year did the child/young person and Sibling 1 meet face-to-face approximately?

At least once a day ☐

Approximately 3 times per week or more ☐

Approximately 1-2 times per week ☐

Approximately 1-2 times per month ☐

Less frequently than once a month ☐

Approximately once every 1-3 months ☐

Approximately once every 4-6 months ☐

Approximately once every 7-9 months ☐

Approximately once every 10-12 months ☐

Less frequently than once a year ☐

Never ☐

Don’t Know ☐

Other ☐(please specify)…………………………..

69. If the child/young person and Sibling 1 did not meet face-to-face whilst s/he was in care, please indicate some of the main reasons why you think that face-to-face contact was not maintained.

70. Whilst s/he was in care, did the child and Sibling 1 contact each other another using any of the following media on at least one occasion? ***(Note: you may choose more than one option below as appropriate).***

Letter ☐
E-mail ☐
Social media (e.g. Facebook/MySpace/Bebo/WhatsApp, Viber) ☐
Skype ☐
Twitter ☐
Phone call ☐
Text message ☐
Other ☐ (please specify)

71. If you have any additional information about the child's relationship with Sibling 1 whilst in care and/or the **quality** or **level** of contact that the child maintained with Sibling 1 whilst s/he was in care, you may give it here.

Contact with Sibling 2

72. What sex is sibling 2?

Male ☐ Female ☐ Don't Know ☐

73. Whilst in care, how many times per year the child face-to-face with Sibling 2 approximately?

At least once a day ☐

Approximately 3 times per week or more ☐

Approximately 1-2 times per week ☐

Approximately 1-2 times per month ☐

Less frequently than once a month ☐

Approximately once every 1-3 months ☐

Approximately once every 4-6 months ☐

Approximately once every 7-9 months ☐

Approximately once every 10-12 months ☐

Less frequently than once a year ☐

Never ☐

Don't Know ☐

Other ☐ (please specify)

74. If the child/young person and Sibling 2 did not meet face-to-face whilst s/he was in care, please indicate some of the main reasons why you think that face-to-face contact was not maintained.

75. Whilst s/he was in care, did the child and Sibling 2 contact each other another using any of the following media? ***(Note: you may choose as many options from the list below as appropriate).***

Letter ☐
E-mail ☐
Social media (e.g. Facebook/MySpace/Bebo//WhatsApp, Viber) ☐
Skype ☐
Twitter ☐
Phone call ☐
Text message ☐
Don't Know ☐
Other ☐(please specify)…………………………….

76. If you have any additional information about the child's relationship with Sibling 2 whilst in care and/or the **quality** or **level** of contact that the child maintained with Sibling 2 whilst s/he was in care, you may give it here.

77. If you have any additional information about the child's relationship with her/his other siblings that you would like to comment on and which you feel is relevant, you may add it here.

Section 8 – Frequency of Contact with Grandparents and Extended Family Members

In this section, we ask for more information about the child's relationships and contact with her/his grandparents and other extended family members whilst s/he was in care.

78. Whilst in care did the child/young person maintain regular contact[18] with one or more of her/his maternal or paternal grandparent(s)? [19]

Yes ☐ No ☐ Don't Know ☐ Not applicable ☐

79. Can you please provide some more detail on the child/young person's relationship with her/his grandparent(s) whilst s/he was in care, specifically around the **quality** and **level** of contact maintained throughout her/his current care arrangement? [20]

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[18] Regular contact is defined as meetings, phone calls, contact via social media and/or text messages that takes place at least once a month

[19] Contact includes face-to-face meetings, virtual meetings (i.e. via Skype), contact via social media (i.e. Bebo, Facebook), letters, e-mails, text messages and/or telephone calls.

[20] (**Please note:** you can choose to discuss the maternal and/or paternal grandparents in this section, including why contact was (not) maintained in some instances, or why contact with 1 or more grandparent was maintained).

80. Whilst in care, did the child/young person maintain regular contact with any of her/his extended family members (E.g. cousin, aunt, uncle)? [21]

Yes ☐ No ☐ Don't Know ☐ not applicable ☐

81. If you have any other information that you feel is important about the child's relationship with extended family relatives (i.e. cousins, aunts, uncles) before or whilst s/he was in care, you may add it here.

Section 9 – Placement Stability and Disruption

In this section, we ask for information about stability and disruption in the child's current care placement.

82. Did the child/young person experience any placement moves during her/his current care placement?

Yes ☐ No ☐ Don't Know ☐

(If you answered 'yes' to Question 82 go to Question 83. If you answered 'No' or 'Don't Know' to Question 82, skip to Question 87)

83. How many placement moves approximately did the child experience during her/his current care placement?

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐
More than 5 ☐

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[21] Regular contact is defined as meetings, phone calls, contact via social media and/or text messages that takes place at least once per month

84. Can you please indicate which of the following child-related factors (if any) that may have contributed to placement breakdown and/or disruption? (***Note: you may choose as many options from the list below as appropriate***).

Physical abuse prior to admission to care ☐

Sexual abuse prior to admission to care ☐

Exposure to domestic violence prior to admission to care ☐

Emotional abuse prior to admission to care ☐

Exposure to pre-natal drug and alcohol misuse ☐

Experience of neglect prior to admission to care ☐

Experience of being only child in birth family in care ("preferential rejection" by birth parents) ☐

Child displaying sexualised behaviour in care placement ☐

Child engaging in aggressive behaviour in care placement ☐

Child displaying maltreatment of animals care placement ☐

Change in child's life circumstances since admission to this placement ☐

Placement outside of Area which affected contact with birth family ☐

Child refuses to remain in placement ☐

Don't Know ☐

Other ☐ (please specify)……………………………………..

85. Can you please indicate which of the following factors pertaining to the child's family of origin/main caregivers(s) contributed to placement breakdown and/or disruption? (***Note: you may choose as many options from the list below, as appropriate***)

Difficulty processing their loss of child to care placement ☐

Difficulty accepting need for child to be in care ☐

Difficulty making contact a good experience for the child ☐

Difficulty working with agency social workers and other disciplines ☐

Deteriorating family circumstances since child's admission to care ☐

Don’t Know ☐

Other ☐(please specify)…………………………………………….

86. Can you please indicate which of the following factors pertaining to the child’s foster family or residential care placement contributed to placement breakdown and/or disruption? (***Note: you may choose as many options from the list below, as appropriate***)

Failure to bond with child☐

Inability to accept child’s history ☐

Inability to manage child’s behaviour ☐

Unrealistic expectations of child ☐

Disagreed with care plan for child ☐

Allegation of abuse/neglect against foster carer or foster family member ☐

Failure to provide full and/or accurate relevant information

During assessment ☐

Inability or reluctance to discuss background/history with child ☐

Irreconcilable difficulties between other children in household and foster child ☐

Changes in family circumstances ☐

Difficulty in accepting reality of contact for child with birth family ☐

Don’t Know ☐

Other ☐(please specify)…………………………………………

87. In your opinion, did Agency-related factors affect the stability of the child’s current care placement?

Yes ☐ No ☐ Don’t Know ☐

(If you answered ‘yes’ to Question 87 go to Question 88. If you answered ‘No’ or ‘Don’t Know’ to Question 87, skip to Question 89)

88. Can you please indicate if any of the following agency-related factors contributed to placement breakdown and/or disruption? ***(Note: you may choose more than one option as appropriate).***

Incomplete or unshared information on child's history given to foster carer/residential care staff ☐

No assessment of child's needs ☐

No care plan made for child while in care ☐

Pre-placement training not provided ☐

No post placement training offered ☐

Inadequate social work support offered ☐

No social worker assigned to foster carer ☐

Poor matching of child with carer ☐

Inadequate preparation for the child and family in beginning this placement ☐

Absence of therapeutic services and other supports to support placement ☐

Poor interdepartmental communication between social workers and other professional's ☐

Absence of reviews ☐

Don't know ☐

Other ☐ (please specify)…………………………………………

89. Approximately how many social workers did the child have during the current care placement?

1 ☐
2 ☐
3 ☐

4 ☐

5 ☐

More than 5 ☐

90. If there is any additional information you feel is important about the child/young person's relationship with her/his social worker(s) whilst s/he was in care, you may add it here.

91. If there is any additional information you feel is important about the child/young person's placement stability and/or factors that you feel affected her/his stability whilst in care (i.e. relationships with court, delays in court decisions, decisions relating to access, lack of access to appropriate supports), you may add it here.

Section 10 – Education and Training

This section asks about the child's educational attainments prior to her/his admission into care and their education whilst in care.

92. On the date that the child was admitted into care, was s/he enrolled at and/or attending any of the following education and/or training facilities;

Crèche ☐

Preschool or Montessori ☐

Primary school ☐

Secondary school ☐

Third level institute (e.g. IT/university) ☐

Training facility (e.g. Youthreach, FÁS, Daybreak) ☐

Don't Know ☐
Other ☐(please specify)

Not attending educational/training facility ☐

(If you answered yes to question 92, go to question 93. If you answered 'Not attending educational/training facility' or 'Don't Know' to Question 92 go to Question 96)

93. Whilst in care, did the child experience subsequent school / training facility[22] moves?

Yes ☐ No ☐ Don't Know ☐ not applicable ☐

94. How many school moves in total, did the child experience during her/his current care placement approximately?

1 ☐
2 ☐
3 ☐
4 ☐
5 ☐
More than 5 ☐

95. Which of the following factors (if any) might have contributed to the child's school/training facility moves? ***(Note: you may choose as many options from the list below, as appropriate)***

Physical abuse prior to admission to care ☐

Sexual abuse prior to admission to care ☐

Exposure to domestic violence prior to admission to care ☐

Exposure to emotional abuse prior to admission to care ☐

Exposure to pre-natal drug and alcohol misuse ☐

Experience of neglect prior to admission to care ☐

Child's mental health difficulties ☐
Child's physical health ☐
Child's emotional/behavioural difficulties ☐
Placement move(s) ☐
Child displaying sexualised behaviour at school/training facility ☐

Child engaging in aggressive behaviour at school/training facility ☐

Child refuses to attend school/training facility ☐

Bereavement ☐
Child's relationship with other children living in the household ☐
Child's relationship with parent(s) of origin/ caregiver(s) ☐

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[22] Note that in this context, training facility refers to Youthreach, FAS programmes, Daybreak programmes or other training and vocational programmes, as appropriate.

Child's Special Educational Needs (SEN) ☐
Child's relationships with teacher's ☐
Child's relationships with her/his classmates ☐
Placement move(s) ☐
Bullying ☐
Don't Know ☐
Other ☐(please specify) …………………………………………

96. Prior to entering care or whilst s/he was in care, did the child/young person participate in extra-curricular or after school activities/clubs or societies such as GAISCE, GAA, Sports, Scouts, Homework Clubs, youth clubs or youth cafes, or other youth participation initiatives?

Yes ☐ No ☐ Don't Know ☐ Not applicable ☐

(If you answered 'yes' to Question 96 go to Question 97. If you answered 'No', 'Don't Know' or 'Not Applicable' to Question 96, please skip to Question 98).

97. Please indicate the type of extra-curricular and/or after school activities/clubs or societies that the child/young person participated in during her/his current care placement;

Games Club☐

Sports Clubs ☐

Volunteering ☐

Homework Club ☐
GAISCE ☐
GAA ☐
Girl Guides ☐
Scouting Ireland ☐
Youth Leadership Programmes ☐
Youth Cafes ☐
Student Council ☐

Dancing ☐

Art and Craft ☐
Computer Club ☐
Don't Know ☐
Other (please specify) ☐

98. If you would like to add any additional information about the child/young person's participation in extra-curricular events or how the child/young person contributed to their school and/or community, you may add it here.

99. Prior to entering care or whilst in care, was the child excluded from class/school activities on at least one occasion?

Yes ☐ No ☐ Don't Know ☐

100. Prior to entering care or whilst in care, was the child suspended from school on at least one occasion?
Yes ☐ No ☐ Don't Know ☐

101. During the current care placement, was the child a victim of bullying in their crèche/preschool/primary or secondary school?
Yes ☐ No ☐ Don't Know ☐

102. During the current care placement, did the child exhibit aggressive and/or bullying behaviour(s) towards teachers/trainers?

Yes ☐ No ☐ Don't Know ☐

103. During the current care placement, did the child exhibit aggressive and/or bullying behaviour(s) towards classmates and/or her/his peers?

Yes ☐ No ☐ Don't Know ☐

104. If you have any additional information about the child's education/training experiences and/or number of school moves, you may add it here.

Section 11 – Access to Additional Supports

This section asks for information about additional sources of formal and/or informal supports or interventions that the child/young person may have participated in when s/he was in care.

105. Whilst in care, did the child/young person access any programmes targeted specifically at vulnerable children/youth, such as Youth Advocacy Programmes (YAP), EPIC, E+, Foróige, Garda Diversion Project or IAYPIC or any other programmes that support children and young people in care?

