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Supporting the Participation of Parents of Children in Care to Enhance the Experience of Access & Contact

A collaborative study between TUSLA Mid-West Area, Clarecare, Limerick Social Service Council, Silver Arch Family Resource Centre & UCD

Caroline Roe &
Dr. Valerie O'Brien

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Partnership In Practice Project Steering Group

Jill Kelleher	Parent Representative
Patrick L	Parent Representative
Ger Brophy	Area Manager, TUSLA Mid-West Area
Áine Mellett	Senior PPFS Manager, TUSLA Mid-West Area
Ann Neville	Alternative Care Manager, TUSLA Mid-West Area
Jacinta Swann	Family Support Services Manager, Clarecare
Majella Hynan	Family Advocacy Worker, Limerick Social Service Council
Eileen Healy	Family Advocacy Worker, Silver Arch Family Resource Centre
Helen Walsh	Family Advocacy Worker, Clarecare
Caroline Roe	Researcher, TUSLA Mid-West Area
Muriel O'Meara	Principal Social Worker, TUSLA Mid-West Area
Tina Wiseman	Principal Social Worker, TUSLA Mid-West Area
Dr. Valerie O'Brien	Academic Consultant, UCD

Foreword

This report has been prepared as a collaborative initiative of TUSLA, parents of children in care and advocacy services in the Mid West – Clarecare, Limerick Social Service Council and Silver Arch Family Resource Centre. The report focuses on *'Supporting the participation of parents of children in care to enhance the experience of access and contact'.*

From international research and TUSLA's work with parents of children in care we understand that many parents experience a wide range of emotions such as despair, longing, anger, grief, guilt, and powerlessness. A study was conducted in the Mid-West in 2010 "Listening to Our Voices – A survey of parents' experience of being listened to when their child is in care' highlighted how powerless parents feel once their children are in care. Parents consulted in this study expressed a need for a greater understanding of their situation and the difficulties they experience.

Since the 2010 study was published TUSLA, Clarecare, Limerick Social Service Council and Silver Arch Family Resource Centre (formerly known as North Tipperary Social Services) have continued promote an awareness of the needs of parents of children in care. This work has been greatly advanced by the opportunity to access funding under TUSLA's Prevention Partnership and Family Support Programme – Seed Funding for Parental Participation.

Since 2016 a steering group involving two parents and other agencies have worked tirelessly to undertake the following:

Survey and focus groups with parents;

Survey and focus groups with social Workers and advocacy workers;

Mapping of local support services;

Presentation to National TUSLA Parenting Conference (2018);

Development of video "Put into Words" offering key messages to parents;

Development of a resource information booklet for parents;

Participation in the UNESCO CFRC Biennial International Conference (2019).

I wish to acknowledge the excellent work that has been undertaken by all involved in the Parental Participation Project. In particular I would like to commend Jill Kelleher and Patrick L for taking part in the group and bringing their experience and wisdom. The staff from Clarecare, Limerick Social Service Council and Silver Arch Family Resource Centre have given many hours to ensure that parents were actively invited and facilitated to be active participants in the project. My thanks to TUSLA staff from PPFS and children in care and, in particular, to Ms. Áine Mellett who managed this project from its inception, Ms. Caroline Roe who designed the research methodology and compiled the research report, supported by Ms. Agnes Feely.

I am extremely grateful to Dr Valerie O Brien, UCD who acted as Academic Consultant to the project, provided an in-depth literature review and for her work in conducting a series of focus groups with parents.

The findings of the report are important to TUSLA, and we appreciate the honesty of parents sharing their positive and negative experiences. Listening to the voices of parents in this report we see as a learning resource, and we look forward to working with parents and our partners to review the findings towards service development and improvement.

Dr. Caroline Cullen
Area Manager: TUSLA Mid-West Area

1. Introduction

As part of their commitment to Supporting Parents to Improve Outcomes for Children (TUSLA 2013) TUSLA Mid-West set out to undertake a collaborative study to explore how agencies working with children in care can improve service planning and delivery in relation to access through parental participation and partnership. Building on earlier research undertaken in 2010 entitled 'Listening to our Voices' (HSE 2010), the focus was on the participation of parents to explore and understand their perspectives, providing an opportunity for learning and improving services for children in care.

Access may be defined as

> ***"The meeting of children in care with their families and others who are significant figures in their lives"***

(National Standards for Foster Care, DoHC, 2003, p69)

Access, also sometimes called contact, can take many forms including, face-to-face visits/meetings (including overnight stays), telephone/text contact, letter box contact, exchange of gifts, etc. Ongoing, meaningful access with birth families represents a key element both in terms of planning for children in care and in the services provided to them (Gilligan & Chapman 1999). Nevertheless, a sizable minority of children in care go on to lose contact with their parents (O'Sullivan 1998, Ryan 1996, O'Higgins 1993).

Balancing the rights of the parents with the needs of the child to have meaningful access presents a considerable challenge, both emotionally and practically, and access assessments must be undertaken in the context of the long-term plan for the child. In these days of re-constituted families, the range of individuals who may have a significant relationship with a child may be any number of different individuals e.g., stepparents, paternal aunts, etc. and so a kinship perspective may need to be adopted. In addition, siblings are often very significant figures in a child's life and so these relationships, which can be long-term, should be nurtured. Therefore, in the development of access policies, due consideration should be given to the hierarchy of attachments.

Standard 2 of the National Standards for Foster Care (DoHC, 2003, p11) indicate that

> ***"Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships."***

The child's birth family can play a crucial role in ensuring the foster or residential placement is successful. The need for, and right of the parents for access to their children is embodied in legislation and in the Child Care Regulations (1995). Where deemed appropriate, family relationships should be promoted given the beneficial nature of this access for the child. As there is a tendency for access to diminish over time, there should be a renewed emphasis on the maintenance of such contact (Daly & Gilligan 2005). In a small but significant number of cases, contact and access is not in the best interests of children, where there is a risk to their safety and/or emotional welfare and where access can trigger trauma. However, even in these instances, access to information about the child's family is important in assisting them in understanding their life story and the formation of a positive sense of self and identity.

1.1 Background

Parental participation means providing opportunities for all parents to have a say in the decisions affecting their lives and the lives of their children. This is most challenging for parents whose children have entered the care system. The protection of children and young people and promoting their welfare falls within the statutory responsibility of the Child & Family Agency (TUSLA) under the Child & Family Agency Act (2013). In Ireland, the state has unequivocal duties to children who are not receiving adequate care and protection. These obligations arise from the Constitution of Ireland (1937) and are on a statutory footing in the form of the Child Care Act (1991). The duties to safeguard the welfare of children have to be met in a manner that respects the rights of children, their parents and the family unit as a whole. The Irish Constitution and the UN Convention on the Rights of the Child (1992) set out that children and young people have a right to participate and be consulted in their care. Article 9 of the UN Convention indicates that children must not be separated from their parents unless it is in the best interests of the child. A child must be given the chance to express their views when decisions about parental responsibilities are being made. Every child has the right to stay in contact with both parents, unless to do so may cause harm.

There have been considerable developments in social work and community development practice over recent years in an effort to try and support parents in caring for children at home without recourse to the care system. This includes child welfare and family support plans, the emergence of Méitheal, family welfare conferencing, the Signs of Safety model, and the potential for guardianship due to the Child & Family Relationships Act (2015). This reflects TUSLA's commitment to do everything humanly possible to keep families together and support parents and the wider family in caring for children. The provision of day fostering, respite care, shared care and the increasing number of children who are placed with relatives reflect the importance of on-going connections with the child's family of origin. When the state takes a child into care it acts in the best interest of the child, and this is often seen as a last resort. TUSLA social workers are responsible for follow-up with both the child and its parents.

The relationship between parents and social workers in child protection cases can be both complex and difficult (Thompson & Thorpe 2004, Forrester et al 2008), while parents who have lost the custody of their children often feel disempowered by the authorities (Slettebo 2011). Parental participation is based on the desire to enable such parents to influence service planning and decision making rather than simply being passive beneficiaries of services.

Advocacy services for parents of children in care

The Mid-West Area set out a programme to support and increase parental engagement through advocacy services for parents of children in care and the family advocacy services of Clarecare, Silver Arch Resource Centre (formerly North Tipperary Community Services) and Limerick Social Service Council (LSSC). Unique to the Mid-West Area, these confidential and independent advocacy services provide support for parents whose children are in, or in the process of being placed in, the care of the State.

Parents are supported to be actively and positively involved in their children's lives while they are in care through:

Direct one-to-one support based on identified and agreed needs;

Facilitation of a parents' monthly group meeting;

Information sessions with input from guest speakers on relevant topics;

Preparation for, and accompaniment to, relevant meetings – including statutory meetings such as child in care reviews and child protection case conferences;

Information on the care system - legislation and relevant policy and practice and

Links to other appropriate services that may be of benefit to parents.

Research undertaken in the Mid-West (HSE 2010) entitled 'Listening to our Voices' reinforced the need for local advocacy services, indicating how powerless parents feel once their child enters care and how they no longer feel important in the child's life. Parents in the study spoke about often feeling confused and powerless as well as experiencing a lot of stigma. Moreover, parents indicated that they did not understand the procedures, and felt that they had little opportunity to be heard.

Interestingly, there has been a great deal of advocacy work undertaken with children in care in recent years by EPIC which has included the production of written and video material on their experience of access and being in care. Although not the subject of this research study, some incorporation of the findings and views of children in care should be considered.

Learning from the experience of the advocacy services

In approaching this project, collaborative seminars were hosted for TUSLA staff on increasing parental participation. These included the dissemination of findings from research into the contact needs of children in care by Dr. Trish Walsh (Trinity College Dublin), an overview of advocacy services in the Mid-West and parents' experiences of same, and finally, a presentation by Prof. Thor Slettebo on his work on partnership with parents in the Norwegian Child Welfare System.

The Partnership in Practice Project Steering Group

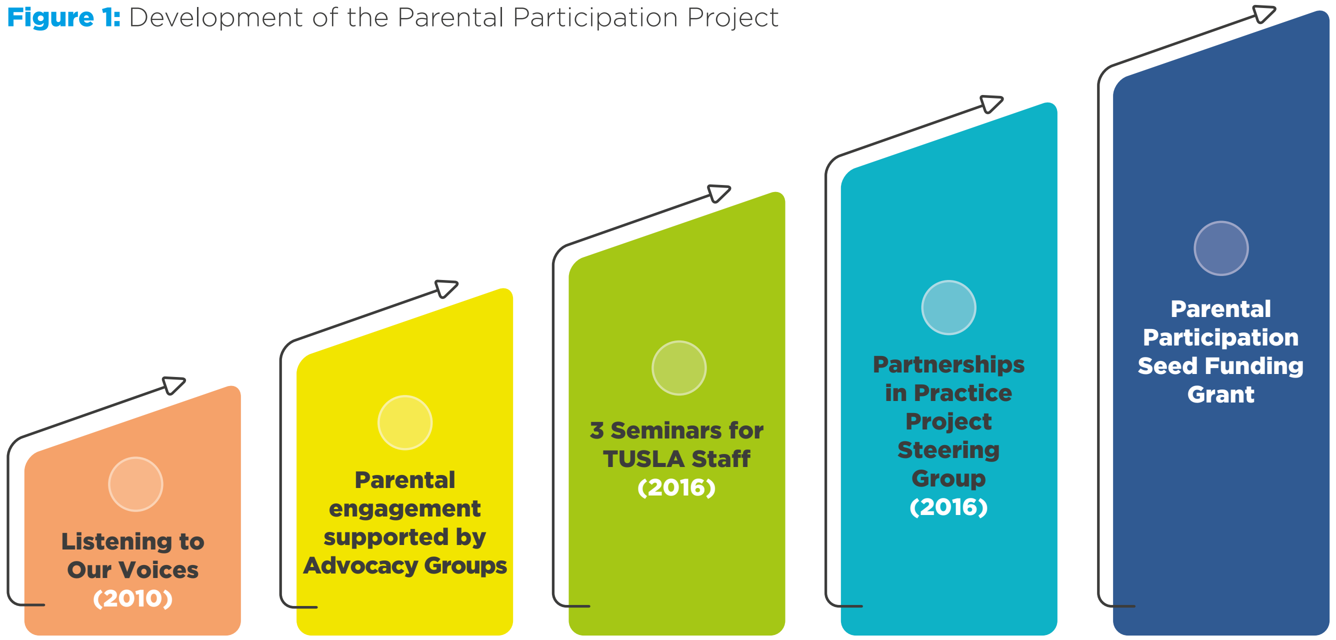
As a result, the Partnership in Practice Project Steering Group was formed in 2016 and an application to the Parental Participation Seed Funding programme was submitted to undertake the current study

1.2 Towards a Collaborative Approach

From the outset, a collaborative approach was adopted, with the Project Steering Group both multi-disciplinary and multi-agency in nature. Membership of the steering group included:

- 2 parents, both of whom had involvement with the local advocacy groups;
- Representatives from the 3 advocacy groups for parents of children in care in the Mid-West: Clarecare, Limerick Social Service Council (LSSC) and Silver Arch Family Resource Centre (formerly North Tipperary Community Services);
- The local Area Manager;
- The Alternative Care Manager;
- 2 children in care Principal Social Workers;
- Senior PPFS Manager for Clare;
- TUSLA Research & Information Officer.

Figure 1: Development of the Parental Participation Project



Parents who had involvement with the advocacy groups also had indirect input and their comments and feedback on a number of issues, including the piloting of the questionnaire, were canvassed and fed back though the relevant advocacy group representative. In addition, an academic consultant, Dr. Valerie O'Brien (UCD) was appointed to undertake the qualitative research elements in addition to an in-depth literature review.

Figure 2: Membership of the Partnership in Practice Project Steering Group

1.3 Rationale

The overall construct of parental participation is extremely broad and should be an inherent feature of the whole paradigm of services provided by TUSLA. However, in order to try and effect some real improvement, it was necessary to limit the research to a particular subject area or construct. Given the discussion had already been started by Dr. Trish Walsh around the area, it was decided to focus on access and contact. In addition, the rationale for selecting access included:

The importance of meaningful access in planning for children in care;

Obligations set out under the Child Care Act (1991), Child Care Regulations (1995) and National Standards for Foster Care (2003);

Findings from the Listening to Our Voices (HSE 2010);

A commitment to access planning in TUSLA's Alternative Care Practice Handbook (2014);

The work undertaken with children in care by EPIC - the Mid-West Fora.

1.4 Research Question

> *How can service planning & delivery in relation to access & contact be improved through parental participation?*

2. Aims and objections

2.1 Aim

The overall aim of the study was to improve service planning in relation to access for children in care to their parents and other significant family members through parental participation and partnership and to produce tangible outputs for parents and social workers in relation to improved information materials regarding access and contact.

2.2 Objectives:

1. To consult and engage with all parents of children in care in the Mid-West Area to understand barriers/enablers to their participation in access planning;

2. To increase parents' awareness and knowledge of their rights and their children's rights to access;

3. To work in partnership with parents to develop locally based information materials in relation to access;

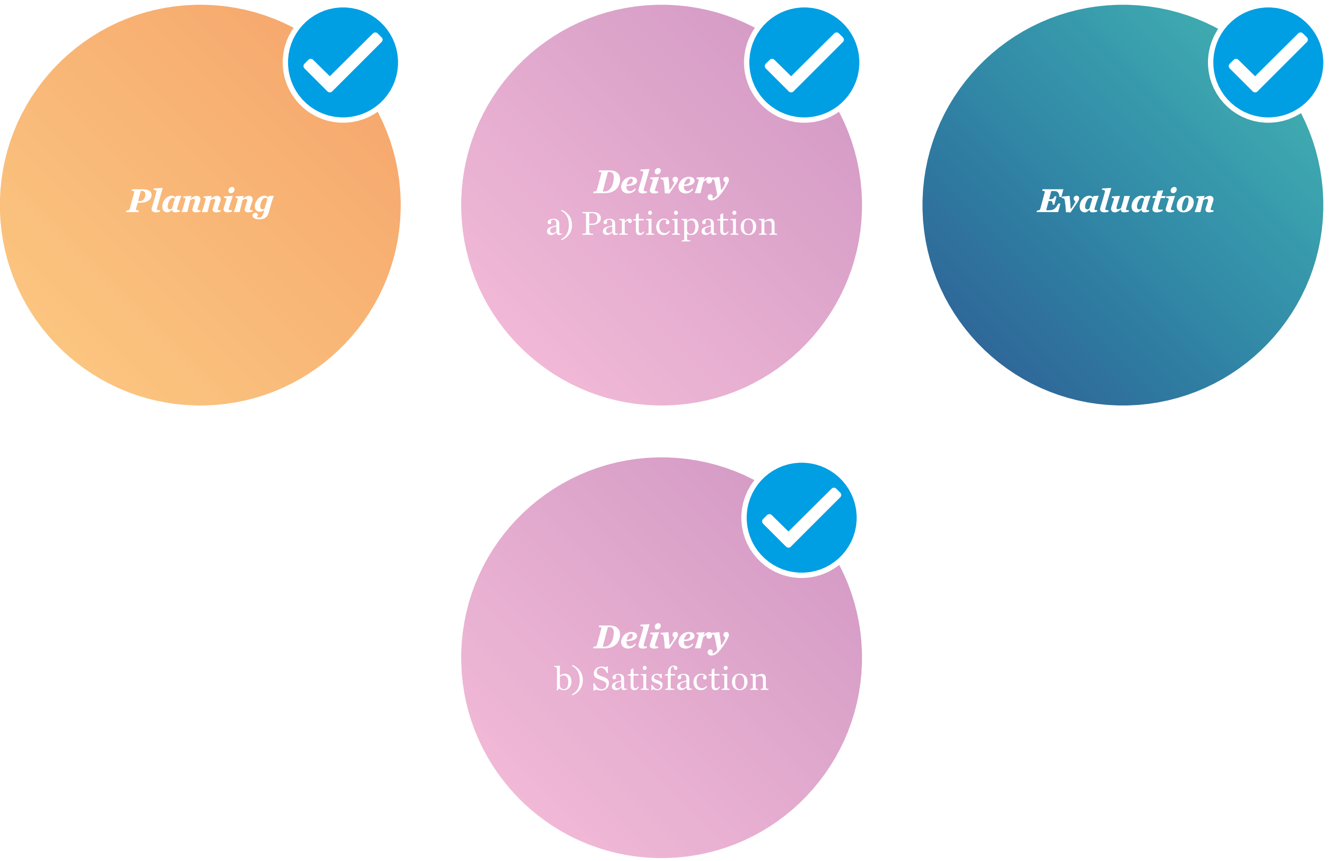
4. To work in partnership with parents to map services and identify the types of supports that would support parental participation and identify any gaps in existing provision;

5. To work with parents to improve their on-going participation with a view to informing decision making and system change.

3. Methodology

The overall methodology of the project was developed in line with guidance set out in the Toolkit for Parental Participation (TUSLA 2015) to ensure the inclusion and participation of parents and other key partners and stakeholders in the planning, delivery, and evaluation of the project.

Figure 3: Checklist for Parental Participation (TUSLA 2015)/Model of Participatory Intervention



An interesting feature of the methodology was the bringing together of both quantitative and qualitative approaches to data collection through the use of semi-structured questionnaires and a desk top review conducted by the TUSLA researcher, in combination with focus groups conducted by the external Academic Consultant. The report below thereby sets out the findings in 2 separate chapters (Chapter 4 Survey findings & results and Chapter 5 Thematic analysis of focus group discussions).

3.1 Sample

The sample identified consisted of the parents of all children in care in the Mid-West on 1st November 2016. In addition, the parents of all children and young people who had left care in the previous 6-month period.

3.1.1 Parents of children in care

The full sample of children in care was initially identified from the Child in Care Database, a local relational database. The case social workers for each child then provided information regarding the names and contact details of their parents. The Principal Social Worker's refined the sample and excluded the parents of children based on the following criteria, which had been developed and agreed upon by the Steering Group:

a. Where the birth parent was deceased;

b. Where the care plan for the child was adoption and where no future access or contact would take place;

c. Where, based on the Principal Social Worker's clinical opinion, it would have been detrimental to the parent to contact them regarding access & contact with their children;

d. Where an accurate address could not be verified.

3.1.2 Social Workers

The sample of social workers identified consisted of all social workers working in either the Child Protection or Children in Care Teams in TUSLA, Mid-West Area, where access planning and management represented a core function of their role and duties. This represented 117 social workers, of which 20 were in the Duty Intake service.

3.1.3 Gatekeeper

Two Principal Social Workers with overall case responsibility for children in care were appointed as Gatekeepers for the families involved in the research. Both of these Principal Social Worker's also sat on the Steering Group for the project.

Figure 4: Overview of Methodology

Gatekeeper	• Principal Social Worker, Children in Care Team (x2)
Sample	• Parents of CIC on 1st November (2016) or left care < 6 months • Social Workers (Child Protesction & Children in Care
Data Collection Methods	• Information Letter & Postal/Online Questionnaires • Focus Groups
Ethical Approval	• Granted by TUSLA, Research Ethics Review Group (Jan 2017)
Supporting Data	• Child in Care Database • Relevant secondary data
Data Analysis	• Quantitive Data: SPSS (in-house) • Qualititive Data: Thematic Analysis (In-house and Third Party)
Other	• Disclosure Protocol • Distress Protocol & Debriefing Materials

3.2 Research Design

Feedback was sought from the Steering Group to ascertain what methods should be employed in the research piece. The overall methodology was developed and refined in consultation with the wider group, with the TUSLA Researcher holding overall responsibility for the survey design, the collection, collation and analysis of the data and the resultant report write up.