Yes ☐ No ☐ Don't Know ☐

(If you answered 'Yes' to question 105 go to question 106. If you answered 'no' or 'don't know' to question 105 skip to question 107).

106. Please indicate which of the following support programmes that the child/young person participated in whilst s/he was in care.

Youth Advocacy Programme (YAP) ☐
Empowering People in Care (EPIC) ☐
E+ ☐
Garda Youth Diversion Project ☐
Don't Know ☐
Other ☐ (please specify)……………………………………

107. Prior to entering care and/or during her/his current care placement, did the child/young person participate in any of the following Foróige or Youth Work Ireland (YWI) programmes?

Relationships and sexuality programmes (i.e. Foróige REAL U project/Youth Work Ireland Safer Sex programme) ☐

Youth Citizenship Programmes ☐

Neighbourhood Youth Projects (i.e. Foróige) ☐

Mentoring Programmes (i.e. Foróige Big Brother's Big Sister) ☐

Health and wellness (i.e. Foróige Be Healthy, Be Happy) ☐

Youth Participation Programmes ☐

Don't Know ☐

Other ☐ (please specify)

108. In your professional opinion, whilst s/he was in care, did the child/young person have access to friends or members of her/his peer group that provided strong, positive supports to her/him in daily life?

Yes ☐ No ☐ Don't Know ☐

109. If you have any additional information about formal or informal supports accessed by the child/young person whilst in care and their impacts on the child/young person's development, you may add it here.

Section 12 – Stability in Current Care Placement

Please complete this section only if the child/young person is currently in care. If the child or young person has left care, please skip to Section 13.

110. On what date (approximately) did the child enter her/his current care placement? ***(state the day, month and/or year)____/______20***

111. How long has the child/young person been in her/his current care placement?

112. Is the child/young person at risk of ageing-out-of-care?

Yes ☐ No ☐ Don't Know ☐

113. Please state some of the reasons why you feel that the child/young person is at risk/is not at risk of ageing-out-of-care.

114. What is the highest level of educational attainment achieved by the child/young person to date?

No formal education ☐
Primary level ☐
Lower secondary (Intermediate or Junior Certificate/FETAC Level 3 Cert) ☐
Upper secondary (Leaving Certificate, including Applied and Vocational Programmes) ☐
Technical or Vocational (FETAC Level 4/5 Cert; Teagasc Cert in Agriculture) ☐
Advanced Certificate/Completed Apprenticeship (NFQ Level 6) ☐
Higher Certificate (NFQ Level 6) ☐
Ordinary Bachelor/National Diploma (NFQ Level 7) ☐
Honours Bachelor Degree/Professional qualification (or both) (NFQ Level 8) ☐
Postgraduate Diploma or Degree (NFQ Level 9) ☐
Doctorate or Higher (NFQ Level 10) ☐
Don't Know ☐
Other ☐ (please specify)

115. Does the child/young person currently participate in any extra-curricular and/or after school activities?

Yes ☐ No ☐ Don't Know ☐

(If you answered 'Yes' to question 115 go to question 116. If you answered 'no' or 'don't know' to question 115 skip to question 117).

116. Please indicate the types of extra-curricular and/or afterschool activities that the child currently participates in.

Games Club ☐

Sports Clubs ☐

Volunteering ☐

Homework Club ☐

GAISCE ☐

GAA ☐

Girl Guides ☐

Scouting Ireland ☐

Youth Leadership Programmes ☐

Youth Cafes ☐

Student Council ☐

Dancing ☐

Art and Craft ☐

Computer Club ☐

Don't Know ☐

Other ☐ (please specify)

117. In your professional opinion, is the child/young person at risk of homelessness when s/he leaves care?

Yes ☐ No ☐ Don't Know ☐

118. Please give reasons why you feel that the child/young person is/is not at risk of homelessness when s/he leaves care.

119. Does the child/young person drink alcohol on a regular basis (E.g. once a week or more)?

Yes ☐ No ☐ Don't Know ☐

120. Does the child/young person misuse drugs or any other type of illegal substances?

Yes ☐ No ☐ Don't Know ☐

121. Has the child/young person had a baby or fathered a child?

Yes ☐ No ☐ Don't Know ☐

122. If you have any further information about the child/young person and/or the stability in their current care placement that you feel is relevant to this study of permanence and stability outcomes, you may add it here.

Section 13 – Post care indicators

Please complete this section only if the child has left care

This section asks for information about the child's life since leaving care such as their occupation, education and health status.

123. What date did the child/young person leave long-term care approximately? ***(state the day, month and/or year)_____/_______20***

124. How **many months** did the child/young person spend in care approximately?

____

125. Did the child/young person age out ofcare?

Yes ☐ No ☐ Don’t Know ☐

126. What were the living arrangements for the child immediately after s/he left care?

Reunification with parents of origin ☐
Reunification with main caregiver(s) ☐
Relative care arrangement ☐
Non-relative foster care arrangement ☐
Special Guardianship Arrangement ☐
Adoption ☐
Emigrated ☐
Day Foster Care ☐
Emergency Accommodation ☐
Independent Living ☐
Living with friends ☐
Supported lodgings ☐
Hostel ☐
Homeless ☐
Don’t Know ☐
Other ☐ (please specify)……………………..

127. Which of the following best describes the child/young person’s current living arrangements?

Living with parents of origin/main caregiver(s) ☐
Living with other relatives (i.e. sibling, aunt, cousin) ☐
Living with adopted family ☐
Living with friends ☐
Independent living ☐
Emergency Accommodation ☐
Hostel ☐
Homeless ☐
Don’t Know ☐
Other ☐ (please specify) …………………………….

128. What type of accommodation does the child/young person currently occupy?

Privately owned house[23] ☐

Privately owned flat or apartment[24] ☐

Private rental house ☐

Private rental flat or apartment ☐
House rented from Local Authority ☐

Flat or apartment rented from Local Authority ☐

House rented from Voluntary Body ☐

Flat or apartment rented from Voluntary Body ☐

Privately owned bedsit[25] ☐

Private rental bedsit ☐

Bedsit rented from Local Authority ☐

Bedsit rented from Voluntary Body ☐

Bed and Breakfast ☐

Hostel ☐
Homeless ☐
Mobile or Temporary Structure (e.g. mobile home) ☐
Don't Know ☐
Other ☐(please specify)……………………………..

129. For how long has the child/young person been in her/his current living arrangements? ***(please specify in number of days, weeks months or years)***

____

130. Since leaving care, how would you best describe the child/young person's employment status?

Full-time employment (for payment or profit) ☐
Part-time employment (for payment or profit) ☐
Looking for first regular job ☐
Unemployed ☐
Pupil (primary school) ☐

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[23] Includes houses that are owned outright or owned with mortgage or loan
[24] Includes flats or apartments that are owned outright or owned with mortgage or loan
[25] Includes bedsits that are owned outright or owned with mortgage or loan

Student (second level) ☐
Student (third level; i.e. IT, University, PLC programme) ☐
Training programme (e.g. ETB, Youthreach) ☐
Looking after home/family ☐
Unable to work due to sickness or disability ☐
In receipt of lone parent or carer payments ☐
Don't Know ☐
Other ☐(please specify)……………………………

If you answered that the child/young person is engaged in full time or part time employment in question 130 go to question 131.

If you answered that the child/young person is currently unemployed and/or seeking work, go to question 134.

If you answered that the child/young person is in receipt of sickness/disability/lone parent/carers payments, or if you answered 'don't know' or 'other' please go to question 135.

131. If the child/young person is engaged in either full-time or part-time employment, which of the following categories best describes her/his current occupation?

Employers and managers ☐
Higher professional ☐
Lower professional ☐
Non-manual ☐
Manual skilled ☐
Semi-skilled ☐
Unskilled ☐
Own account workers ☐
Farmer's ☐
Agricultural workers ☐
All others gainfully occupied and unknown ☐

132. Can you please specify the child/young person's current job title (i.e. cashier, bank teller, builder, teacher etc)

133. How long has the child/young person been in her/his current employment? ***(in days, weeks, months or years as appropriate)***

____

134. How long has the child/young person been unemployed? ***(in days, weeks months, or years approximately) as above***

____

135. Can you please estimate the child/young person's mean gross income over the past 12 month period? (E.g. up to and including the month of November 2015).

€0 - € 10,000 ☐
€10,000 - € 20,000 ☐
€ 20,000- €30,000 ☐
€30,000- €40,000 ☐
Over €40,001☐
Don't Know ☐

136. Does the child/young person participate in any community-based clubs or programmes operating in her/his area like volunteering initiatives, participating in youth councils/youth cafes, sports clubs (e.g. GAA), or youth mentoring or leadership programmes?

Yes ☐ No ☐ Don't Know ☐

(If you answered 'yes' to question 136 go to question 137. If you answered 'no' or 'don't know' to question 136 go to question 138).

137. Please state which community-based clubs/programmes that the child/young person currently participates in.

Games Club ☐
Sports Clubs ☐
Volunteering ☐
Homework Club ☐

GAISCE ☐
GAA ☐
Girl Guides ☐
Scouting Ireland ☐
Youth Leadership Programmes ☐
Youth Cafes ☐
Student Council ☐
Dancing ☐
Art and Craft ☐
Computer Club ☐
Don't Know ☐
Other ☐ (please specify)…………………………..

138. What is the highest level of education attained by the child/young person to date?

No formal education ☐
Primary level ☐
Lower secondary (Intermediate or Junior Certificate/FETAC Level 3 Cert) ☐
Upper secondary (Leaving Certificate, including Applied and Vocational Programmes) ☐
Technical or Vocational (FETAC Level 4/5 Cert; Teagasc Cert in Agriculture) ☐
Advanced Certificate/Completed Apprenticeship (NFQ Level 6) ☐
Higher Certificate (NFQ Level 6) ☐
Ordinary Bachelor/National Diploma (NFQ Level 7) ☐
Honours Bachelor Degree/Professional qualification (or both) (NFQ Level 8) ☐
Postgraduate Diploma or Degree (NFQ Level 9) ☐
Doctorate or Higher (NFQ Level 10) ☐
Don't Know ☐
Other ☐ (please specify) ……………………………………………….

139. Since the child/young person left long-term care, has s/he experienced homelessness?
Yes ☐ No ☐ Don't Know ☐

(If you answered 'Yes' to question 139 go to question 140. If you answered 'no' or 'don't know' to question 139 skip to question 141).

140. For how long was the child/young person homeless? ***(Please state in days, weeks months and/or years, approximately).***

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141. Since leaving care, have the child / young person experienced problems to do with alcohol consumption, including alcoholism and/or binge drinking?

Yes ☐ No ☐ Don’t Know ☐

142. Since leaving care, have the child / young person experienced problems to do with illegal drug use and/or consumption of other types of illegal substances?

Yes ☐ No ☐ Don’t Know ☐

143. Since leaving care, has the child/young person been arrested for an alleged offence and/or incarcerated?

Yes ☐ No ☐ Don’t Know ☐

144. Since leaving care, has the child/young person been diagnosed with any mental health difficulties including anxiety, depression, eating disorders and/or panic attacks?

Yes ☐ No ☐ Don’t Know ☐

(If you answered ‘yes’ to question 144 go to question 145. If you answered ‘no’ or ‘don’t know’ to question 144 skip to question 146).

145. Which of the following mental health conditions has the child/young person been diagnosed with since leaving care? ***(Note: you may choose more than one option from the list below, as appropriate).***[26]

Stress ☐

Anxiety ☐
Panic attacks ☐
Depression ☐

Self-harm ☐

Suicidal thoughts ☐

Eating disorders☐

Bipolar disorders ☐

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[26] Please note that if the child/young person has not been diagnosed with any mental health conditions since leaving care, tick the final box in this list.

Schizophrenia ☐
Don't Know ☐
Other ☐ (please specify)………………………………………….
Has not been diagnosed with any mental health conditions ☐

146. Since leaving care, has the child/young person accessed Mental Health Services including Day Services, Counselling and/or In-patient services?

Yes ☐ No ☐ Don't Know ☐

147. If you have any additional information about the type of Mental Health Service(s) and the service provider(s) accessed by the child/young person since leaving care, you may give it here.

148. Since leaving care, has the child/young person had a baby or fathered a child?

Yes ☐ No ☐ Don't Know ☐

149. If there is any further information that you think is important about the child/young person, and/or her/his experiences since s/he left long-term care and which is relevant to this study of permanence and stability outcomes, you may add it here.

Appendix 4 Consent and Assent Paper

Ethical consent and assent – Outcomes for Permanence and Stability for Children in Care study

Authors: Lisa Moran, Caroline McGregor, Carmel Devaney

1. Introduction

This document examines how procedures and principles to do with informed consent and assent are operationalised in the context of a study on outcomes for permanence and stability for children in care in Counties Donegal and Galway conducted by the UNESCO Child and Family Research Centre (UCFRC) NUI Galway and TUSLA, the Child and Family Agency. Subsequent sections of the document focus on how research ethics and informed consent are defined in the context of the study, and some of the main ethical principles that inform the research design and challenges around consent that were encountered in this study. The research was informed by the *Guidance for developing ethical research projects involving children* (DCYA 2012) and subsequently, some of the main principals that underpin the research design are as follows; minimising risk of harm, informed consent and assent, child protection and wellbeing and confidentiality and anonymity. Drawing upon DCYA (2012: 1), the study prioritises the following ethical principles;

1. Commitment to the wellbeing and safety of all participants;
2. Respect for the rights and wishes of research participants
3. A responsibility to conduct high quality research.

The outcome for permanence and stability research study was awarded full ethical approval by the Research Ethics Committee (REC) at NUI Galway in September 2015. The study was designed in line with ethical principles laid down by professional social science research bodies including the Sociological Association of Ireland (SAI), the Social Research Association (SRA) Ethical Guidelines, the British Sociological Association (BSA) Statement of Ethical Practice and CORU. In particular, the core ethical principles that underpin this research are as follows; upholding the welfare of research participants and exercising responsibilities towards participants, especially in situations where participants' vulnerability may be increased by factors such as social class, age and disability, anonymity, privacy and confidentiality (SAI n.d.).[27] Ensuring that participants were informed of their rights to participate in the study and/or that they could opt out at any stage without any changes to service provided to them was also central to the concept of informed consent as it was operationalised and developed in this study.

2. Defining informed consent

Informed consent is the process in which potential research participants are 'provided with information about the project in which they are invited to participate that is sufficiently full and accessible for their decision about whether to take part to be considered informed' (Crow et al. 2006: 83). The process of consent is ongoing and begins in the initial phases of the research design until after the study has concluded (cf. UCD 2008). Therefore, informed consent is embedded in the following research phases; research design, data collection, analysis and interpretation, the writing phase and beyond. Informed consent means providing information to participants about what the study is about and what they are being asked to do so that they can choose to give or withhold consent to take part in research. The emphasis here is on participant's freedom of choice to make decisions, their rights and their agency. Information provided to participants must be accessible and help them to make an informed decision about if they wish to take part or not (Bryman 2012).There are particular challenges to do with providing accessible and comprehensible information to young children and teenagers (Morrow 2008) and also to vulnerable adults (Corti et al. 2000). Similarly, the notion of assent implies 'a sense of agreement obtained from those who are not able to enter a legal contract' (Ford et al. 2007: 20). The age at which informed assent should be sought is mainly at the researcher's discretion however the literature suggests that with the use of developmentally appropriate language, children as young as five are capable of understanding research projects and can give informed assent (Meaux and Bell 2001, cited in Ford et al. 2007: 20).

The assent or consent of participants in research must never be assumed. It is the responsibility of individual researchers to ensure that participants give their consent or do not give consent to various facets of the research. In the case of the outcomes for permanence and stability for children in care study, consent and assent were prioritised in the REC application

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[27] Please see SAI (n.d.) Ethical Guidelines: Sociological Association of Ireland' (downloaded via http://www.sociology.ie/uploads/4/2/5/2/42525367/sai_ethical_guidelines.pdf, last accessed 28/07/2016).

and in subsequent documentation that was forwarded to participants about the study. We provided separate consent packs for the quantitative and qualitative studies as we were cognisant that some participants may give their consent to take part in the interviews but not to the case file analysis (or vice versa). As a biographical research approach was adopted, we were mindful that some participants could be more at ease than others with relaying stories about life in care and personal incident narratives (PINs). Similarly, some participants may give their consent/assent to TUSLA social workers accessing case files and providing anonymised data to the research team. The consent documents were designed so that participants could opt in to as much of the research as they wished (e.g. they could participate in case file analysis or interviews or both) or they could opt out of the study entirely. We fully respected if and when participants did not consent to take part in any of the research and the importance of expressions of non-consent by participants. Non-consent and non-assent are defined as circumstances when participants complete the consent forms and choose actively not to partake in the research (cf. Williams 2007). However, non-consent also encompasses situations where participants do not return consent documents to confirm if they are opting in or choosing not to participate in studies. We recognised the extreme sensitivity of the data sought for the study (e.g. biographies of life in Ireland's care system and experiences of permanence and stability). In line with this we chose not to resend consent documentation to participants who did not return signed documentation to the research team as this could pose unnecessary emotional risks to participants (e.g. emotional distress from recalling memories of people, places and events that are indicative of emotional, psychological or physical abuse) or other factors that affected children's entry into care (e.g. relationship breakdown, financial stresses, death of a parent or relative).

That said there were significant risks to the emotional and psychological wellbeing of participants throughout this study. In the consent documents, we clearly asked participants if they would give consent or assent to access anonymised information from the case files of children and young people who were in long-term care during 2008 to 2013. In addition, the concept of long-term care required further definition as there were similarities and differences in how long-term care was defined amongst the TUSLA Donegal and TUSLA Galway teams. We operationalised a research partnership approach with both teams to ascertain views on consent documentation, the REC application and the methodology at various stages of the research, and this proved extremely useful in identifying how consent documentation could be improved to ensure greater ease of access to participants. We clearly stated in consent documentation that all information given to researchers would be anonymised and that the quantitative data would be collected by TUSLA staff members including social workers and aftercare workers. This carried its own risks as relationships between social work teams and children in care are not always stable and as a result, children and young people may not wish social workers to access case files, regardless of social workers' familiarity with circumstances of individual families and children in care. One risk of this approach relates to sample quality and representativeness. At its inception, the initial aims and objectives of the project focused on ascertaining factors using quantitative methods (primarily) that influence different types of permanence outcomes (e.g. educational outcomes, stable living environments, placement stability). Qualitative research methods were to be utilised to supplement the quantitative data, focusing on other dimensions of permanence and stability such as 'enacted permanence' (e.g. felt security, sense of belonging, identity, dual connection, family membership and adopting behaviours as if relationships will last). This was informed by Bullock et al. (2006) and MacDonald (2016).

In the literature on social science methodology, risk is defined as things that potentially lead to psychological, emotional or physical harms for research participants. In social research projects, emphasis must be placed on harms including psychological, emotional and physical harms. When designing the consent documentation and the REC application, we were mindful of 'the potential risk or discomfort caused for children' and measures 'to mitigate potential harms arising from the research process' (DCYA 2012: 2). We were cognisant that younger children, teenagers and adults could be exposed to emotional harms on receiving information about the project through the post. Furthermore, the biographical emphasis of the study on people's experiences of permanence and stability means that some children and adults may experience uncomfortable emotions or feelings prior to, during or after interviews. In order to understand children's lives in care, we needed to understand their everyday practices, their relationships with social workers, interactions with aftercare workers and emotional reactions as this would make an important contribution to policy research in Ireland and potentially lead to better outcomes for young people in Ireland's care system. We were therefore mindful of our responsibility to inform persons who received consent documents about what was involved in the study but we did not wish to cause any emotional distress to any person in the sampling frame. We were also mindful of our ethical obligations and the principal of consent in how we conveyed information about the study to persons who followed up with the researchers by phone about what they were being asked to do.

To try to minimise risk to participants on receipt of information, we found that the partnership model working with the two TUSLA social work teams worked well in practice, where the principal social workers on both teams gave practical advice to the researcher on how the documents could be made more ‘user friendly’. Unnecessary ‘jargon’ was removed from initial drafts of letters and documentation and participants were given contact details of the project PIs and the lead researcher whom they could contact at any stage of the process. While it was recognised that we could not alleviate emotional or psychological risks to participants altogether, we operationalised certain procedures to minimise risks as recommended by the DCYA and in social science literature. Separate sets of informed consent documents were designed for adults, younger children, teenagers and young people aged 18 years and over. We also incorporated the expertise of colleagues at the UNESCO Child and Family Research Centre who have extensive experience researching with young people and who reviewed all consent documents and letters in depth. Working with the principal social workers in both counties Galway and Donegal, we also ensured that supports were in place from the early stages where participants could contact TUSLA teams if they felt distressed on receiving information on the study. In particular, that they could access social workers or other designated persons that they felt comfortable talking to about their emotions and that other additional supports were put in place for respondents. We also recognised that the research could be extremely difficult for parents of origin and for foster carers too, and it was important to point out the emotional risks to adults in consent documentation and operationalise additional supports for children and adults in both counties.

3. Designing Participant Information Leaflets: Operationalising Informed Consent

Drawing on Crow (2006) and Ford et al (2007), the principals of informed consent and informed assent is partially to do with providing information to participants that is sufficiently accessible to them, that it is legible and understandable and informs the participants about what the research is about. The information provided to participants must be clear about their roles in the research. They must be informed about what they are asked to do, where the research is taking place, the institute or persons who is completing the research and they must also be informed of their rights as participants (cf. Bryman 2012). These rights include that they can opt out of the research at any time without any consequences to them and without any changes to services being provided to them, and that there is a minimal likelihood that anyone will be able to identify them or their responses in any published work emanating from the study. While we cannot guarantee that persons reading the resultant report will not be able to identify any participants, there are certain steps that can be put in place. This includes using pseudonyms and only revealing details about participants that would not be identifiable to most people (e.g. using general statements of participants from interviews to illustrate particular points, rather than using many unusual stories that could identify them more easily). Due to the nature of the topic, we also notified participants in writing and verbally before interviews that should they disclose any information about children who are or were potentially at risk of harm, that we were obliged to report this information to TUSLA under our reporting duties. There were also some risks for TUSLA as an organisation where children and adults might reveal stories or issues that could be damaging for the reputation of the organisation. It is important to understand that risk and harm are multi-faceted issues and can be interpreted as a continuum (e.g. risks at organisational level, risks for the individual, risks for families etc.). A particular challenge of the research was how to transmit this information about the study to different groups of persons (e.g. adults and very young children), some of whom could be very emotionally vulnerable. Some of the ways that we operationalised informed consent and assent and how we overcame these challenges as a research team are outlined in the following paragraphs.

All written information that was relayed to participants as part of the outcomes for permanence and stability for children in care study clearly stipulated our regard for confidentiality, anonymity and respecting the rights of participants. These points were also prioritised by the lead researcher during phone calls with participants who received the information and were deciding whether to take part in the study or to opt out. During phone calls, participants were also reminded that they could choose to take part or not to take part, further underlining the principle of consent and non-consent and the assent/non assent of children. This was also stated in consent letters forwarded to participants. The agency of persons to make decisions about their participation in the study was central to how we conceptualised and operationalised the principals of informed consent and informed assent throughout this study. In phone calls to participants, the lead researcher was mindful of the need to speak sensitively with participants and she did not probe anyone on their reasons for choosing not to take part. Instead, she recorded why participants chose and did not choose to take part which was essential for generating insights about how future projects of this nature might be planned in future and participant's everyday lives (e.g. how they relate to social workers, foster families etc).

In all documentation pertaining to the study, participants were duly informed of the risks of taking part in the study; due to the sensitivity of the research topic, there were risks that they could become emotionally upset during or after an interview and it was important that they were made aware of these risks. We were also cognisant of the risk of emotional or psychological distress that could be encountered by persons who received information about the quantitative case file analysis and who may experience uncomfortable emotions about social work teams sharing information about their lives with researchers. As professional social researchers, we envisioned each case file as part of a unique life history or life story and as part of our ethical responsibility and commitment, we accorded due respect to all participants in both the qualitative and quantitative studies. This was also central to our knowledge and understanding of consent. Working in partnership with TUSLA social work teams in Galway and Donegal, additional supports were put in place for children and adults who could experience any level of emotional upset on receiving information about the study or during or after an interview. All persons who were interviewed signed consent documentation prior to the interview and on iterating our reporting duties as researchers, we also asked for the participant's verbal consent to participate in the study. This gave participants a 'double layer' of consent and assent. They could opt in or out up to the commencement of the interview and they were also informed that if they were unhappy with any aspect of the research, they could contact the Associate Director of the UCFRC to discuss confidentially and they could also speak to the project's PIs. In this way, consent was seen as an ongoing process (Flewitt 2005), not as a 'once off' event that must be observed to obtain ethical clearance as part of an ethics application at the early stages of a study. As part of the process of obtaining consent and assent, all participants were informed that the focus of the research on their unique experiences in care meant that the research was mainly guided by them, so that they could tell us as little or as much as they wished about themselves, and what their lives were like whilst in care. We also reminded participants verbally prior to interview that we were interested mainly in their stories and any information that they wished to tell us is deemed relevant to the research approach. Copies of all informed consent documentation is included in the appendices of this document.