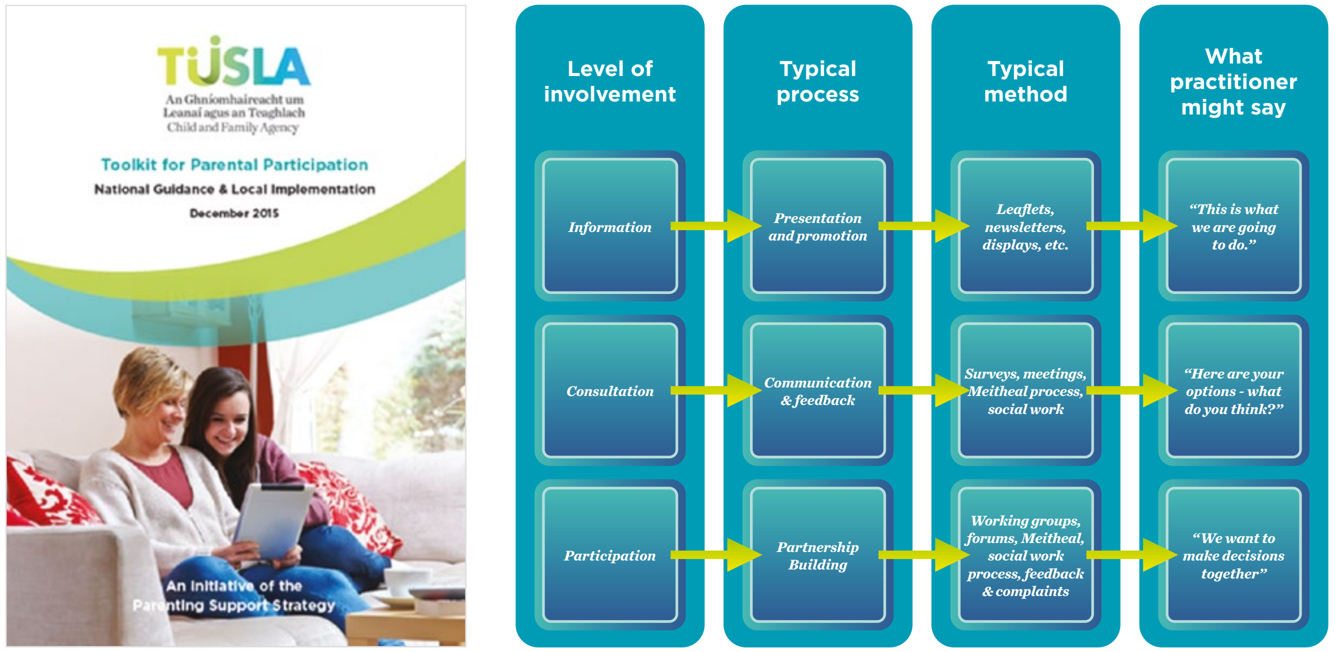
3.2.1 Project Oversight

The Steering Group continued to meet and review progress against agreed timelines on a regular basis. In addition, the TUSLA researcher received regular supervision from their line manager.

3.3 Data Collection Methods

Using the Toolkit for Parental Participation (TUSLA 2015), a brief survey was sent out to group members, asking them to give due consideration to both the pros and cons of each method and to ascertain what methods would be most effective in ensuring participation. From this, it was decided that the most effective tools would be the use of a satisfaction questionnaire in addition to focus groups.

Figure 5: Toolkit for Parental Participation (TUSLA 2015)



Level of involvement	Typical process	Typical method	What practitioner might say
Information	*Presentation and promotion*	*Leaflets, newsletters, displays, etc.*	*"This is what we are going to do."*
Consultation	*Communication & feedback*	*Surveys, meetings, Meitheal process, social work*	*"Here are your options - what do you think?"*
Participation	*Partnership Building*	*Working groups, forums, Meitheal, social work process, feedback & complaints*	*"We want to make decisions together"*

3.3.1.

Social workers with case management responsibility for the children identified in the cohort were asked to complete the names and contact details of the parents of each child identified.

3.3.2.

An information letter and postal survey was administered to all parents where the criteria for inclusion in the study was met in order to obtain a greater understanding of the barriers/ enablers to their participation in access planning for their children and to identify issues pertinent to service provision in relation to access. No identifying information was requested, and data was collected on an anonymous basis, with confidentiality assured. All questionnaires returned were entered into a draw to win a €50 shopping voucher. Permission to access background data held on the Child in Care Database in relation to the children whose parents were in the sample, and the consent protocol around same, was sought. The questionnaire was piloted with a sample of parents who engaged with local advocacy groups.

3.3.3.

In addition, parents were invited to express their interest in participating in focus groups. A separate envelope to facilitate return of the opt-in form for the parental focus group was provided and no identifying information, for example, TUSLA headed paper was included in the return of this form. At no time were children's personal circumstances discussed at these focus group discussions.

3.3.4.

In order to provide some balance and perspective, an information letter and similar questionnaire was also sent to the social workers with case responsibility for children in care and who have direct involvement in access planning for children in care and liaising with parents. This questionnaire provided feedback on themes such as balancing the wishes and wants of parents with the child's needs, practical arrangements, and organisational issues. In addition, social workers were invited to partake in focus group discussions, participation in which was indicative of consent.

Ref	Name of Tool	Individuals	Groups	Planning	Delivery	Evaluation	Cost
A	Children and Young People Services Committee			✓	✓	✓	€
B	Community Profiling			✓			€€€
C	Blue Sky Thinking*		✓	✓			€
D	Displays and Exhibits*	✓		✓	✓		€€
E	Focus Groups		✓	✓	✓	✓	€
F	Kitchen Table Discussion*	✓	✓	✓	✓	✓	€
G	Local Area Parenting Support Survey	✓		✓	✓	✓	€€
H	My World Triangle	✓		✓	✓		€
I	Parents Satisfaction with Service Questionnaires	✓			✓	✓	€€
J	Poster Competitions*	✓	✓	✓	✓		€
K	Study Circles*		✓		✓	✓	€
L	Survey Monkey	✓		✓	✓	✓	€(€)

*Adapted from the Community Engagement Network (2005)

3.3.5

Focus group sessions involving small groups of parents (n=15), were facilitated at sites in Clare, Limerick and North Tipperary by the Academic Consultant, Dr. Valerie O'Brien, to gain a more comprehensive insight into the issues arising for parents. Travel costs were paid to those parents who chose to participate in the focus groups in addition to the provision of child care as necessary. Invites were issued to all social workers with case responsibility for the children in the sample.

Throughout the course of the study, the need for consultation with the family advocacy services in the Mid-West emerged. This consultative process was facilitated also by the Academic Consultant.

In recent years focus-group interviews, as a means of qualitative data collection, have gained popularity amongst professionals within the health and social care arena (Rabiee, 2004). Focus group interviews aim to collect high-quality data in a social context (Patton, 2002), which primarily help understand a specific problem from the viewpoint of the participants of research on a given topic (Khan & Manderson, 1992; Thomas et al. 1995). It usually follows semi-structured, guided, open-ended formats, allowing the researcher to probe and follow up while continuing to add, clarify and validate information within the focus group experience (Marshall & Rossman, 2011). Participants in this type of research are, therefore, selected on the criteria that they would have something to say on the topic, are within the age-range, have similar socio-demographics and would be comfortable talking to the interviewer and with each other (Kvale, 1996; Richardson & Rabiee, 2001). Hence, for the purpose of this research, the pre-existing groups (Kitzinger, 1994) of social workers and birth parents were utilized as with a sense of familiarity, they could relate to each other's comments and/or challenge one another's viewpoints. Research has also indicated that when exploring very sensitive and personal issues the use of pre-existing groups might be advantageous, as there is already an element of trust amongst the members of the group, which will encourage the expression of views (McLafferty, 2004; Millward, 1995). Moreover, focus groups were seen as useful for this research as the research topic was sensitive in nature and very little information was available. In order to know about group dynamics and the range of ideas and feelings that individuals have about certain issues, focus group can be a good method to collect data as this will allow deeper and richer meanings through the social interaction of the group (Kitzinger, 1996; Merton et al, 1990; Morgan, 1996; Stewart & Shamdasani, 1990).

> ***Focus groups provide "a more natural environment than that of individual interview because participants are influencing and influenced by others- just as they are in real life" (Krueger, 2000, p.11). The focus group approach was useful as it aided the moderator to know more about people's understanding and experiences about the issue and reasons behind their particular pattern of thinking within a short span of time (Kitzinger, 1995).***

3.3.6

Examples of good practice from other TUSLA service areas and other jurisdictions in relation to access and contact were reviewed by the wider Steering Group and an information booklet for parents of children in care reviewed and updated accordingly.

3.4 Supporting Data

Consent to access information recorded on the Child in Care Database was sought from the two locally based Principal Social Workers for Children in Care. This was used to supplement the data collected from the questionnaire and focus groups, as well as providing key background information on the profile of the children and their families involved in the sample. This supplementary information was only accessed where informed consent had been given by the parents.

3.5 Data Analysis

Data from the questionnaires was collated and analysed using SPSS and the findings emanating from the focus groups were transcribed and coded, and resultant themes delineated. All quotes referenced relate to feedback provided by participants in the questionnaires.

A thematic analysis of the focus group interviews with birth parents and social workers and consultation exercise with advocates was undertaken. The analysis sought to explicate themes within each focus group cohort. This information was then used to conduct a broad cross case thematic analysis.

3.6 Ethical Considerations

A number of ethical considerations exist when undertaking any research, not least with a vulnerable sample of parents as in this case. These considerations may be viewed under 4 main constructs:

3.6.1 Confidentiality & Anonymity

- All data was pseudonymised with appropriate safeguards put in place to ensure confidentiality. The child's and their parents' identities (where known) were retained by the data controller only, ensuring that requirements set out under the Data Protection Act (1988 & 2003) and latterly General Data Protection Regulations (GDPR) (2018) were met;
- In addition, parents were re-assured of confidentiality and how information would be used &/or shared;
- The accuracy of contact details was checked by social workers and verified by the Principal Social Worker;
- All returned questionnaires, data emanating from the focus group discussions and information from the Child in Care Database was held securely in a locked filing cabinet, accessed only by the Researcher. These files will be retained for a period of 1 year postproduction of the final report, after which they will be shredded. In addition, all datasheets/files are held securely on a TUSLA encrypted laptop, using password protection of files, as necessary.

3.6.2 Informed Consent

- The information letter was designed to strike a balance between being comprehensive yet accessible.
- Informed consent was obtained from parents to access information on their children held by TUSLA.
- A detailed consent form was signed prior to the focus groups and the parents' right to withdraw was explicitly stated.
- Identifiable information on participants was not disclosed to others without the explicit consent of the participants, except in the case of a child protection concern.

3.6.3 Minimising the risk of harm

- Stringent exclusion criteria were established so as to minimise potential distress to parents.
- A distress protocol for the focus group was put in place, whereby the Principal Social Worker, as well as the advocacy worker, was on hand outside of the venue should any issues have arisen during the focus group discussions.

- In the event of any distress caused to the participant during the research study, the relevant Principal Social Worker was informed of same and referral to relevant internal and external agencies for support made as necessary. Participants were advised of TUSLA's complaints policy and procedures 'Tell Us – You Say, We Listen' (TUSLA 2016) where relevant.
- The focus group facilitator was a trained psychotherapist, and this offered a further safeguard for parents.
- The anonymity of the participants was preserved in the research report.
- While the Researcher is working within the service and could potentially have a limited insider perspective regarding the children identified, there existed little potential for bias as the Researcher does not have, or has never had, any direct or indirect contact with the birth parents of such children. In addition, the Researcher does not have any direct involvement with children in care currently.