We wanted participants to feel safe and supported during interviews and in line with this, we also informed them that they could bring a support person to the interview such as a foster carer, sibling, parent of origin or someone else they trusted (e.g. a friend, relative, social worker, youth worker or mentor). TUSLA social work teams in Donegal and Galway also agreed that children's social workers should be made available to them during the interview if the child and/or her/his carer requested their availability. As the support person would be present during interviews, we also designed consent and assent documents outlining that they were attending the interview voluntarily and that they would not divulge information about the child or young person or her/his story to any person, to any agency or organisation during or after the interview. As a professional transcribing service was utilised to transcribe interviews verbatim, transcribers also signed similar documentation to verify that they would not reveal information about participants to anyone else and that all information relayed in interviews would not be given to anyone else. Overall, consent and assent were envisioned as holistic and overarching concepts of this study. They were intimately connected to various aspects of the research process (e.g. designing information leaflets, ensuring that information provided was age appropriate and explained what the study involved). The following subsection focuses on the process of designing consent and assent documentation and some of the main challenges that emerged as a result.

Designing consent and assent documents about the outcomes study

Applying the concept of informed consent as defined by Crow et al. (2006), and the concept of informed assent necessitates providing information to all potential participants that is trustworthy and accurate with regards to (a) the focus of the project and (b) what participating in the study entails. The accessibility of information to all study participants is also significant (e.g. ensuring that information provided is accessible, readable and understandable to participants). Some of the most important information that was provided to participants in information sheets forwarded to includes the following; the purpose of the research, the research procedures, child protection, potential benefits to the research, potential risks, disclosures, confidentiality and anonymity, non-participation and withdrawal from the study, data storage and data protection. Providing information about each of these topics is considered 'good' practice in the social sciences (see Bryman 2012).

Five separate packs of informed consent documentation were designed for the outcomes study. Separate packs were developed for (a) young children, (b) older children, (c) parents of origin, (d) foster carers and (e) young people aged over 18 years of age. Extensive consideration was accorded to providing information that was age appropriate and which would be considered suitable for the different participant groups. We were also mindful of several factors that affect the accessibility of informed consent documentation to research participants. These include for example, physical disabilities, learning difficulties, intellectual disabilities and literacy levels. In addition, the lead researcher accessed several guidance documents on issues to do with informed consent in research with vulnerable adults.[28] The partnership approach with TUSLA social work teams proved critical in the area of informed consent. Social work teams in both counties spoke to participants directly about the study and what their participation involved. However, due to ethical considerations to do with harm and risk, social workers did not initiate contact with participants. Conversations with service users with TUSLA social workers about the project took place only in cases where participants contacted TUSLA about the project in the first instance. In designing the consent and assent documents, we were mindful of the agency and contribution of each participant to the research and treating each participant with the utmost integrity and respect. However, we were also cognisant of the main messages emanating from the literature on outcomes, particularly around the difficulties that many young people in the Irish and international care systems negotiate in everyday life. These include intellectual and physical disabilities, problems at school and difficulties in retaining information. We had to strike a balance between providing informed consent documentation to young participants that provided salient information about the project but which was accessible and readable to persons with potentially low literacy levels and/or that may experience other difficulties in reading and understanding information. Under the research partnership model with TUSLA social work teams in Donegal and Galway, the principal social workers in both counties were given drafts of consent documents and letters for comments, and particular emphasis was accorded to issues such as readability and making the language accessible and easy to comprehend. The lead researcher and principal investigators also held two sessions with social work teams, one in Donegal and one in Galway in 2015 to ask for additional feedback from social workers and

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[28] Following Combes and Tan (2010) and GMC (2010) vulnerable adults are defined as persons with dementia, persons with mind or brain impairments or mental difficulties, persons with mental health problems, alcohol or substance abuse issues, members of asylum seeking and Travelling communities and victims of abuse.

social care teams on the consent documentation. Additional expertise on consent documentation was also sought from researchers at the UCFRC at NUI, Galway who have ample experience working with young people and vulnerable adults.

In developing consent instruments for young children, we utilised informed consent documents that was previously developed as part of the ‘Three Cities Project’ by colleagues at the Irish Centre for Social Gerontology (ICSG) at the Institute for Lifecourse and Society (ILAS), NUI Galway. We sought advice from experts at NUI Galway who have extensive expertise developing child-centred research methodologies about the appropriateness of these tools for use with young children. In partnership with TUSLA social workers, we decided that consent documents for younger children would be sent to persons aged 10 years or less, except in cases where the principal social worker deemed them to be appropriate for use with older children. This is important for providing accessible information to children who due to developmental delays and/or intellectual difficulties may find it difficult to access consent documents designed for teenagers and older children. All consent and assent tools designed for this study were deemed to be appropriate and accessible to children taking part. They contained an appropriate amount of information about the study but the information also had pictures and animations to provoke thinking in the children about the meaning of different statements. Children and young people were informed that they could ask their carers or another adult to help them with the information sheet and consent document before they returned them to the research team. As consent was an ongoing process during this study, the researcher also explained the documents in detail to each of the participants before they signed the consent documentation and they were also asked if they had any questions that they wished to ask about the project.

Separate assent documents were also developed for older children and teenagers as documents for younger children were deemed inappropriate for this group. We drew upon consent documents from a study of young carers conducted by the UCFRC and the OMCYA to develop these documents (Fives *et al.* 2010). We also designed consent documents for young people now aged 18 years of age and over and documents for foster carers and parents of origin. In designing these documents, we were also mindful of issues to do with comprehensibility and accessibility and recognising the agency and contribution of participants. TUSLA social workers commented on the appropriateness of both sets of documents and the full research advisory team which also comprises a TUSLA research officer provided detailed comments on the documents, suggesting ways they could be improved.

4. Sampling

The principals of informed consent and minimising risks to participants also influenced the sampling technique for the study. During the initial stages of research design, TUSLA social workers felt that they would have access to case files of all persons who were in long-term care during 2008 and 2013. This meant that consent or assent would not have to be sought at all to access case files or that it may only have to be sought in a small number of cases. It was therefore anticipated that the total sample for the quantitative study would be approximately 506 participants across the two counties. At this point, the researchers anticipated that the quantitative study would be much larger than the qualitative work and that greater primacy would be accorded to the quantitative aspect of the study in the resultant report. However, after more detailed discussions with the social work teams and advice from the Data Protection Commissioner, it was discerned that consent to access case files of young people aged 0-18 years of age must be sought from the parents of origin and foster carers. Assent must also be sought from the child or young person. Similarly, in the case of interviews with children and young people aged 0-18 years of age, it was discerned that consent must be sought from parents of origin and foster carers. The assent of the child must also be given in this instance. While this was an added ‘layer’ of protection to personal information, it added additional complexity to the study and resulted in some time delays in both counties.

After detailed discussions, it was agreed that TUSLA social work teams would seek the consent of both parents of origin and foster carers. The exceptions to this are in cases where one parent of origin is deceased, where a parent of origin cannot be traced and in the case of protected placements. Furthermore, it was also discerned that children in residential care would be included in the sample. It was also agreed that principal social workers in both counties would discern cases which should not be pursued, where a child or adult may be at increased risk of emotional or physical harm from taking part in the study, and in cases where a young person or adult had a severe intellectual, psychological or physical impairment that could substantially limit their decision-making capacity. In line with consent and assent documentation designed for this study, the researchers did not have access to files or any personal information about participants. The names of individual participants were coded by the principal social worker in Galway and by TUSLA Donegal to ensure anonymity and confidentiality. Coded envelopes and consent documents were delivered by the lead researcher to TUSLA offices in Donegal and Galway. These were subsequently packed by the lead researcher and designated social work teams in both offices. However, at no time did the researcher have access to any information about participants (e.g. name, age, sex, address, date of birth) and/or details about their personal circumstances. To have done so would have been in breach of the core principals of ethical consent which underpinned the study from its inception and initial design.

The complexity of informed consent for this study has important ramifications for the sample size and for the original research design which was heavily quantitative in character. In particular, the multiple layers of consent and assent means that in some cases, children and young people who wish to take part in the study cannot be included in the sample if a foster carer or parent of origin does not consent to them taking part. This contradicts discourses about the rights of the child and the voice of the child particularly in research studies of issues that directly affect their lives. However, it also ensures greater ethical protection of research participants. It is important to note that whilst completing this research, we envisioned our role as co-creators of knowledge with participants, rather than adopting a more ‘extractive’ view of participants where they are conceptualised as research subjects, persons to do research ‘on’. Furthermore, due to the high level of non-response or non-returns, the quantitative sample for both counties is very small and this significantly alters the parameters and focus of the research as planned originally. The qualitative sample has been increased and the study has a strong narrative dimension to increase the breadth and depth of the qualitative study. This means that the qualitative sample is currently accorded more emphasis in the research design than the quantitative study which builds more of a ‘pen picture’ of permanence and stability rather than an in-depth statistical analysis of correlations between factors that shape and reflect different permanence and stability outcomes. However, this also has some advantages; the utilisation of a biographical narrative approach captures everyday social interactions, relationships and everyday practices that are not amenable to quantitative inquiry and that are often inaccessible using other qualitative methods (e.g. in-depth interviews). Fig 1 which is included in the appendices contains an overview of the returns for this study and is indicative of how decisions to seek consent and assent from multiple parties (e.g. parents of origin, foster carers and children/youth) affect the sample size.

5. Summary and Conclusions

This document outlines how concepts of informed consent and informed assent are conceptualised and operationalised in the context of the outcomes for permanence and stability for children in care study. As shown in this paper, consent and assent are multi-layered; they are ongoing processes and are continuously negotiated. Drawing upon Crow et al (2006), consent and assent are central to research design which shapes and reflects other aspects of the research process (e.g. sampling, providing information to participants, using various types of language and/or framing concepts). Significantly, we accorded extensive emphasis to the process of agreeing and not agreeing to take part in the study. We accorded significance to the agency and voices of all participants in the study, and this strongly influenced our understanding of consent as an important facet of the relationship that we as researchers develop with participants throughout the research process. In this study, the process of saying ‘no’ is as important as saying ‘yes’ and agreeing to take part in the research.

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Appendix 5 Quantitative Data Summary

Introduction

In this section, quantitative data from the case file analysis research phase is presented. While the number of participants in the quantitative study is small (n=10), these are individual case studies or 'narratives' about young people's lives in care, the factors that affected permanence and stability, and what happened to some young people since they left care in areas such as employment and education.

Overall, the quantitative findings presented are 'indicative' data only, however some of the findings raise interesting issues for social work practice on permanence and stability outcomes.

Designing the quantitative research tool

The quantitative research tool was designed concurrently with the literature review in 2015 and 2016. International and Irish literature on outcomes for permanence and stability for children in care informed the design of the tool. However, it was also informed by the research question, and the aims and objectives of the study. Practitioners in Galway and Donegal commented on drafts of the quantitative tool at different stages of the design process. In addition, social work practitioner's knowledge was also 'leveraged' during the study and incorporated into the tool. Given the sample size however the tool could not be validated in this study. A copy of the quantitative tool is available in Appendix 3.

The quantitative tool therefore incorporates items that are shown to affect permanence and stability outcomes internationally, including age at entry to care, factors that led to the child's care entry (e.g. a child's behaviour, physical or intellectual disability, and inability of family of origin to cope), socio-economic factors and demographic factors. Adopting an outcomes-based focus for the tool, we subsequently focused on different types of outcomes that are outlined in the permanence and stability literature (e.g. post-care outcomes in areas such as education, health status, employment status, and income). Other outcomes that link to permanence and stability are focused upon (e.g. if the young person experienced homelessness, if s/he participated in community-based clubs or programmes, if they misused drugs or alcohol etc.).

Case file analysis: an overview

Social work and aftercare teams in Galway and Donegal completed the case file analysis between May and September 2016. The lead researcher (LM) completed data analysis using SPSS, in November and December 2016. In addition to the quantitative analysis, each completed tool was subject to more rigorous qualitative analysis. All the tools that were returned to the research team from practitioners contained additional qualitative insights from case files of children and young people about the factors that led the child/young person into care initially, things that worked well for them in care (e.g. different forms of interventions and therapies), relationships with families of origin, contact with extended families, relationships with social workers, foster carers, residential care staff etc.

As all the young people from the aftercare dataset who participated in the qualitative study also took part in case file analysis, we looked at how information provided by social workers about outcomes for permanence and stability compares to young people's biographical accounts about their lives.

Using non-parametric statistical tests, we also 'mapped' whether correlations existed between factors such as age and gender and specific types of outcomes (e.g. if age or gender affected the type of accommodation accessed and the highest level of education obtained by the child/young person after s/he exited care). This was completed by Dr Leonor Rodriguez, an expert in quantitative research who is based at NUI Galway. Some of the main correlations that were looked at are as follows; if age at care entry impacts on contact with families of origin, if gender or number of placement moves impacts on contact with caregivers/parents of origin and extended family members and if agency-related factors impact on contact. Importantly, the focus on age and if it affects children's contact with siblings, parents of origin and extended family members (e.g. grandparents), was informed by contributions from social work teams project meetings and phone conversations and meetings with social work practitioners that took place during the study. We also looked at how age at care entry could impact on the accommodation that the child/young person went into after s/he left care, how age at care entry impacts on employment status and o the child's highest levels of education.