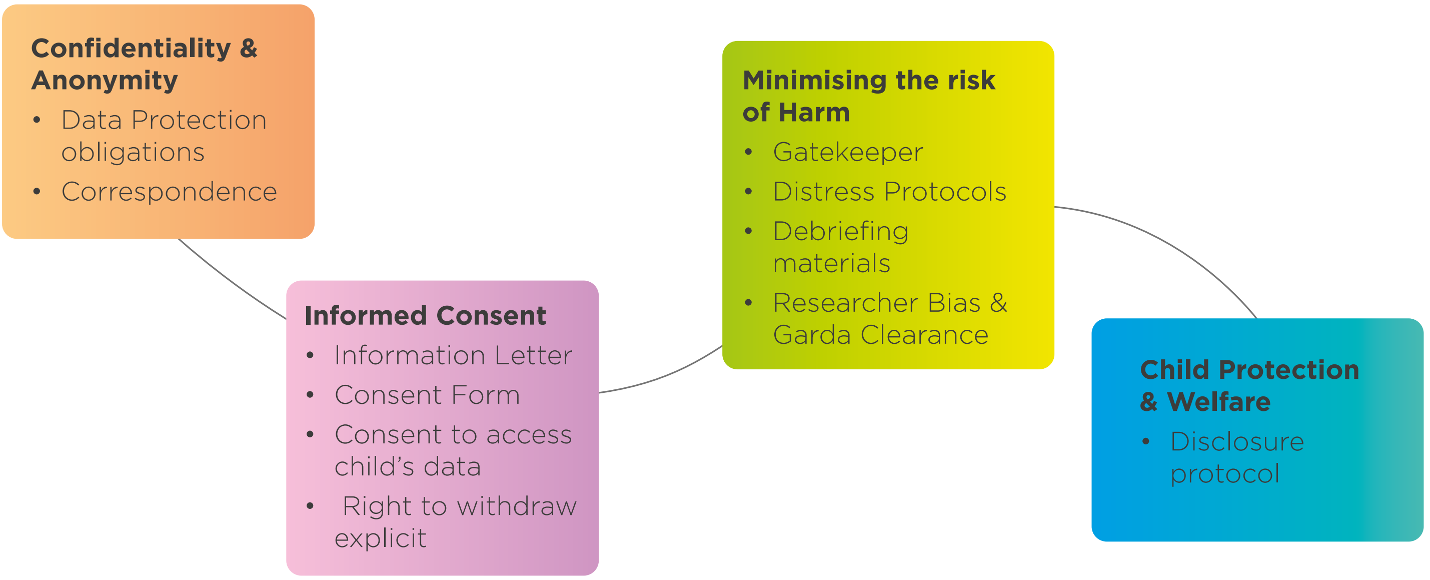
3.6.4 Child Protection & Welfare

In the event of needs outside of the remit of the study being identified, or of a disclosure being made, these were referred to the supervising social worker where applicable as per the Disclosure Protocol. The following was taken into consideration:

- Legal obligations set out under the Child Care Act (1991) to promote the welfare and protection of children;
- Children First National Guidance for the Protection and Welfare of Children (2011);
- Child Protection and Welfare Concerns, Serious Welfare Concerns, Complaints and Difficulties in Placements in relation to children in Foster Care, Relative Foster Care, Supported Lodgings & Residential Care: Mid-West Policy, Procedure & Best Practice Guidance (TUSLA 2015).

The Principal Social Worker was available for consultation to the moderator, as necessary.

Figure 6: Ethical Considerations



4. Survey Findings and Results

4.1 Profile of the Mid-West Area

4.1.1 Deprivation

Five areas in the Mid-West, out of a total of 51 nationally, are classified as RAPID areas, which is a focused government initiative to target the most disadvantaged urban areas and towns. These include Ennis in Co. Clare, Ballynanty & Kileely, Kings Island, South Limerick City in Limerick City, and Rathkeale in Co. Limerick.

Table 1 Indices of Deprivation

	Clare	Limerick City	Limerick County	Tipperary NR	National
Total Population	118,817	136,640	58,259	71,282	4,761,865
Local Authority Rented Housing (%)	6.2	15.1	5.3	8.5	8.7
Unemployment (Male) (%)	13.6	23.6	12.3	14.5	14.1
Unemployment (Female) (%)	11.5	20.3	11.2	12.7	12.2
Deprivation Score	-0.2	-6.3	0.8	-2.1	0.6
Lone Parent Rate (%)	17.6	35.5	15.2	17.9	21.0
Primary Education only (%)	11.8	17.5	12.3	13.2	13.0
Third Level Education (%)	34.0	27.7	34.8	29.8	35.9

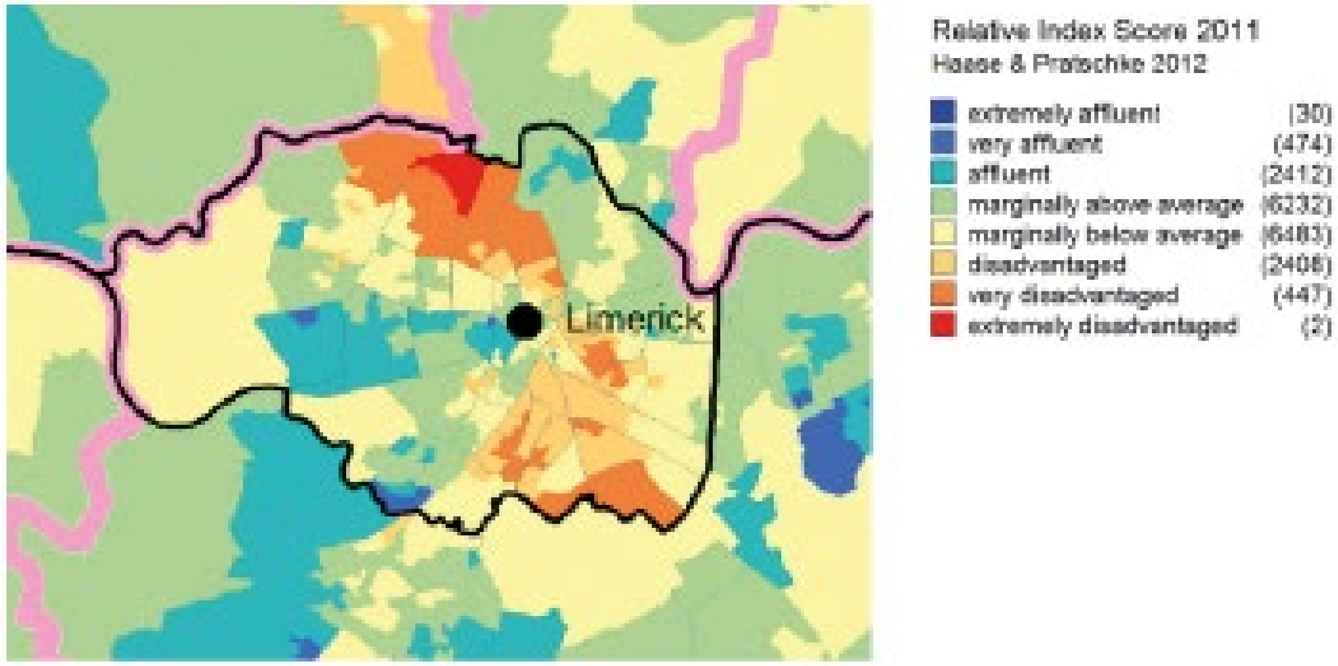
Source: Haase & Pratschke (2017)

The Pobal Deprivation Index, which is based on Census 2016 results, classes areas as deprived or affluent based on rates of low education, adult dependency, lone parents, skilled or professional workers, unemployment and rented accommodation, indicates areas of Limerick are some of the most disadvantaged in the country, with 19% of the population of the Limerick Metropolitan Area living in Electoral Districts classified as either 'disadvantaged', 'very disadvantaged' or 'extremely disadvantaged'. The John's A electoral division in St Mary's Park in Limerick city is reported as the most disadvantaged area nationally. In addition, the numbers who either have no formal education or education to primary school level only is higher in Limerick than the rate nationally (13.5% vs. 12.5%).

From 2006 to 2016, Limerick City also had the biggest drop in its absolute index score of any local authority area. It also saw a decrease between 2011 and 2016.

As well as Limerick city, Limerick County has some of Ireland's most disadvantaged areas. This includes the likes of Rathkeale, parts of which were classified as both "very disadvantaged" and "extremely disadvantaged".

Figure 7: Relative Affluence & Deprivation in Limerick City



4.1.2 Children in Care and Child Protection in the Mid-West

For the reporting period October to December 2017, a total of 1,358 cases child protection and welfare referrals were made in the Mid-West Area. While referrals in relation to physical abuse and neglect constituted a lower proportion of referrals nationally, referrals for both emotional abuse and child sexual abuse were however considerably higher than the national trend.

Table 2 Child Protection & Welfare Notifications (Q4, 2017)

Abuse Type	Mid-West Area %	Nationally %
Physical Abuse	17	24
Emotional Abuse	42	37
Child Sexual Abuse	21	16
Neglect	20	24
Total	**100**	**100**

A total of 599 children were in care in the Mid-West Area during this period, of which 66.1% were placed in general foster care. However, there would appear to be a considerable issue regarding allocation of cases, with reports indicating that 12% of children in care in the Mid-west did not have an allocated social worker, compared to 3% nationally. Despite this, all children in foster care in the Mid-West were reported as having a written care plan comparing favorably to the national trend of 94%.

4.2 Profile of Children of Respondents

Data in relation to the nature of need in the children of the respondents to the questionnaire that were in care at the time of the study was gathered from the Child in Care Database. This information, collected at the point of entry to care, is based on the social workers' assessment of the child's circumstances in addition to factual details about the child and their family circumstances.

Consent was not given by 2 parents for the Researcher to access background information held by TUSLA on 3 children and so the data presented relates to a total sample of 53 children.

Table 3 Location of Children (n=53)

County	N	%	No. of Children in Foster Care*
Clare	17	32.1	151
Limerick	32	60.4	292
North Tipperary	4	7.5	128
Total	**53**	**100**	**571**

*Figures as of 1st Nov 2016

All 53 children were still in care at the commencement of the study, and none had returned home or transferred to Aftercare. A considerable number of children were from the Limerick CCA, consisting of a number of large sibling groups. A total of 10 children in the sample were placed with relative foster carers.

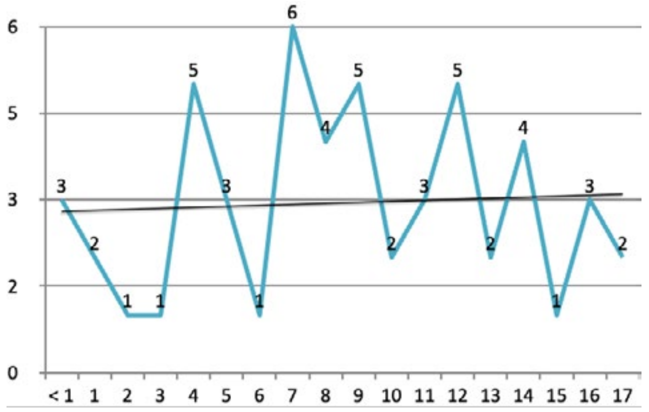
The majority of children in the sample had entered care as young children, with a total of 71.6% received into care aged 5 years or younger. One fifth of children entered care as young babies i.e., less than 1 year.

Table 4: Age at admission to care (N=53)

Age at Admission to Care	N	%
< 1	11	20.8
1	6	11.3
2	7	13.2
3	6	11.3
4	4	7.5
5	4	7.5
6	1	1.9
7	2	3.8
8	4	7.5
9	1	1.9
10	2	3.8
11	3	5.7
12	2	3.8
Total	**53**	**100.0**

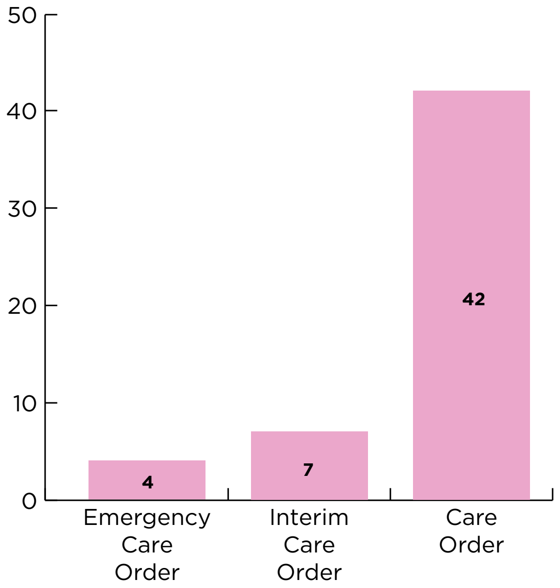
The average age of the children in the sample at the point of data collection was 9 years (SD ± 4.6 years) and while the age of the children in the sample was strongly weighted towards the primary school aged cohort (5 to 12 years) (54.7%), over one fifth of the children were of pre-school age.

Figure 8: Age of Child (N=53)



At the commencement of the study, no children of the respondents were in care on a voluntary basis, with all children in care on foot of a Full Care Order (79.2%), an Interim Care Order (13.2%) or an Emergency Care Order (7.5%). Amongst the care population in the Mid-West at this time, 11% of children were in care on a voluntary basis. It is notable that those who self-selected for inclusion in the study had not given consent for the admission of their children in to care.

Figure 9: Legal Status



When the primary reason for admission to care is examined, it is evident that over half (52.8%) of children had entered care as a result of neglect. Other frequently cited primary reasons included parental alcohol & drug misuse (11.3%), family problems (9.4%), physical abuse and sexual abuse (7.5%). Given that the impact of addiction emerged as a significant feature in the focus group, it is likely that in looking at only one reason for admission to care the complexity of the range of difficulties that parents are experiencing may be underestimated.

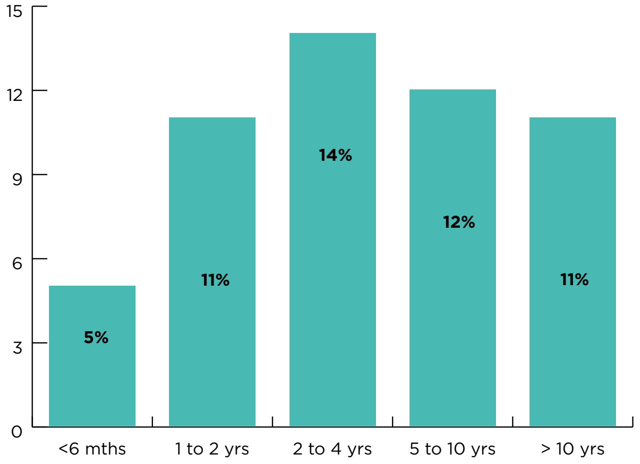
Table 5 Primary for Reason for Admission to Care

Primary Reason for Admission to Care	N	%
Neglect of child	28	52.8
Domestic Violence	1	1.9
Mental health prob/ int'l disability in other family member	1	1.9
Physical illness/ disability in other family member	1	1.9
Parents unable to cope / Family Difficulty	3	5.7
Family Member abusing drugs / alcohol	6	11.3
Physical Abuse of child	4	7.5
Sexual Abuse of child	4	7.5
Other - Family Problems	5	9.4
Total	**53**	**100**

There is evidence that a focus on only one reason for admission to care is likely to underestimate the range of difficulties that parents experience and therefore, undermine service planning. The complexity of parental difficulties and the interface between drug and alcohol addiction, domestic violence and mental health issues may be masked. This has been evidenced in the Clare Care Planning Project (Feely 1999) and was a feature of the thematic analysis undertaken by the Academic Consultant reported later in this report.

The majority of the children of respondents to the questionnaire had been in care on a long-term basis, with an average length of time in care of 5 years (SD ± 4.04 years). Over half (55%) had been in care for a period of at least five years and over one quarter (27.5%) for a period of greater than 10 years at the commencement of the study.

Figure 10 Length of Time in Care (n=53)



4.3 Response Rate

4.3.1 Sample of parents of children in care

A total of 98 questionnaires were distributed to birth parents of children in care across the Mid-West Area to include Clare (n=22), Limerick (n=69) and North Tipperary (n=7). A total of 23 completed questionnaires were returned, with both parents responding in 6 cases. The addresses of 4 birth parents were incorrect and returned to sender.

The Researcher referred 11 cases to the relevant Children in Care Principal Social Worker for follow-up requiring specific action where parents indicated concerns regarding the service received.

Table 6 Response to Postal Questionnaire – Parents of children in care

Postal Survey	Limerick	Clare	Tipp NR	Total
No. of Questionnaires sent out	69	22	7	**98**
Mother	52	17	6	**75**
Father	17	5	1	**23**
No. of Responses	19	10	3	**32**
Incorrect Address	4	0	0	**4**
Self-selection for Focus Group	14	9	3	**26**

Upon examination of the commentary provided by some respondents, it was apparent that there was, in some cases, an expectation by the respondent that specific action would be taken regarding their requests or issues relating to access as a result of completion of the questionnaire. As this fell outside of the research brief, any issues requiring action by the Children in Care Team was forwarded to the relevant Principal Social Worker.

A total of 26 parents self-selected for inclusion in the focus group discussions. Focus groups were held across Clare, Limerick, and North Tipperary and those who self-selected were invited to attend. The list of participants was reviewed by both the Advocacy Workers and the gatekeepers to ensure that any potential group dynamics could be managed between participants. In addition, an individual interview, as opposed to focus group participation, was recommended as being in the best interests of 3 birth parents. However, a decision was undertaken by the moderator not to record one of the interviews due to concerns regarding the birth parents' capacity to give informed consent.

No questionnaires were returned by the parents of children who had been returned home and so were not represented either in the focus group sample.

Table 7 Focus Group Participation – Parents of children in care

Total	Focus Groups	Limerick	Clare	Tipp NR
27	**Self-selection for Focus Group**	14	9	4
15	**No. of Participants in Focus Groups**	6	6	3
3	**No. of Parents met 1 to 1***	2	0	1

*Data not reported in relation to 2

4.3.2 Sample of social workers

A total of 23 social workers out of a sample of 117 social workers from across Clare, Limerick and North Tipperary self-selected to complete the online survey. Primarily respondents were social workers (47.8%), but a number of Social Work Team Leaders (30.4%) and 'Other', namely access workers (17.4%) also completed the survey.

Table 8 Response to Online Survey – Social Workers

Responses by Role	N	%
Principal Social Worker	1	4.3
Social Work Team Leader	7	30.4
Social Worker	11	47.8
Other	4	17.4
Total No. of Respondents	**23**	**100.0**

Key Findings and Learnings

- It should be noted that despite several efforts to reach out to parents of children in care, the sample was relatively small and the number of children the study pertained to represented approximately 10% of children in care in the Mid-West Area and did not include any parents who had agreed to the admission to care on a voluntary basis.
- The difficulties with maintaining contact with the parents of children in care, particularly where access is not a regular feature of the care plan, indicates that the parents of children in care may be a highly mobile group and that efforts to maintain contact addresses and contact points need to be considered.
- A considerable number of parents of children in care are presenting with addiction issues, where this was not identified at the outset as the primary reason for admission. This poses a significant challenge in ensuring the access experience for both the child and the parent is positive and achieves the intended outcome.
- The nature and frequency of access was dependant on the length of time in care and the age of the child.

4.4 Survey Findings: Sample of parents of children in care

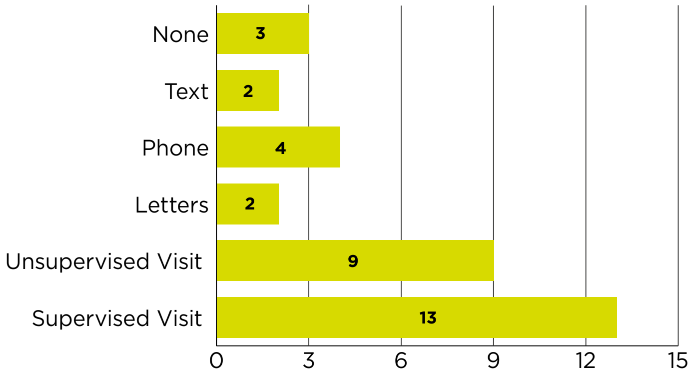
Type of Contact and Access

Parents were asked to list all types of contact or access which they had with their children. The majority of access was in the form of a face-to-face visit, of which 60% was supervised. Other contact types included phone (12.5%), letters and text (12.6%). For example, one of the respondents added,

> *"I speak to my children on special occasions on the phone".*

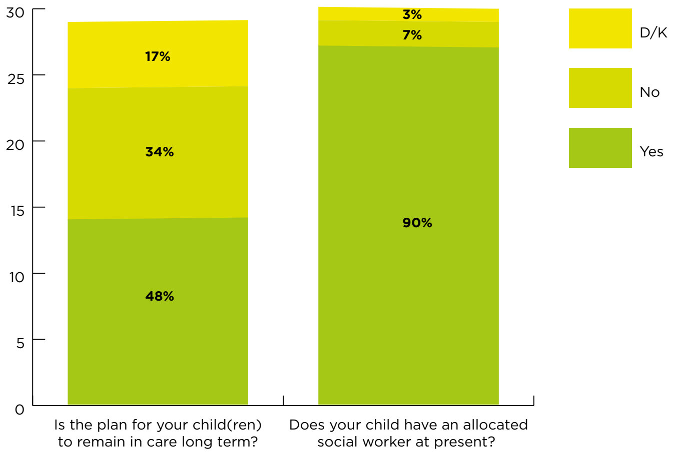
However, almost one tenth (9.4%) of respondents reported that they had no contact with their children. No parents indicated that they used emails or social media as a means for contact.

Figure 11 Type of Contact and Access



While the findings indicate that the care plan for just under half of children of the parents in the sample was to remain in care long-term, one fifth of respondents reported that they were unsure as to what the care plan was for their child(ren), all of whom reported their child having an allocated social worker. While the children of the respondents had an allocated social worker in almost 90% of cases, one parent was unsure of whether or not their child had a social worker.

Figure 12 Care Plan & Allocation of Social Worker for Child(ren)



Key Findings and Learnings

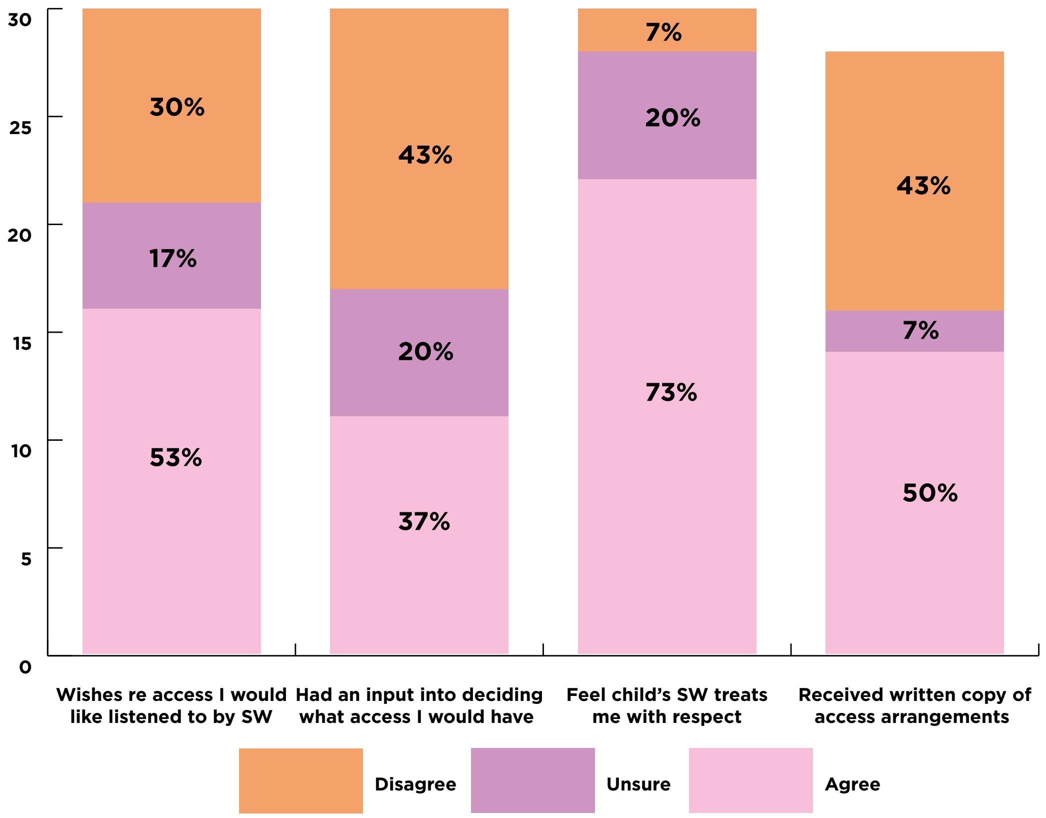
- The majority of children in the sample group had an allocated social worker.
- Some parents were concerned with changes to the access worker.
- A significant number of parents were unclear as to the long-term plan for their child which, in the context of access, is highly significant.
- Parents expressed a desire for further consideration to be given to increased access between their children and other significant family members in the child's network.
- Parents often feel undermined in their role as the parent of the child during access.