Significance of the quantitative study

The main value of the quantitative study is that it complements the qualitative findings that is presented in the main report. It gives an additional 'layer' of data and generates questions about factors affecting permanence and stability outcomes that could be explored further in large-scale studies of outcomes for children in care. The quantitative data provides detailed, factual, information that was sometimes absent from interviews.

Limitations of the quantitative study

There are significant limitations to the quantitative study. This includes the sample size (n=10) and most case files related to aftercare (n=7). Given these sampling limitations, there are also limitations on the conclusions and recommendations for policy and practice that can be drawn out of the quantitative study specifically. Furthermore, there are limitations to the types and levels of analysis that could be conducted on the quantitative sample due to sample size.

Demographic Information

Table 10 Gender and Ethnicity

Gender		Ethnicity	
Male	**Female**	**White Irish**	**Irish Traveller**
20%	80%	80%	20%

Most participants (n=10) were female (80%). All participants are Irish, 80% are 'White Irish'.

Table 11 Current age and age of entry to current placement

Age					Age of entry to current care placement				
0-3 years	**7-9 years**	**13-15 years**	**16-18 years**	**Missing**	**0-3 years**	**7-9 years**	**13-15 years**	**16-18 years**	**Missing**
40%	20%	10%	10%	20%	40%	20%	10%	10%	20%

Most were aged 0-3 years on the date of entry to their first care placement (40%). Most participants are aged between 19 and 23 years (50%) at present.

Table 12 Accommodation prior to care entry

Privately owned house	50%	**Private rental bedsit**	10%
Mobile/ temporary structure	20%	**Don't know**	10%
Missing	10%		

Table 13 Household type prior to current care placement

Married couple family	30%	**One parent family**	20%
Lone mother residing with another person	30%	**Other**	10%
Missing	10%		

As shown in table 12, prior to care entry, most young people lived in privately owned houses (50%). Most young people lived in countryside locations (70%). Most young people had siblings (60%). In four cases (40%), at least one of the child's siblings was also admitted into care. In table 13, we see that most respondents in the quantitative study were living in a married couple family or a lone parent family prior to care entry.

Table 14 Child and young person in care previously and currently

Is the child/ young person currently in care?				usly?
Yes	No	Yes	No	Missi
40%	60%	60%	20%	20%

Most children or young people are no longer in care and were in at least one other care placement prior to their current/final care placement (60% respectively).

Table 15 Age when child/young person exited care

0-3 years	**16-18 years**	**NA**	**Missing**
10%	40%	40%	10%

One person stayed on in their care placement after they reached the age of 18 years. It was reported that one child exited care aged 0-3 years and four young people exited aged 16-18 years.

Table 16 Reasons for child's care admission

Mental health of parents of origin/ caregivers	10%
Other	10%
More than one factor identified as contributing to care placement	70%
Missing	10%

In most cases, more than one factor affected the child's initial care admission. Some of the factors that were ticked the most often included 'parenting capacity', 'protective capacity', 'parents of origin/main caregivers no longer able to provide care', 'mental health status of parents of origin/main caregivers', 'alcohol abuse – parents of origin/main caregivers', 'drug abuse – main caregivers', 'child's behavioural problems' 'neglect', 'emotional abuse' and 'physical abuse'. In some cases, all the categories listed above were ticked, which further indicates the complexity of factors that affect children and young people's admissions into care. As this question was not 'ranked' (e.g. participants were not asked to indicate the factors that had the greatest effect on the child/young person's care entry), we cannot discern which factors had the greatest effect on the care entries of any one child/young person. This is another limitation to the data.

Table 17 Mental Health Status

Psychological or emotional conditions	**10%**
Has not been diagnosed with any condition	**50%**
Diagnosed with more than one condition or difficulty	**30%**
Missing	**10%**

Most children/young people were not diagnosed with any specific conditions (50%).

One participant was diagnosed with depression, self-harm, and suicidal thoughts. In total, four were referred to CAMHS. Using the Fisher Exact Probability Test, we tested for correlations between age on the date of the young person's care entry and mental health status. However, the relationship was found to be statistically insignificant.

Information on caregiver 1

The following tables provide details on the child/young person's caregivers, prior to her/his current care placement/initial care entry. As evident from table 14 below, caregiver 1 was mostly female.

Table 18 Caregiver 1 Gender

Gender		
Male	**Female**	**Missing**
20%	70%	10%

Table 19 Caregiver 1 Demographic information

Marital Status		Employment Status		Accommodation		Gross income (in euros)	
Single	20%	Full time employment	10%	Privately owned house	30%	0-10,000	40%
Married	10%	Unemployed	50%	Mobile/ temporary structure	30%	10,001-20,000	10%
Cohabitating	30%	Unable to work due to sickness	30%	Don't know	20%	Don't know	40%
Widowed	10%	Missing	10%	Other	10%	Missing	10%
Divorced	10%			Missing	10%		
Separated and cohabitating	10%						
Missing	10%						

Table 19 above gives detail on caregiver 1 (e.g. her/his employment status, accommodation, gross income, marital status). As evident from Table 15, most were unemployed (50%) or unable to work due to sickness (30%). Most were cohabiting (30%) and had a low income earning between €0-€10,000. Most lived in a privately-owned house (30%) or a mobile/temporary structure (30%).

Table 20 Experience of homelessness (Caregiver 1)

Experiences of Homelessness	
Yes	30%
No	40%
Don't know	20%
Missing	10%

As evident from Table 20, most caregivers experienced homelessness (30%), although most had not experienced homelessness (40%).

Table 21 Health status (Caregiver 1)

Health status	
Psychological or emotional condition	20%
Don’t know	30%
Other	10%
Has not been diagnosed with any condition	10%
Missing	30%

As shown in table 21, 20% of persons classified as caregiver 1 has been diagnosed with a psychological and/or emotional condition. However, several responses were classified as ‘missing’ (30%) or as ‘don’t know’ (30%).

Information on Caregiver 2

Table 22 Caregiver 2 Gender

Gender			
Male	**Female**	**NA**	**Missing**
30%	40%	10%	20%

As evident in table 22, 40% of persons classified as ‘caregiver 2’ were female. 30% were male.

Table 23 Demographic Information (Caregiver 2)

Marital Status		Employment Status		Accommodation		Gross income	
Single	30%	**Full time employment**	20%	**Privately owned house**	40%	**10,001-20,000**	10%
Married	20%	**Looking after home/family**	10%	**Mobile/ temporary structure**	20%	**Don't know**	50%
Cohabitating	20%	**Unable to work due to sickness**	10%	**Hostel**	10%	**NA**	10%
NA	10%	**Student**	20%	**NA**	10%	**Missing**	30%
Missing	20%	**Don't know**	10%	**Missing**	20%		
		NA	10%				
		Missing	20%				

As evident from table 23, caregiver 2 was mainly single (30%). Most were in full-time employment (20%) or were students (20%). Most lived in a privately-owned house (40%). There was sparse information on their gross income shown in the high number of 'don't know' answers regarding gross income.

Table 24 Experience of homelessness (Caregiver 2)

Experience of Homelessness	
No	50%
Don't know	20%
NA	10%
Missing	20%

As shown in table 24 (above) most persons classified as 'caregiver 2' did not experience homelessness (50%).

Table 25 Health status (Caregiver 2)

Diagnosis	
Psychological or emotional condition	20%
Don’t know	30%
Other	10%
Has not been diagnosed with any condition	10%
NA	10%
Multiple conditions/ difficulties	10%
Missing	20%

From table 25, we discern that two persons classified as ‘caregiver 2’ were diagnosed with psychological or emotional conditions and one was diagnosed with multiple conditions and/or difficulties.

Contact with families of origin and relationships

The following tables give an overview of the child/young person’s level and quality of contact with each of her/his caregivers.

Table 26 Contact with caregiver 1

Contact during current placement		Frequency of face to face contact		Communication media	
Yes	70%	**1-2 times per month**	10%	**Letter**	10%
No	20%	**Less than once a month**	10%	**Phone call**	20%
Missing	10%	**Once every 1-3 months**	10%	**Don't know**	30%
		Once every 4-6 months	10%	**Other**	10%
		Never	30%	**NA**	10%
		Don't know	20%	**Missing**	20%
		Missing	10%		

Table 26 shows that most children/young people contacted caregiver 1 on at least one occasion after they went into care (70%). However, most children/young people had infrequent face to face contact with caregiver 1 after they were put in care. Most seemed to communicate by phone (20%) although the information around their usage of social media (e.g. Twitter, Facebook, Viber) is not comprehensive, partly due to the sample size.

Table 27 Contact with caregiver 2

Frequency of face to face contact		Communication media	
At least once per day	20%	**Phone call**	10%
Approximately 1-2 times per week	10%	**Don't know**	20%
Approximately once every 1-3 months	10%	**Other**	30%
Never	40%	**NA**	10%
Missing	20%	**More than one form of media**	10%
		Missing	20%

Some young people contacted Caregiver 2 more frequently than caregiver 1. It was reported that 20% had face-to-face contact with caregiver 2 at least once per day. 40% never contacted caregiver 2. Social media (e.g. classified as 'other') was an important mode of communication to maintain contact with caregiver 2, as evident in table 27.

The analysis explored if age at entry to care and gender had an impact on contact arrangements. This was done using no parametric tests Kruskal-Wallis Test and the Fisher Exact Probability Test to determine if there were significant differences between scores. This analysis was not statistically significant. However, given the primacy accorded to age and permanence and stability outcomes in the literature, this is worthy of greater exploration with a larger sample.

Table 28 Contact with sibling 1

Contact with sibling1 at least once		**Face to face contact with sibling 1**	
Yes	50%	**1-2 times per month**	30%
No	20%	**Once every 1-3 months**	10%
NA	20%	**Once every 10-12 months**	10%
Missing	10%	**Less frequently than once a year**	10%
		NA	20%
		Missing	10%

Most young people in the quantitative study had at least one sibling (n=7). For some children/young people, contact with siblings was regular. Three young people met face-to-face approximately 1-2 times per month.

Table 29 Contact with grandparents and extended family

Regular contact with grandparents		**Regular contact with extended family**	
Yes	50%	**Yes**	60%
No	50%	**No**	40%

Five young people maintained contact with her/his paternal or maternal grandparents whilst in care. However, five young people did not maintain contact wither/his grandparents. Six young people maintained regular contact with some extended family members (e.g. aunts, uncles, cousins), although four did not.

Table 30 Placements moves in care

Placements whilst in care		Number of placements	
Yes	20%	**One**	50%
No	70%	**N/A**	40%
Missing	10%	**Missing**	10%

Some care placements from the quantitative sample appeared relatively stable. In total, seven young people did not experience any placement moves whilst in care (70%). Most experienced one placement move (e.g. 50%).

Table 31 Factors contributing to placement breakdown/ disruption

Child related factors		Parents of origin related factors		Foster family related factors		Agency related factors		Social workers during placement	
Other	40%	**Don't know**	10%	**Inability to manage child's behaviour**	20%	**Yes**	30%	**1**	10%
NA	40%	**Other**	40%	**Other**	20%	**No**	20%	**2**	30%
More than one child related factor	10%	**NA**	40%	**NA**	40%	**NA**	40%	**4**	10%
Missing	10%	**Missing**	10%	**Missing**	20%	**Missing**	10%	**5**	30%
								More than 5	10%
								Missing	10%

Child-related factors seemed to impact on placement stability. Factors categorised as 'other' affected children/young people's placement moves in four cases.

Factors related to parents of origin also affected placement stability. These were classified as 'other'.

In two cases, the inability of the foster family to manage the child's behaviour also impacted on placement stability. In total, eight children had more than one social worker whilst in care. One child had more than five social workers.

Table 32 Stability in education

On the date of their initial care entry, two children/young people were enrolled in primary school and two were enrolled in secondary school. Three were not attending an educational/training facility.

Most children/young people appeared to have relatively stable school experiences. Five did not experience any school moves. Some of the main factors that influenced school moves as identified by aftercare/social work teams included the child displaying sexualised behaviours in school, previous experiences of emotional trauma, previous experiences of sexual and/or physical abuse, disruptive behaviour in school, drug and/or alcohol misuse and mental health issues. None of the children were excluded from classes whilst they were in care. One child was said to have exhibited aggressive behaviour to classmates. Two young people in aftercare obtained Honours Bachelor degrees or equivalent professional qualifications and two are still attending primary school. The relationship between the child/young person's age on the date of her/his care entry affected educational and employment outcomes were evaluated using the Fisher Exact Probability Test. This was found to be statistically insignificant.

Enrolment on date of care entry		School moves in care		Number of school moves experienced		Factors contributing to school moves		Child exhibit aggressive behaviours to classmates		Highest level of education attained	
Primary school	20%	**Yes**	20%	1	20%	**Child displaying sexualised behaviours**	10%	**Yes**	10%	**Primary**	20%
Secondary school	20%	**No**	50%	3	10%	**Other**	30%	**No**	80%	**Honours bachelor/ Professional qualification**	20%
Not attending	30%	**NA**	20%	4	20%	**NA**	40%	**Missing**	10%	**NA**	50%
Missing	30%	**Missing**	10%	NA	40%	**Multiple factors**	10%			**Missing**	10%
				Missing	10%	**NA**	10%				

Table 32 (above) Stability in education

Table 33 Participation in extracurricular activities

Participation in extracurricular or after school activities		Types of extracurricular/ after school activities		Support programmes child/young person attends		Access to friends / peers that provide strong positive supports	
Yes	30%	**Youth cafes**	10%	**Empowering People in Care**	20%	**Yes**	80%
No	10%	**Don't know**	10%	**Other**	40%	**Don't know**	10%
Don't know	30%	**Other**	20%	**NA**	30%	**Missing**	10%
Missing	30%	**Participated in more than one activity**	20%	**Missing**	10%		
		Missing	40%				

Three children/young people participated in extra-curricular activities. Some of the extra-curricular/afterschool activities that young people participated in include youth cafes, teen parenting support programmes, youth citizenship programmes and Foróige youth participation programmes. Two young people also accessed Empowering People in Care (EPIC). Most were said to have access to a positive peer group that provided them with informal social support (n=8).

Post Care Outcomes

We looked at post-care outcomes too (e.g. education, employment, participation in community based clubs/organisations, experiences of homelessness).

Table 34 Living arrangements, employment, community involvement

Living arrangements after child left care		Current employment status		Participation in community based clubs/ programmes	
Reunification with main caregiver	10%	Part-time employment	10%	Yes	20%
Non-relative foster care arrangement	20%	Looking for first regular job	10%	No	40%
Independent living	30%	Student (third level)	40%	Don't Know	10%
Other	10%	Don't know	10%	NA	30%
NA	30%	NA	30%		

Three young people went to live independently after they transitioned out of care. None of the aftercare cohort experienced homelessness since leaving care. The relationship between age on the date of the child's initial care entry an accommodation type that s/he accessed after they exited care was evaluated. However, this relationship was found to be statistically insignificant. Most young people in the aftercare cohort are students (n=4). Two young people participate in community-based clubs and/or activities.

Table 35 alcohol consumption, drug use, mental health issues

Experienced problems with alcohol		Experienced problems with illegal drug use/ consumption		Mental health conditions diagnosed since leaving care	
Yes	10%	**No**	60%	**NA**	60%
No	60%	**Don't know**	10%	**Eating disorders**	10%
NA	30%	**NA**	30%	**Has not been diagnosed**	20%
				Depression, self-harm, suicidal thoughts	10%

One young person experienced difficulties with alcohol misuse since they left care. None had experienced problems with illegal substance misuse. None of the young people have been incarcerated and/or arrested for an offence since leaving care. Since leaving care, one young person has been diagnosed with mental health issues (e.g. depression, self-harm, suicidal tendencies and/or eating disorders). One young person accesses mental health services.

Appendix 6 Consent and Information Sheets

United Nations Educational, Scientific and Cultural Organization

UNESCO Chair in Children, Youth and Civic Engagement Ireland

NUI Galway OÉ Gaillimh

TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

Research on Children and Young People in Care

Information Letter for Foster Caregivers

Dear Foster Parent(s),

The UNESCO Child and Family Research Centre, NUI Galway and TUSLA, the Child and Family Agency are doing a project on children and young people in care. We want to know more about children's lives in care and what happened to them since they left care. This is important information for improving services for children and families. This study takes place in February and March 2016 and we are asking you and your foster child/children to take part.

We're asking parents of origin and foster caregivers if you allow TUSLA social workers to give general information about your foster child/children from her/his case file to project researchers at NUIG. We won't ask for their names or addresses or confidential information. Instead, we want to know about their nationalities, their ages when they went into care and how long they are in care. TUSLA social workers will not give any information about foster children without the agreement of the parent(s) of origin and the foster parent(s) and the assent of the child. We ask that you talk to your foster child to find out if they would like to take part or not.

As part of this study, we are also asking foster parents and their foster children to take part in interviews with the researchers about services for children and young people in care. More information about the study is provided in the Information Leaflets enclosed.

In this pack, we also include information leaflets specifically for children and young people to help them decide if they agree to take part in the study or not. We ask that you share these documents with your foster child/children which contain important information about what they are being asked to do.

If you have any questions, you can contact Lisa Moran by phone at 091 495743 or by e-mail at lisa.moran@nuigalway.ie . You may also contact Professor Caroline McGregor to discuss. Caroline may be contacted at 091 495398.

Yours sincerely,

Lisa Moran

Research Study on Children in Care

Information Leaflet for Foster Caregivers –Case Files

This gives you more information about the research study on children in care. It is very important that you understand what the project is about and what you are being asked to do.

So what's this all about?

You are asked take part in a project about children in care in Galway and Donegal. Researchers in the UNESCO Child and Family Research Centre, NUI Galway and TUSLA are doing the project. If you agree to take part, social workers will give general information about your foster child/children from care plans to the researchers.

Why is it important?

This study is very important as it helps the Child and Family Agency (TUSLA), and social workers to better understand the lives of children in care, and things that they could do better to help children and families. They need this information to develop services that work for children, young people, and their families.

What do I do?

If you would like to take part, you should talk to your child about the study and ask her/him if they would like to take part also. If you have a partner or spouse, we ask that you talk to her/him about the project and if they would like to participate. Social workers need the consent of the parents of origin and the foster parents and the child's assent to give this information to the researchers. If you agree to take part, you can read the consent form and when you are happy with it you can sign the form.

Do I have to take part?

No you don't have to take part. And if you decide you'd like to take part in the project and then change your mind, that's okay. Taking part or not taking part will not make any difference to the services provided for you and/or your child.

Could anything bad happen if I take part?

We know that being in care is a very difficult time for children. Talking to your child about the project might lead you and her/him to have uncomfortable feelings or emotions.

The social workers won't pass on information to the researchers like your name or address so it's very unlikely that the researchers will recognize you or your child. None of the information from case files will be passed on to anyone else either – it's completely confidential.

What kinds of information will be given to the researchers?

The researchers will be given information strictly about the child. They won't have access to any personal information about you as the foster parent such as your name or address. They'll be given general information about the child like their age, sex and the length of time s/he has been in care.

How will the information be collected?

The information will be collected by TUSLA social workers in Galway and Donegal who will review the case files. The researchers won't have access to files at any stage in the research.

How will the information be stored?

All information that social workers give to the researchers will be stored securely at NUI Galway. Nobody else will have access to it except the researchers.

Will anyone recognize me or my foster child?

There is a very small likelihood that the researchers will recognize you or your child. Should this happen, this information is confidential and anonymous. We won't share any information about you or your foster child with anyone else.

Who are the researchers?

The project researchers are Professor Caroline McGregor, Dr Carmel Devaney and Dr Lisa Moran. They have a lot of experience doing research with children and families and work at the UNESCO Child and Family Research Centre, NUI Galway. You can talk to Lisa about the project by telephone at 091 495743 or you can e-mail her at lisa.moran@nuigalway.ie.

Anything else I need to know?

We will do our best to ensure that the research process is not upsetting for you or your child. If you are not happy, you can talk to Caroline, Carmel or Lisa at any time during the research.

Do I sign anything to say that I agree/do not agree to take part?

Yes. Please sign the consent documents contained in this pack to say that you agree or do not agree to share information from your child's case files. Please return this document to the research team using the self-addressed white envelope enclosed.

Research Study on Children/Young People in Care

Information Leaflet for Foster Parents– Interviews

So what's this all about?

This project is about children and young people in care in Donegal and Galway and their parents/caregivers. Researchers in the UNESCO Child and Family Research Centre, NUI Galway want to talk to children and young people and their caregivers about children's experiences of being in care. We'd also like to hear parents' opinions about care services in Ireland. This information is very important for understanding why some services work well for children and families and why others don't.

What do I do?

If you and/or your foster child/children agree to take part in interviews, researchers from NUI Galway will come to talk to you and/or your foster child/children about their lives in care. You will be asked your opinions about care services in Ireland. Your foster child will be asked about their lives in care; their relationships with their families of origin, friends, social workers and pets. You and your foster child don't have to talk about anything you don't want to – you can tell us as little or as much as you like, depending on how you feel.

Do we have to take part?

No. Taking part or not taking part won't make any difference to the services you or your child might be accessing.

Are there any risks to taking part?

We know that being in care is a very difficult experience for children and families. You and/or your foster child might experience some uncomfortable feelings talking about this. However, if this happens, you can end the interview if you wish and you don't have to talk about anything you don't want to. Information about you or your child will not be passed on to anyone else either.

What happens if a concern about risk to a child is talked about during the interview?

As far as possible, the interview is confidential and there will be no way to link what you tell us directly back to you. The information will be fully anonymised. However, if you or your foster child tells us about something that has put her/him, and/or another child, at risk of harm or abuse, we will be obliged to pass this information on to TUSLA as part of our responsibility for child protection under *Children First 2011* Guidelines.

How shall the information be collected and stored?

All interviews will be recorded on an electronic recorder. This will be stored very safely so only the researchers will have the information.

Who are the researchers?

The project researchers are Professor Caroline McGregor, Dr Carmel Devaney, and Dr Lisa Moran. Caroline, Carmel and Lisa have a lot of experience researching with children and families and work at the UNESCO Child and Family Research Centre, NUI Galway.

What if I am not happy with the research?

We will do our best to ensure that you or your child is not distressed or concerned. But if you are not happy with the research, you can discuss this with Caroline, Carmel, or Lisa at any time during the research.

Why should we take part?

Hearing your opinions and those of your child is very important for improving services for children in care. Taking part will help to develop better services for children and families.

Do I sign anything to say that I agree/do not agree to take part?

Yes. On the consent document, you are also asked if you and/or your child would like to be contacted to do an interview. Please tick this box if you and/or your child would like to be contacted and sign the form. If you do not wish to be contacted, do not tick the box, and return to the research team using the self-addressed white envelope.

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Research Study on Children in Care

Information Leaflet for Children/Young People – Case Files

These leaflets are about the project on children in care. You are asked to take part in this project and it is very important that you know what the project is about and what you are asked to do.

So what's this all about?

Researchers want to find out more about children in care in Donegal and Galway. We want to paint a better picture of how many children are in care right now, what ages they are, how many girls and boys and what countries they come from! This information is really important so that we can improve services for children and teenagers in care and help them and their families.

We're asking you if it's OK for TUSLA social workers to give us information about you from your case files, like what age you were when you went into care, what age you are now and how long you've been in care. We really need your help so that we can find out more about what young people need to make their lives better in care!

Why is it important?

We want to find out more about what young people's lives are like in care, the things they like and don't like and why some services work well for young people and why others don't. Information from your care plan is important so that we can better understand what types of services would really help children and young people and make their lives better.

What do I do?

If you would like to take part, talk to your parent(s)/ foster parent(s) who also have information on the study. If you and your parent(s)/foster parent(s) are also happy for you to take part, read through the consent form. Once you are happy with it, you can sign the form or ask your parents/foster carer(s) to do it for you. You can return this information to the researchers using the white envelope enclosed.

Do I have to take part?

No you don't have to take part! And even if you decide you'd like to take part in the project and then change your mind, that's okay! Also taking part or not taking part will not make any difference to the services that you may be using at the moment.

Could anything bad happen if I take part?

We know that being in care isn't easy for young people and their families and you may feel a bit uncomfortable about TUSLA social workers and the researchers knowing some information about you. But this information is very general – the researchers won't ask for your name or address so there is only a very, very small chance that we will recognize you. Instead we want to know more general information like when you were born and if you are a boy or girl. Also, we won't give any information about you to anyone else.

Will anyone be able to identify me?

As we won't have your name or address or any information about your family, there is only a very, very small chance we will be able to identify you. When we write our report, we won't include your name or any details about you either. The data is anonymised. This means that nobody reading the report will be able to recognize you.

Who are the researchers?

The project researchers are Caroline McGregor, Carmel Devaney, and Lisa Moran. They have a lot of experience doing research with children and families and they work at the UNESCO Child and Family Research Centre, NUI Galway.

If you have any questions or if you'd like to find out more, you can contact Lisa about the project by phone at 091 495743 or you can e-mail her at lisa.moran@nuigalway.ie. You can also ask your parent(s)/caregiver(s) to do this for you if you like.