Access Planning

A further analysis of the quantitative data indicated that 40% of respondents reported not having been given a written copy of the access arrangements e.g., date, time, venue. Moreover, where access was supervised, 60% of respondents reported that they did not feel that the reasons for supervision had been clearly explained to them.

While 70% of respondents reported that their child's social worker treated them with respect, 30% of respondents reported that their wishes about what access they would like with their child (ren) had not been listened to by the social worker, while 40% felt that they did not have any input into deciding what access they would have with their child (ren).

Figure 13 Consultation with parents regarding access arrangements



Key Findings and Learnings

- The majority of parents reported that the social worker treats them with respect.
- Children had experienced multiple changes in social worker
- Many parents displayed uncertainty in relation to the care plan for their child.
- Very significantly, only 50% of parents reported that they had received a written copy of the access arrangements.

Development of Access Plans

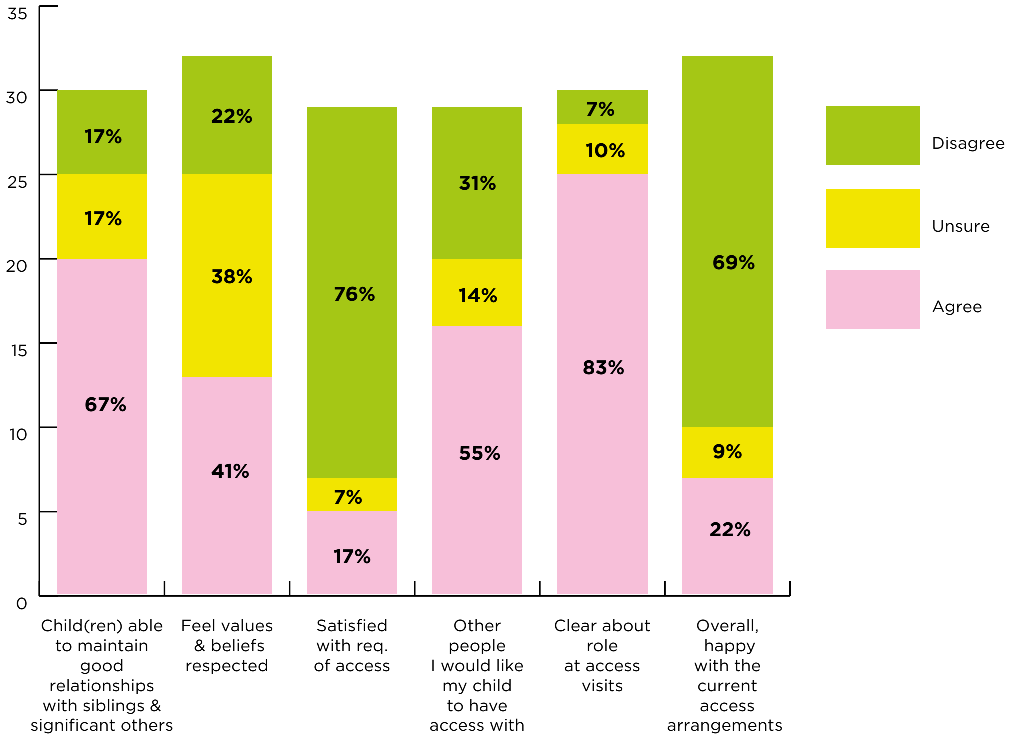
Parents frequently reported dissatisfaction with the overall access arrangements with their children that were currently in place. Unhappiness with the frequency of the access with their children was cited by just over three quarters (76%) of respondents.

Nevertheless, for the main part (83.3%) parents reported that they felt that they are clear about what was expected of them and what they should be doing at access visits. There were some differences amongst the respondents on whether or not their values and beliefs were respected by social workers, with 37.5% 'unsure' as to their thoughts on this issue.

Key Findings and Learnings

- Many parents experience difficulties in their understanding of the care system, care planning and access.
- Just over one third of parents reported that their values and beliefs were not respected by social workers.
- 55% of parents wanted access to be extended to other people in the family or the network.
- Two thirds of the sample reported that access enabled their children to maintain good relationships with siblings and significant others.
- The main areas for improvement were the frequency of the access and the overall access arrangements.
- These findings, in combination with the number of parents reporting not having a written access plan, indicate that the further development of a formal framework for the development of access plans is required.

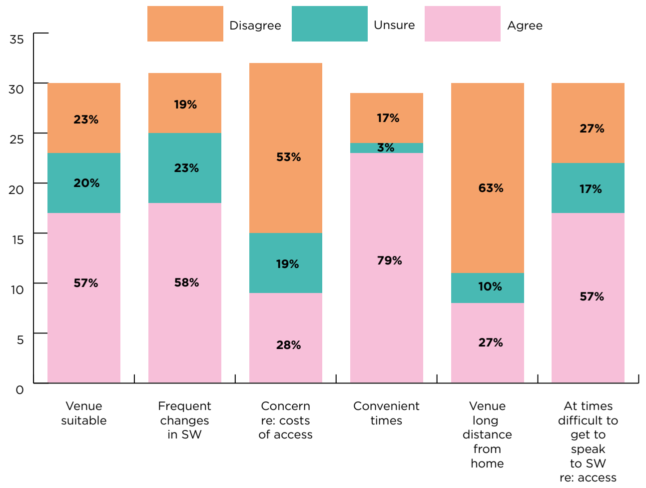
Figure 14 Development of Access Plans



Access Experience

The times of access were reported as being convenient for the respondents in 79.3% of cases and the venue for access and its location was deemed suitable by 56.7% and 63.3% respectively.

Figure 15 The Access Experience



Parents were canvassed for their views on the facilities and organization of access available to them.

One of the biggest barriers reported by the parents of children in care are difficulties in speaking to a social worker in person about the access arrangements (56.7%). Obtaining access to a social worker is one issue but the turnover of social workers emerged as a major issue for many parents (58.1%). Nevertheless, of those where access was reported as being supervised (n=13), only 23.1% believed that there was little continuity with staff supervising access and that this changed frequently.

Key Findings and Learnings

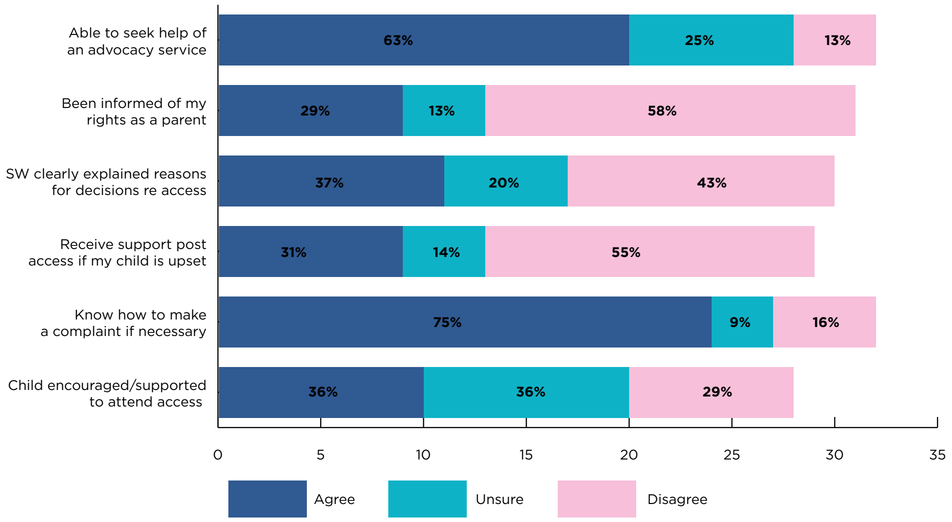
- Parents reported that they were largely happy with the venue available.
- While parents are provided with information, they often experience difficulties in understanding and retaining this information.
- Access offers reassurance to parents that their child is happy and well cared for.
- Practicalities emerged as a significant issue for some parents in relation to things like costs, travel times, etc.
- There was some positive reportage about social workers in terms of their efforts to arrange access at a suitable time.
- Commentary from parents indicated that greater flexibility in access planning is required with relation to duration.
- For many parents, access provides an opportunity to maintain a good relationship with their child.
- Parents are often unclear as to the rationale for supervision of access.
- The shortage of social workers and the demands of high caseloads is having a direct impact on the level and quality of support available to parents.

Advocacy & Support

62.5% of respondents reported that they were aware of how to seek the help of an advocacy service for parents of children in care, and three quarters felt confident that they would know how to make a complaint if an issue arose.

Over half (58.1%) reported that they had not been informed of their rights as a parent and almost one half (43.4%) felt that the social workers had not done a good job in explaining to them the reasons for the decisions made around access with their children. Furthermore, approximately over one third of parents (35.7%) felt that their concerns regarding how their children are being encouraged and supported to attend access are being addressed, while 55.2% felt that they received no support if, at the end of the access visit, their child was upset.

Figure 16 Advocacy & Support



Key Findings and Learnings

- The parents valued the advocacy service very highly
- Parents were, by and large, very clear on how to make complaints, which is important in the context of safeguarding their children.
- Less than one third of parents reported that they had been formally informed of their rights as parents.
- Similarly, less than half the sample of parents reported that the social worker had explained the reasoning behind the decisions re access.
- Gaps in the availability of support after access were identified.
- It was not always clear to parents the extent to which the social workers encouraged and supported their child to attend access.
- Despite the support being available, there were significant gaps in the parents' understanding of their rights, and how decisions are made around access.

4.4.1 Analysis of parents' feedback and comments provided in the questionnaire

A total of 20 parents provided additional feedback in relation to the access arrangements with their children. By far the most prevalent theme related to parents feeling that the amount and frequency of access was inadequate.