Anything else I need to know?

We will do our best to ensure that the interview is not upsetting for you. If you are not happy, you can talk to Caroline, Carmel, or Lisa at any time. You can also ask your parent(s)/ caregiver(s) to do this for you. You can also call Caroline at 091 495398 if you'd like to find out more about the project.

Information Leaflets for Children and Young People

Research Study on Children/Young People in Care

Information Leaflet for Children and Young People – Interviews

So what's this all about?

Researchers want to talk to children who in care in Donegal and Galway and their parents/foster caregivers. We want to hear about what you do every day – what you think about school, your friends, family and social workers or anything else you think is important! We need this information so we can make services better for children and young people in care in Ireland.

Why is it important?

The Child and Family Agency (TUSLA) and the researchers want to hear your opinions about things that work well for children and young people in care, and what they could be doing better to help children and families. Your opinions are really important to improving services for children and young people in care right across Ireland!

What do I do?

If you would like to take part, talk to your parent(s)/ foster parent(s) who also have information on the study. If would like to be involved and your parent(s)/foster parent(s) are happy for you to take part, read through the consent form. Once you are happy with it, you can sign the form or ask your parents/foster carer(s) to do it for you. You can return the consent form to the researchers using the white envelope enclosed.

Do I have to take part?

No you don’t have to take part! And even if you decide you’d like to take part in the project and then change your mind, that’s okay! Also taking part or not taking part will not make any difference to the services that you may be using at the moment.

What happens if I don’t want to answer a question?

You don’t have to answer! If you don’t want to answer a question, you can say so and we’ll move on to the next question. And you can stop the interview at any time as well.

Could anything bad happen if I take part?

During the interview, you might have uncomfortable feelings. We know that being in care isn’t easy for children and their families. If this happens, you should tell the researcher who will ask you if you want to carry on with the interview, or decide not to take part anymore. It’s OK if you decide you want to stop!

If you tell us something about yourself or another child that put you or them at risk of harm, we have to pass this information on to make sure that all children are safe and protected. It’s also OK if you want someone else to come along to the interview to support you- a friend, family member or a youth leader. It’s really important to us that you feel safe and supported when we come and talk to you.

How will the information be collected?

All interviews will be recorded on an electronic device. It will be stored securely and only the researchers will have access to it. We won’t give any information about you to anyone else and we won’t tell anyone else that we spoke to you either.

Will anyone know they were my answers?

No. The information is confidential and anonymous. This means that nobody will be able to identify you.

Who are the researchers?

The project researchers are Caroline McGregor, Carmel Devaney and Lisa Moran. They have a lot of experience doing research with children and families and they work at the UNESCO Child and Family Research Centre, NUI Galway. If you have any questions or if you'd like to find out more, you can contact Lisa about the project by phone at 091 495743 or you can e-mail her at lisa.moran@nuigalway.ie. You can also ask your parent(s)/caregiver(s) to do this for you if you like.

Anything else I need to know?

We will do our best to ensure that the interview is not upsetting for you. If you are not happy, you can talk to Caroline, Carmel or Lisa at any time. You can also ask your parent(s)/ caregiver(s) to do this for you.

Research on Children/Young People in Care

Consent Document for Foster Caregivers

Please read the Participant Information Sheet before you agree/do not Agree to take part in the research.[29]

Please tick to indicate whether you agree to take part, or you do not agree;

●**I agree** to share anonymised information from my foster child's case files with researchers for the Children in Care study ☐

●**I do not agree** to share anonymised information from my foster child's case files with researchers for the Children in Care study ☐

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[29] This research was approved by the Research Ethics Committee of the National University of Ireland Galway. If you have any questions or concerns about your rights as a participant in this study, please contact the Chairperson of the NUI Galway Research Ethics Committee, c/o Office of Vice President for Research, NUI Galway. You can also e-mail them at ethics@nuigalway.ie

We also want to talk to foster parents about children's lives in care. If you and/or your spouse/partner would like to take part in a follow-up interview, please tick the box. The researchers will then contact you to arrange the interview; ☐

If you consent for your foster child to take part in an interview, please tick the box. If you do not consent, please do not tick the box.

☐

Please sign your name here:

Date:

Please return these documents to the researchers using the self-addressed white envelope, enclosed by Friday March 4th 2016.

Thank you!

To be signed by the child/young person

United Nations Educational, Scientific and Cultural Organization

UNESCO Chair in Children, Youth and Civic Engagement Ireland

An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Research Study on Children/Young People in Care

Consent Form for Children and Young People – Case Files

If you want to take part in the project on children in care, you must tick the boxes. Please read the Participant Information Sheet before you sign this form or ask your parent/caregiver to do this for you.

If you agree, social workers will give information about you to researchers who work at the university in Galway. If you don't want to take part, you don't have to and if you don't agree, social workers won't give this information to the researchers.

Please return this form to the researchers in the white envelope enclosed!

Please tick the box below if you agree to take part;

I agree to share information from my care file with the researchers

☐

Please tick the box below if you do not agree to take part;

I do not agree to share information from my care files with the researchers

☐

My name is…………………………….

Date………………………………….

To be signed by the child/young person

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Ireland

NUI Galway
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An Ghníomhaireacht um
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Child and Family Agency

Research Study on Children/Young People in Care

Consent Form for Children and Young People – Interviews

If you want to take part in the project on children in care, you must tick the boxes. Please read the Participant Information Sheet before you sign this form or ask your parent/caregiver to do this for you.

Please tick the box below if you agree to take part;

I agree to take part in an interview with the researchers

☐

Please tick the box below if you do not agree to take part;

I do not agree to take part in an interview with the researchers

☐

My name is……………………………………

Date……………………………………………

Please return this form to the researchers in the white envelope enclosed by Friday March 4th.

Thank you!

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Research on Children and Young People in Care

Information Letter for Parents/Caregivers

Dear Parent/Caregiver,

The UNESCO Child and Family Research Centre, NUI Galway and TUSLA, the Child and Family Agency are doing a project on children and young people in care. We want to know more about children's lives in care and what happened to them since they left care. This is important information for improving services for children and families. This study takes place in April and May 2016 and we are asking you and your child/children to take part.

We're asking if you will allow TUSLA social workers to give general information about your child/children from her/his case files to the project researchers. We won't ask for their names or addresses or anything confidential. Instead, we want to know general information about their nationality, how old they were when they went into care and how long they were in care. We also ask that you talk to your child/children and find out if they would like to take part in the study.

We are also asking parents and children to take part in follow-up interviews with the researchers about services for children and young people in care. More information about this study is also provided in the Information Leaflets enclosed.

If you have any questions, you can contact Lisa Moran by phone at 091 495743 or by e-mail at lisa.moran@nuigalway.ie. You may also contact Professor Caroline McGregor to discuss at 091 495398.

Yours sincerely,

Lisa Moran

Lisa Moran (Project Researcher)

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Research Study on Children in Care

Information Leaflet for Parents/Caregivers –Case Files

This gives you more information about the research study on children in care. It is very important that you understand what the project is about and what you are being asked to do.

So what's this all about?

You are asked take part in a project about children in care in Galway and Donegal. Researchers in the UNESCO Child and Family Research Centre, NUI Galway and TUSLA are doing the project. If you agree to take part, social workers will give general information about your child/children from their care plans to the researchers.

Why is it important?

This study is very important as it helps the Child and Family Agency (TUSLA), and social workers to better understand the lives of children in care, and things that they could do better to help children and families. They need this information to develop services that work better for children, young people and their families.

What do I do?

If you would like to take part, you should talk to your child about the study and ask her/him if they would like to take part also. If you have a partner or spouse, we also ask that you talk to her/him about participating. If you would like to take part, please read through the consent form and when you are happy with it you can sign the form and return it to the researchers in the white envelope enclosed.

Do I have to take part?

No you don’t have to take part. And even if you decide you’d like to take part in the project and then change your mind, that’s okay. Taking part or not taking part will not make any difference to the services provided for you or your child.

Could anything bad happen if I take part?

We know that being in care is often very difficult for children and their families. Taking part in the study might lead you and her/him to have uncomfortable feelings or emotions. The social workers won’t pass on information to the researchers like your name or address so it’s very unlikely that the researchers will recognize you or your child. None of the information from case files will be passed on to anyone else either – it’s completely confidential.

What kinds of information will be given to the researchers?

The researchers won’t have access to personal details like the names and addresses of your child/children. They’ll be given general information like the length of time your child is in care, their ages they were when they first went into care and what age they are now.

How will the information be collected?

The information will be collected by TUSLA social workers in Galway and Donegal who will review the case files. The information will be recorded on a document designed by researchers for this study at NUIG.

How will the information be stored?

All information that social workers give to the researchers will be stored securely at NUI Galway. Nobody else will have access to it except the researchers.

Will anyone recognize me or my child?

Because the researchers don't have access to names and addresses of individual children and families, there is only a very small chance that they will be able to identify anyone taking part.

Who are the researchers?

The project researchers are Professor Caroline McGregor, Dr Carmel Devaney, and Dr Lisa Moran. They have a lot of experience doing research with children and families and work at the UNESCO Child and Family Research Centre, NUI Galway. You can talk to Lisa about the project by telephone at 091 495743 or you can e-mail her at lisa.moran@nuigalway.ie.

Anything else I need to know?

We will do our best to ensure that the research process is not upsetting for you or your child. If you are not happy however, you can talk to Caroline, Carmel, or Lisa at any time during the research.

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An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Research Study on Children/Young People in Care

Information Leaflet for Parents/Caregivers – Interviews

So what's this all about?

This project is about children and young people in care in Donegal and Galway and their parents/caregivers. Researchers in the UNESCO Child and Family Research Centre, NUI Galway want to talk to children and young people and their caregivers about children's experiences of being in care. We'd also like to hear parents' opinions about care services in Ireland. This information is very important for understanding why some services work well for children and families and why others don't.

What do I do?

If you and/or your child agree to take part, researchers from NUI Galway will come to talk to you and/or your child about when they were in care. You will be asked your opinions about care services in Ireland. Your child will be asked to talk about their lives in care; how they feel about their foster families and their relationships with family, friends, social workers and pets. You and your child don't have to talk about anything you don't want to – you can tell us as little or as much as you like, depending on how you feel.

Do we have to take part?

No. Taking part or not taking part won't make any difference to the services you or your child might be using.

Are there any risks to taking part?

We know that being in care is a very difficult experience for children and families. You and/or your child might experience some uncomfortable feelings talking to the researchers about this. If this happens, you can end the interview if you wish and you don't have to talk about anything you don't want to. Information about you or your child will not be passed on to anyone else either.

What happens if a concern about risk to a child is talked about during the interview?

As far as possible, the interview is confidential and there will be no way to link what you tell us back to you. The information will be fully anonymised. However, if you or your child tells us about something that has put her/him, and/or another child, at risk of harm or abuse, we will be obliged to pass this information on to TUSLA as part of our responsibility for child protection under *Children First 2011* Guidelines.

How shall the information be collected and stored?

All interviews with children and parents will be recorded on an electronic recorder. This will be stored very safely so only the researchers will hear the interview.

Who are the researchers?

The project researchers are Professor Caroline McGregor, Dr Carmel Devaney and Dr Lisa Moran. Caroline, Carmel and Lisa have a lot of experience researching with children and families and work at the UNESCO Child and Family Research Centre, NUI Galway.

What if I am not happy with the research?

We will do our best to ensure that you or your child is not distressed or concerned. But if you are not happy with the research, you can discuss this with Caroline, Carmel or Lisa at any time during the research.

Why should we take part?

Hearing your opinions and those of your child is very important for improving services for children in care. Taking part will help to develop better services for children and families.

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Research on Children/Young People in Care

Consent Document for Parents/Caregivers

Please read the Participant Information Sheet before you agree/do not Agree to take part in the research.[30]

Please tick to indicate whether you agree to take part, or you do not agree;

●**I agree** to share anonymised information from my child's case files with

Researchers for the Children in Care study ☐

●**I do not agree** to share anonymised information from my child's case files

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[30] This research was approved by the Research Ethics Committee of the National University of Ireland Galway. If you have any questions or concerns about your rights as a participant in this study, please contact the Chairperson of the NUI Galway Research Ethics Committee, c/o Office of Vice President for Research, NUI Galway. You can also e-mail them at ethics@nuigalway.ie

With researchers for the Children in Care study ☐

We also want to talk to parents about children's lives in care. If you and/or your spouse/partner would like to take part in a follow-up interview, please tick the box. The researchers will then contact you to arrange the interview; ☐

If you consent for your child to take part in an interview, please tick the box. If you do not consent, please do not tick the box;

☐

Please sign your name here:

Date:

Please return these documents to the researchers using the self-addressed white envelope, enclosed by Monday April 11th, 2016.

Thank you!