> ***"I think and believe for my girls' emotional and mental well-being, access and contact should be looked at further to increase it..."***

> ***"I would love more access where possible......... would love more access with my children during holidays at home, half terms, summer, and Christmas holidays."***

> ***"The social worker keeps telling me 2 hours once a week is loads and I'm lucky to get that much but my son acts out after leaving me and the social workers refuse to try an extra day to see if that helps as he doesn't like leaving me."***

> ***"My visit with the kids are to far apart and to short. Almost a month and a half and anything from one hour to one hour and a half is not giving much time to spend with 3 kids."***

> ***"(We) have asked for more time in two children in care reviews."***

While it was predominantly the parents themselves who sought increased access, there was evidence too of children, often in combination with the parent, seeking more access with their parents.

> ***"... even my son asked me cud I stay longer so I rang for more time and my social worker said no..."***

> ***"...Both my son and I would like more time together."***

> ***"The kids has asked me like they've wanted more time one on one time to maybe one day have a visit at my place. Some of them had been said by the kids in front of who had done the supervising..."***

Parents who responded expressed some very clear and specific ideas about what changes or improvements to access they would like.

> ***"I believe more contact even another additional access day could help both (children).... Maybe the extra access day could be focused on that emotional and behavioural support with my daughters... over their confusion and worries about why they had to leave home why mammy and daddy can't take care of them at the moment when are they coming back, how it's in no way their fault, is it like now they have another mammy and daddy. "***

Whilst responses in relation to the frequency of access predominantly indicated a lack of satisfaction with same, there was also, however evidence that some parents were happy with the current arrangements.

> ***"I am very pleased with access with my children and very happy the way things have been going…. I am pleased about present access."***

> ***"Overall, I am satisfied with access. I speak to my children on special occasions on the phone"***

Another key emerging theme emanating from the feedback related to the construct of relationships. This predominantly centred on the relationship with the child's social worker, but also to a lesser extent the child's foster carer and a perceived power relationship or dynamic. Parents described mistrust of, or ambivalence towards, the social worker.

> ***"… the foster mother said they did not want to see me anymore. And social workers listen to her."***

> ***"(the) social worker keeps giving me excuses."***

> ***"…there have been times I felt I was listened to, treated with respect … but there have also been times when I felt I was not."***

In addition to issues of mistrust, parents similarly described the social worker as being at times un-cooperative;

> ***"If my son is sick and I don't have access or there is no one available to supervise access the time isn't made up. The social workers keep telling me 2 hours once a week is loads and I'm lucky to get that much."***

Analysis of the feedback also suggests that some parents view the relationship with the social worker as one characterised by a power dynamic, with parents often left feeling powerless.

> ***"They tell me I'm luckier than most parents because I've also got a visit with my mother for 1 hour also."***

> ***"I have begged social worker to make arrangements for me and my child so that I can at least speak on the phone."***

The nature of the relationship between the social worker and the foster care was perceived by some parents as being almost conspiratorial and again felt that a 'power relationship' existed.

> ***"I asked to know why access was stopped and no one could answer me. Both social workers and foster carers looked at each other. Before each visit from a worker to the carers house, the foster mother has told the girls what to say."***

> ***"I was supposed to see them last October …. did not happen because the foster mother said they did not want to see me anymore. And social workers listen to her."***

It is important to stress however, that not all relationships with the social worker were perceived as negative and parents also described feeling supported by the social worker and indicated that they were happy to work with and liaise with the social worker going forward to improve the experience of access.

> ***"It's a support for me to prepare for access to offload if I need to (if I am having a bad day) and afterwards to see how did the access go plus what way am I feeling (so that the children don't pick up on if I'm having a bad day). I'm finding this really supportive and I would really recommend this for parents."***

> ***"Perhaps would like for my children to come to me once a month and would be pleased for this to be discussed with a social worker."***

Changes in social worker was not always perceived as a negative, with one parent describing the positive changes as a result of a change in personnel.

> ***"Since the new social worker took over about a year ago there have been huge steps forward. I now have supported access rather than supervised …. a worker meets me before access and after access but doesn't come into access."***

The relationship between the birth parent and the foster carer was at times fraught with difficulties, with one parent indicating that they were somewhat mistrustful of the foster carer and leave access visited feeling undermined.

> ***"Before each visit from a worker to the carers house, the foster mother has told the girls what to say which in my eyes is ridiculous"***

> ***"The foster mother has turned the youngest child against me with her lies. I had to sign consent forms when they were going on holidays, and I did so thinking things would change."***

> ***"The foster parents go mad if I feed my son when he is hungry on visits. I asked for a book to be put in his changing bag to tell me about his week but so far it has just being used to tell me not to feed my son. I was hoping to be told things like new words he has learnt or favourite songs or games."***

A considerable number of themes arose in relation to communication, particularly in relation to poor communication on behalf of the social worker or the Child & Family Agency as a whole.

> ***"It's not until a few days later I'm told the kids went home, upset (after the access visit)."***

> ***"I've never been informed of my rights as a parent."***

Some parents also reported poor communication of the access plan, leading to uncertainty and a sense of frustration that parents are unable to plan for access.

> ***"I find its always very last minute e.g., the 23rd of Dec before I have any idea of the plans for Xmas."***

> ***"I find it very frustrating for both of us that we simply can't really plan anything. A proper access plan made for ahead of holiday time would help and also help with budgeting."***

> ***"The access with me and my children are always changing or been cancelled."***

> ***“We haven’t had a timetable in nearly 12 months.”***

In addition, a lack of communication had resulted in some parents experiencing considerable distress regarding the well-being of their child.

> ***“(I) have had no contact for over 1 year and worried if child is alive or not.”***

The findings indicate that some guidance is required by parents around how best to communicate with their children during access, particularly around discussing with their children the circumstances surrounding their care status and minimising the distress to the child in so far as possible.

> ***“What am I to say when the kids ask?”***

> ***“When the kids and I are talking and they ask a question, so… I would answer them and we would go on and do different things on our visits. “***

Parents were grateful for being given an opportunity through the study to not only voice their opinions and concern, but also to be listened to by social workers. Many parents described how they often felt unheard.

> ***“I feel that they don’t listen.”***

> ***“I have speak (spoken) about things in any of the meetings and I don’t feel they have been heard!! time.”***

> ***“If my son is sick and I don’t have access or there is no one available to supervise access the time isn’t made up.”***

As you would imagine, the topic of access and contact is extremely emotive and the findings from the questionnaires go some way to offering an insight into range of the emotions felt by the parents of children in care. For some parents, there is a sense that they have come to terms with their situation and are accepting of both the overall care arrangements, as well as the access arrangements.

> ***“I think the foster parents are doing a great job with my 3 children....... I’m so happy that they are 2gether.”***

> ***“My girls although overall are doing well (they are amazing I couldn’t be more proud).”***

In addition, for some parents, there was a sense of hopefulness and feelings of positivity in relation to the future.

> ***“I also think – we as parents have been doing very well and next year all going well there will not be another long-term care order sought or granted.”***

> ***“My access at this stage should be improved immensely given the fact I’ve been very patient.”***

Nevertheless, parents described feelings of loss and grief, as well as feeling let down or disenfranchised.

> ***“Honestly, it breaks my heart every second of everyday not being with my 2 girls. I have made mistakes, becoming and being a mammy isn’t one of them.”***

> ***“I’ve been trying so hard and keep getting let down.”***

Some of the feedback received eluded to the variance in capacity of the parents of children in foster care. Some parents expressed difficulties with understanding the questions and expressing their thoughts in writing, e.g.

> ***“Sorry I didn’t understand some of the questions”***

and…

> ***“I just can’t put in words what to say on this”***

On the other hand, others showed great insight and a level of understanding as to the reasons underlying the access arrangements.

> ***“We have no other contact with my girls or foster family other than this. Increase of any kind in access or contact with my girls was not allowed, reason said to me was my daughters were too attached to myself and their dad even though I absolutely understand that and the last thing I would want is to cause any further distress to my girls and to have them somewhat settled in foster home is imperative for their wellbeing.”***

> ***“I do understand that they are busy with school plus activities at home plus holidays.”***

> ***“My access at this stage should be improved immensely .... I understand that certain issues have to be taken step by step.”***

In addition, some parents had taken a constructive approach and had undertaken considerable research into issues pertaining to children in care and made suggestions as to how the foster parents could communicate to them the day-to-day life of the child.

> ***“Most research and reading I did was from the internet and came from English, American, Australian websites. I did a lot of research by myself over the internet and books.”***

Parents were mindful of the need for additional resources in order to ensure that access is a positive experience. This included resources in the form of financial assistance for the parent as well as resources in the form of increased advocacy and information. In addition, parents were mindful of the impact of under resourcing in TUSLA in the form of staff shortages.

> ***“If some kind of social welfare payment was available it would be a great help.”***

> ***“In Ireland there isn’t a lot of support out there or information for parents who are in similar situations like myself. I found most of information and publication, etc. was directed towards people who have adopted or fostered.” ”***

> ***“When children have no social worker for years how can I get answer for question.”***

4.5 Survey Findings: Sample of Social Workers

Caseloads of the social workers

When the caseloads of the social workers who completed the data on their caseload were examined (n=11), it is evident that they were carrying caseloads of on average 20 children, representing 11 families, with some caseloads of 26 children (17 families) in total. This figure is skewed somewhat by the reduced caseloads of part-time workers and those who hold cases in child protection that have yet to be transferred to the Children in Care Team.

Table 9 Caseloads of Social Workers (n=11)

Social Worker Case Loads	Average	SD	Min	Max
No. of Children	20	± 4.3	13	26
No. of Families	11	± 4.3	6	17

To this end, data has been provided on the standard deviation which shows the variance between caseloads and caseload responsibilities.

Key Findings and Learnings

- The social workers who participated in the questionnaire reported that they put considerable effort into consultation with parents regarding the access they would like and to ensure their wishes were considered.
- The highest rating reported was in relation to efforts to respect the values and beliefs of parents.
- Reportage rates in relation to active consideration of the need for access with significant others was evident.
- Also significant, but less high, was their confidence in developing access plans.

Access Planning

Scales were used in the online social worker questionnaire in relation to factors that they took into consideration when developing access plans. A total of 23 questionnaires were completed.

When developing access plans, social workers report that overall, they try to respect the values & beliefs of the parents, consulting with them when deciding what access they would like with their children and ensuring that the parents' wishes are considered at all times. In addition, the reportage indicates that social workers feel that consideration is adequately given to both the child's and parents' wishes regarding access with significant others, including siblings and other relatives, etc. In spite of this, some social workers would appear to feel a lack of confidence in the development of appropriate access plans for children in care.

Table 10 Access Planning

	Mean Score	Standard Deviation
Confident in developing appropriate access plans	7.8	± 1.81
Ensure that the parents' wishes are considered	8.8	± 1.41
Consult with parents re access they'd like	8.8	± 1.47
Try to respect values & beliefs of parents	8.9	± 1.46
Plans take into consideration access with significant others	8.4	± 1.36

Table 11 Management of Access

	Mean Score	Standard Deviation
Parents given written copy of access arrangements	8.0	± 2.54
Clear communication of plan with parents	8.9	± 1.16
Parents reassured that child encouraged to attend access	8.9	± 1.57
Reasons for supervised explained	9.1	± 1.40
Frequency of access with parents adequate	6.9	± 2.56

The Access Experience

Due consideration was given to ensure, wherever possible, that the times of access are convenient to parents and to a lesser extent, that the proximity of the access venue to the parents' home and the travel implications are considered by the social worker.

Arrangements and Venues

At times, however, difficulties are experienced by social workers when attempting to make contact with parents to confirm and finalise access arrangements. The venue(s), according to 52.2% of social workers, are deemed to be inappropriate.