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Cultural Organization

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Research Study on Children/Young People in Care

Information Letter

Dear Participant,

The UNESCO Child and Family Research Centre, NUI Galway and TUSLA, the Child and Family Agency are doing a project on children and young people in care. The project is important for improving services for children and young people in care and for helping families. We want to find out more about young people's lives in care and about your own experiences since leaving care. This is a very important project and will help TUSLA and social workers to better understand what happens to young people in care and how best to support them. We're asking you to take part in this project which is happening in April and May 2016.

We're asking if you allow social workers to give general information from your case file to NUI Galway researchers about your life in care. This is a confidential study and the researchers won't be able to identify you or your family. We won't have access to your case files or your name and address. Instead, we need general information like your sex, your age when you went into care and how long you were in care. You don't have to take part if you don't want to and choosing to take part or not won't affect any of the services that you might be using.

The Participant Information Sheet gives you more details about the study. If you decide to take part please sign the consent form which is included. If you don't want to take part, just tick the box on the consent form to say that you don't want to take part and return it to us in the self-addressed white envelope.

If you have any questions about the research or comments, you can contact Lisa Moran, the project researcher at 091 495743 or by e-mail at lisa.moran@nuigalway.ie You may also contact Prof Caroline McGregor to discuss at 091 495398.

Yours sincerely,

Lisa Moran

United Nations Educational, Scientific and Cultural Organization · UNESCO Chair in Children, Youth and Civic Engagement Ireland

NUI Galway OÉ Gaillimh

TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

Participant Information Leaflet for Young People – Case Files

This gives you more information about the project on children in care. It is very important that you understand what the study is about and what you are being asked to do.

So what's this all about?

You are asked to take part in a project about children in care in Counties Galway and Donegal. Researchers in the UNESCO Child and Family Research Centre, NUI Galway and TUSLA are doing the project. If you agree to take part, social workers will give general information about you from care plans to the researchers. This won't give any identifying information like your name or address. Instead, the researchers need more general information like your age when you went into care and how long you were in long-term care. The researchers won't have access to your care files and they won't be able to recognize you or your family.

Why is it important?

This study is very important as it helps the Child and Family Agency (TUSLA), and social workers to better understand the lives of children in care, and things that they could do better to help children and families. This information is important for developing services that work better for children, young people and their families.

What do I do?

If you would like to take part, please sign the consent form included in this pack to say that you agree to participate. If you don't want to take part, sign the consent form to say that you don't want to take part. Please send the consent forms back to the researchers in the self-addressed white envelope enclosed.

Do I have to take part?

No you don't have to take part. And even if you decide you'd like to take part in the project and then change your mind, that's okay. Taking part or not taking part will not make any difference to the services provided for you.

Could anything bad happen if I take part?

We know that being in care is very difficult for young people and their families. Taking part in the project might lead you to experience uncomfortable feelings or emotions about your time in care.

The social workers won't pass on information to the researchers like your name or address so it's very unlikely that the researchers will recognize you or your family. None of the information will be passed on to anyone else either –this study is completely confidential.

What kind of information will be given to the researchers?

The researchers won't have access to personal details like your name and address. They'll be given general information like your age when you went into care, the length of time you spent in care, and how you've been getting on since you left care.

How will the information be collected?

Social workers will access the case files of all young people who agree to take part. They'll record the information on a document that will then be given to the researchers.

How will the information be stored?

All information that social workers give to the researchers will be stored safely and securely at NUI Galway. Nobody else will have access to it except the researchers.

Will anyone be able to recognize me?

As the researchers won't have access to your name or address, there is only a very, very small chance they will be able to identify you.

Who are the researchers?

The project researchers are Professor Caroline McGregor, Dr Carmel Devaney and Dr Lisa Moran. They have a lot of experience doing research with children and families and they work at the UNESCO Child and Family Research Centre, NUI Galway. You can talk to Lisa about the project by telephone at 091 495743 or you can e-mail her at lisa.moran@nuigalway.ie.

Anything else I need to know?

We will do our best to ensure that the research process is not upsetting for you or your child. If you are not happy, you can talk to Caroline, Carmel or Lisa at any time during the research.

Read only if you would like to take part in a follow-up interview

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Child and Family Agency

Research Study on Children/Young People in Care

Information Leaflet for Young People –Interviews

This gives you more information about the interviews with young people that are happening as part of the project on children in care. You are invited to take part in the research and it is very important that you know what the project is about and what you are asked to do.

So what's this all about?

You are asked to take part in a project about children and young people who were in care in Counties Donegal and Galway. Researchers at NUI Galway want to talk to you about your experiences in care and the things that happened to you since leaving care. We need this information so we can make services work better for children and young people.

Why is it important?

The Child and Family Agency (TUSLA) and the researchers want to hear what you have to say about things that work well for children and young people, and what they could be doing better to help children and families. Talking to you about your experiences in care will help us to improve services for children and youth and their families.

What do I do?

Read through the consent form in this pack and if you would like to take part in an interview, sign the consent form to say that you agree to be interviewed. Please return the consent form to the researchers using the self-addressed white envelope enclosed.

Do I have to take part?

No you don't have to take part! And even if you decide you'd like to take part in the project and then change your mind, that's okay! Also taking part or not taking part will not make any difference to the services that you may be using at the moment.

What happens if I don't want to answer a question?

You don't have to answer! If you don't want to answer a question, you can say so and we'll move on to the next question. And you can stop the interview at any time too. You can tell us as little or as much as you like – it's up to you.

Could anything bad happen if I take part?

During the interview, you might experience uncomfortable feelings or emotions. We know that being in care isn't easy for children and their parents. If this happens, you should tell the researcher who will ask you if you want to carry on with the interview, or decide not to take part anymore. It's OK if you decide you want to stop. It's also OK if you want someone else to come along to support you- like a friend or family member. It's really important to us that you feel safe and supported.

If you tell us something about you or another child that put you at risk of harm, then we have to pass this information on as part of our responsibility under *Children First* Guidelines.

How will the information be collected?

All interviews will be recorded on an electronic device. It will be stored securely and only the researchers will have access to it. We won't give any information about you or your family to anyone else and we won't tell anyone that we spoke to you either.

Will anyone know they were my answers?

No. When we write our report, your answers will be anonymised. This means that nobody else will be able to identify you.

Who are the researchers?

The project researchers are Professor Caroline McGregor, Dr Carmel Devaney and Dr Lisa Moran. They have a lot of experience doing research with children and families and they work at the UNESCO Child and Family Research Centre, NUI Galway.

You can contact Lisa about the project by telephone at 091 495743 or you can e-mail her at lisa.moran@nuigalway.ie.

Anything else I need to know?

We will do our best to ensure that the interview is not upsetting for you. If you are not happy, you can talk to Caroline, Carmel or Lisa at any time during the study.

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Research on Children/Young People in Care

Consent Document

Please read the Participant Information Sheet before you agree/do not Agree to take part in the research.[31]

Please tick to indicate whether you agree to take part, or you do not agree;

●**I agree** to share anonymised information from my case files with

Researchers for the Children in Care study ☐

●**I do not agree** to share anonymised information from my case files

With researchers for the Children in Care study ☐

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[31] This research was approved by the Research Ethics Committee of the National University of Ireland Galway. If you have any questions or concerns about your rights as a participant in this study, please contact the Chairperson of the NUI Galway Research Ethics Committee, c/o Office of Vice President for Research, NUI Galway. You can also e-mail them at ethics@nuigalway.ie

We also want to talk to young people about their lives in long-term foster care. If you would like to take part in a follow-up interview, please tick the box. If you do not agree, do not tick the box; ☐

Please sign your name here:

Date:

Please return this document to the researchers using the self-addressed white envelope by Monday April 11th, 2016

Thank you!

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Research Study on Children in Care

Confidentiality document for transcriber – Children in Care research study

Please read this document carefully.

You should tick the boxes only when you feel you know what you are being asked to do and when you have had the opportunity to ask questions.

I know that all the information that the young person shares is ☐

Confidential

I know that I cannot share information about the young person ☐

With anyone else

I know that I should not tell anyone about information about events, people and places that is shared in this interview ☐

Your name:

Signed:

Date:

Appendix 7 Research Questions

a. How do children and young people conceptualise permanence and stability and what are the factors that they identify as affecting better outcomes for them?
b. How does a child's experiences prior to entering care shape and reflect how they think about permanence and stability, and other factors that are significant to their experiences in care (e.g. their relationships with social workers, contact with families of origin, relationships with foster carers, siblings, peer networks etc.)?
c. What are the factors that affect children's relationships with social workers whilst in care and what suggestions do they make about how these relationships can be improved?
d. What are the factors that affect children/young people's relationships with foster families whilst in care and what do they say about things that work well in foster care and what needs to be improved?
e. How do relationships with parents of origin whilst in care shape and reflect children/young people's care experiences and outcomes when they leave care?
f. How does number of moves impact on the lives of children in care?
g. What are the factors identified by parents of origin, children/young people and foster carers as affecting placement breakdown?
h. How does placement stability shape and reflect how young people transition to independent life, and impact on post-care outcomes?
i. What do young people think about aftercare services provided by TUSLA and what suggestions would they make on how they can be improved?
j. What are the main challenges that young people face transitioning to independent life and how can aftercare services better meet their needs?
k. What are the opinions of parents of origin about TUSLA services for children in care and young people transitioning out of care and what suggestions do they make for improvements?
l. What are the opinions of foster carers about TUSLA services for children in care and young people transitioning out of care and what improvements would they suggest?
m. How can TUSLA social workers better support parents of origin?
n. How can TUSLA social workers better support foster carers?

Appendix 8 Statistical Analysis (Quantitative Study)

Age at entry to care and contact with caregivers

Test: Kruskal- Wallis Test

	Chi- Square	DF	Sig <
How often did C1 and the child meet face to face?	1.74	3	Not Significant
How often did the child and C2 meet face to face?	1.31	3	Not Significant
How often did the child meet S1 face to face whilst in care?	0.74	3	Not Significant
How often did the child and S2 meet face to face?	1.72	3	Not Significant
Did the child maintain regular contact with extended family?	1.40	3	Not Significant

Test: Fisher Exact Probability Test (Chi-square test for independence)

100% of the cells have expected frequencies below five

	Sig	Sig <
How often did C1 and the child meet face to face?	1.0	Not Significant
How often did the child and C2 meet face to face?	0.94	Not Significant
How often did the child meet S1 face to face whilst in care?	0.74	Not Significant
How often did the child and S2 meet face to face?	1.0	Not Significant
Did the child maintain regular contact with extended family?	1.0	Not Significant

Gender and contact with caregivers

Test: Kruskal- Wallis Test

	Chi- Square	DF	Sig <
How often did C1 and the child meet face to face?	0.81	1	Not significant
How often did the child and C2 meet face to face?	0.29	1	Not significant
How often did the child meet S1 face to face whilst in care?	0.56	1	Not significant
How often did the child and S2 meet face to face?	0.21	1	Not significant
Did the child maintain regular contact with extended family?	0.09	1	Not Significant

Test: Fisher Exact Probability Test (Chi-square test for independence)

	Sig	Sig <
How often did C1 and the child meet face to face?	0.19	Not significant
How often did the child and C2 meet face to face?	0.50	Not significant
How often did the child meet S1 face to face whilst in care?	0.042	Not significant
How often did the child and S2 meet face to face?	0.61	Not significant
Did the child maintain regular contact with extended family?	1.00	Not significant

Number of placement moves

Test: Fisher Exact Probability Test (Chi-square test for independence)

	Sig	Sig <
How often did C1 and the child meet face to face?	0.21	Not significant
How often did the child and C2 meet face to face?	1.0	Not significant
How often did the child meet S1 face to face whilst in care?	0.36	Not significant
How often did the child and S2 meet face to face?	1.0	Not significant
Did the child maintain regular contact with extended family?	0.43	Not significant
Has the child/ young person been diagnosed with any mental health difficulties including anxiety, depression, eating disorders or panic attacks?	0.46	Not significant

Agency related factors and number of placements

Test: Fisher Exact Probability Test (Chi-square test for independence)

	Sig	Sig <
Did agency related factors affect the stability of the child's care placement?	0.68	Not significant
Which of the following agency related factors contributed to placement breakdown or disruption?	0.43	Not significant

Age on date of entry and outcomes in education, accommodation, and employment

Test: Fisher Exact Probability Test (Chi-square test for independence)

	Sig	Sig <
Highest level of educational attainment to date	1.0	Not significant
What are the living arrangements for the child after s/he left care?	1.0	Not significant
What type of accommodation does the child currently occupy?	0.63	Not significant
What is the child/young person's current employment status?	1.0	Not significant

Age at entry into care and mental health status

Does age at entry into care impact on current mental health status?

	Sig	Sig <
Has the child/ young person been diagnosed with any mental health difficulties including anxiety, depression, eating disorders or panic attacks?	1.0	Not significant

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