Supervision of access

Social workers were asked in the questionnaire about the supervision of access. While there would appear to be some consistency regarding the personnel supervising the access, it was reported that the turnover of social work staff was can make it difficult to manage access successfully.

Table 12 Supervision of Access

	Mean Score	Standard Deviation
Consistency in personnel supervising access	7.4	±1.82
Turnover of SW can make managing access difficult	6.8	±3.69

Social workers reported that they put a lot of effort into ensuring that access times were convenient to parents and that the venue could be as close to the parent's home as possible. They identified that making contact with parents regarding arrangements featured as an area of difficulty,. There were less happy with the venues available for access than what was reported by the parents and they were concerned about the costs to parents of participating in access.

Table 13 The Access Experience

	Mean Score	Standard Deviation
Ensure access times convenient to parents	8.6	± 1.20
Consider proximity of venue to parents' home	7.8	± 2.32
Difficulty making contact with parents re arrangements	7.4	± 2.69
Venue(s) appropriate	5.0	± 2.65
Consider financial costs to parents	6.0	± 2.32

Social Workers view of advocacy and support services

In general, social workers report that parents of children in care are provided with information regarding the local advocacy services for parents of children in care and, to a lesser extent, that they have discussed with parents how they would make a complaint if an issue arose. However, despite the provision of information regarding advocacy services, parents report that they are not routinely given information on their rights as a parent and support is not always offered to parents at the end of access if their child is upset.

Table 14 Advocacy & Support

	Mean Score	Standard Deviation
Information on parent's rights provided	6.8	±3.40
Support offered to parents if child is upset	6.2	±2.36
Information on local advocacy services provided	9.1	±1.40
Discussed complaints process with parents	7.5	±2.44

Key Findings and Learnings

- Social workers, by inference, valued the advocacy support and there was a high level of reportage that information regarding local advocacy services was provided to parents.
- Social workers appear to put a lot of effort into explaining the complaints process. This finding is supported by the parent's questionnaire.
- Over two thirds of social workers reported that they had provided parents with information on their rights. The figure reported on the support offered to parents if the child was upset after access was less than this.
- These findings are indicating that social workers are taking advocacy and support into consideration but there appears to be gaps in the parent's understanding of the services provided by social workers.
- There also appears to be a gap in the emotional supports available to parents when access does not go well.
- Effective management of access is considerably hampered by the shortfall of social workers and the high level of turnover amongst social workers.
- The need for 'supported access', with support for the parent and the child during access was highlighted.
- Uncertainty regarding the duration of care impacts negatively on access arrangements.
- Social workers highlighted the benefits of advocacy support services.
- How social workers communicate with parents, the support services available to them and their rights, and the details of the access plans require further attention.

4.5.1 Analysis of social workers' feed-back and comments provided in the online survey

The most common themes reported in the social worker commentary and feedback related to a lack of appropriate resources to adequately meet both the child's and parent's needs in relation to access. One social worker believed however that the onus was on the parent to find the means to attend access.

> ***"As regards the venue for access, it should be held at the closest possible venue to the child, to limit the amount of travelling they have to do. The onus is on parents to find the means to attend access."***

While, in so far as possible, a venue that is in close proximity to the child is selected, there appears to be a considerable shortage of appropriate access venues in the Mid-West Area.

> ***"(the) lack of suitable venues makes it sometimes difficult to arrange access"***

> ***"The biggest issue for managing access is availability of access staff and availability of suitable venues"***

> ***"...there is a lack of access workers and suitable venues"***

> ***"Venues at times can be an issue, especially if you want to do up an annual schedule"***

> ***"...scarcity of appropriate access venues"***

Also, inadequate staffing, namely access workers, to facilitate access visits and implement the access plan was reported.

> ***"...significant levels of time goes into planning and organising access.... there are significant difficulties organising access due to staffing levels"***

> ***"...social workers and the team leader have had to supervise and support access due to staff shortages"***

Efforts are however made to ensure that special occasions such as communions, birthdays, etc. are marked but it is becoming more and more difficult to facilitate access out of hours and at weekends, especially given the limited funding attributed to access.

> ***"The team try to organise markings of special occasions, birthdays, Christmas, communion, confirmations .... limited access to monies.... becoming increasing difficult to facilitate access for these events on nonworking days."***

Sibling access can pose specific challenges, especially in relation to finding a suitable venue for an activity-based access visit.

> ***"Sibling access visits, where safe to do so, work better when they are activity based e.g., in a play centre rather than being in a venue."***

Another key challenge expressed by the social workers was the difficulty of satisfactorily meeting the needs of the child, their parent, and the foster carers.

> ***"The issue I find most difficult re: access is trying to negotiate arrangements that support the child and parent as well as the carer."***

Two social workers indicated that court ordered access left little room for any social work input and that the planning and frequency of court ordered access was guided by factors outside of the social workers' control. Another social worker believed that the type and frequency of the access is often a matter of opinion.

> ***"Frequency of access is often court ordered so no input from SW (social worker) possible."***

> ***"The planning and frequency of access is guided by many factors outside of the social work dept (e.g., court)***

Although children's needs and interests should be at the forefront in planning and managing access, and that the role of child's social worker is to act as an advocate for the child, one social worker felt that parents' needs were at times prioritised over those of the child.

> ***"I often find it is organised to suit parents rather than children"***

Nevertheless, some parents often feel that their needs are not being met and are not in agreement with decisions made in relation to access. One social worker reported that if parents' express dissatisfaction with the access arrangements, they are advised to pursue an access application through the courts.

> ***"On occasion, decisions in relation to access have to be made that parent/s do not agree with; however, this does not influence my care planning for the child."***

> ***"I make it clear to the parent/s that they can make an application for access to the Courts and that this will be dealt with, in consultation with the CFA."***

A need for increased access to advocacy support for parents was identified, and the findings regarding parental dissatisfaction with access arrangements would support this.

Access was deemed by one social worker as forming an important and integral component of the assessment work undertaken. However, they felt that the feedback provided to them by those facilitating the access does not always support this and that there is a need for specialist training for those facilitating access to ensure that the feedback can form part of the overall assessment.

> ***"Specialist training should be offered to those facilitating access... access is an important part of our assessment work and evaluating relationships. Sometimes feedback is limited or could be more analytical"***

A significant amount of time and effort by the social worker goes into the planning of access and the development of an annual access schedule at the beginning of every year has proven very useful.

> ***"I find that ideally if an access schedule can be done up at the beginning of the year it works better with Parents and carers alike as they know in advance what dates to keep free, and the children are aware when they are seeing their family members and if cancellations need to be made they can give plenty of notice allowing another date to be arranged."***

One suggestion offered was the appointment of an access co-ordinator to lessen the workload of the case social worker, enabling them to focus on other parts of the child's care plan.

> ***"Overall co-ordinator of access for cic teams would maximise utilisation of resources, develop the services and take a huge task away from social work teams which is only one aspect of the child's care plan"***

4.6 Comparative analysis of responses from parents and social workers in the questionnaires

There were significant differences between the responses of the parents and the social workers in relation to some of the issues reported on. This is however to be expected given the decidedly emotive nature of the research topic and responses which are subjective in nature. Social workers attributed the highest score overall to providing clear explanation to the parents of the reasons for access being supervised. However, only little over half of parents reported same.

Nevertheless, it is noteworthy that overall parents feel that their child's social worker treats them with respect and a commitment to this is evident in the social workers' responses which indicate that they try to respect the values and beliefs of the parents. There is some consensus that the frequency of parental access should be increased, and that the child is able to maintain good relationships with siblings, with plans taking into consideration access with significant others.

In contrast however, while social workers indicated that they consult with parents around the access they would like, the experience for many parents is that they had little opportunity for input. In addition, less than half of parents reported receiving a written copy of the access arrangements despite social workers reporting the contrary.

Findings in relation to a number of issues are consistently reported by both the parents and social workers. Surprisingly over half of parents who responded did not express concern regarding the costs of access and this may be linked with the social workers consideration of the financial costs to parents when planning access. In addition, social workers reported being mindful of ensuring the times of access were convenient to parents and this is reflected in the parental feedback which indicated that parents perceive the times of access to be convenient. There was generally consensus of opinion too in relation to the proximity of the access venue to the parents' home. While parents reported difficulties in getting to speak to their child's social worker in relation to access, social workers conversely indicated that they experienced similar difficulties in making contact with the parents regarding the arrangements. While the turnover of social work staff posed difficulties to social workers when managing access, this did not appear to have the same impact on the parents' perceptions of the service. Only 20% reported concerns around the frequency of change in social worker. Parents were more concerned about the turnover over of supervising staff.

While social workers reported that they offered reassurance to parents that their child is encouraged to attend access, in practice, parents were less confident that their child was encouraged to attend. Parents appeared to be confident in knowing how to make a complaint, if necessary, which is in parallel with social workers reporting discussion of the complaints process with parents. An area of practice where there appears to be consensus is that of post access support, where both social workers and parents reported relatively low levels of support being offered to parents after access if their child is upset or distressed.

Social workers reported that information on local advocacy services is routinely provided to parents. Moreover, many parents reported that they felt able to seek the help of an advocacy service. Nevertheless, this however did not appear to be the case in relation to parental rights, with an apparently lower commitment by social workers in providing information to parents on their rights, coupled with a high number of parents reporting that they had not been informed of their rights. It is possible that the provision of information may not go far enough in this instance and that work may also be required to ensure that parents feel empowered to be able to seek the required help.

There was similarly a disconnect reported between the social worker's perception of having clearly communicated the access plan with parents to the parents' experience of having the reasons for decisions made regarding access clearly explained to them. Despite this however, parents reported that they were clear about their role at access visits.

The table below seeks to summarise the areas where there was agreement and variance on the factors relating to the parent's experience of access

Figure 17 Consistency and variance of findings reported by both the parents and social workers

Consistency

- Sense of feeling respected
- consideration of the financial costs to parents
- frequency of parental access
- good relationships with siblings
- access with significant other
- times of access were convenient to parents
- proximity of the access venue
- communication difficulties
- making a complaint
- post access support
- information on local advocacy services

Variance

- clear explanation of reasons for access being supervised
- values and beliefs of the parents respected
- consultation with parents regarding the type of access they would like
- Clear communication of the access plan to parents
- Parents informed of their rights
- Reassurance that child is encouraged to attend access
- Impact of the turnover of staff supervising access
- Impact of the turnover of social work staff
- Parents given a written copy of the access

5. Thematic Analysis of Focus Group Discussions

Dr. Valerie O'Brien, Academic Consultant & Dr Sahana Mitra (UCD)

5.1 Focus Group with Parents of Children in Care, Social Workers & Consultation with Family Advocacy Groups

Managing the Access

The thematic analysis of the focus groups revealed the impact of addiction as a major causal factor in the children's entry to care. The parents spoke of their enormous efforts to overcome their addiction problems and spoke of how they worked hard to make sure they were clean at the time of access. A number spoke of the temptation to use drugs/alcohol as a crutch to deal with the pain of separation.

Social workers reported they often communicated to parents that they should not be under the influence of drugs or alcohol or in disarray during access, as this may cause the access to be terminated. The social workers explained to parents that they would be required to be fully committed to ensuring healthy communication with the child during access.

The thematic analysis showed that meetings with children were not only dependent on the length of the time in care but also on the age of the child. There were some differences in relation to the two categories of children in care. The first group –older children, 10 years of age plus tended to have meetings that ranged from once a month to twice in a month and the nature of meetings tended to be brief but intensive. In some cases, the parents reported that their older children showed anger towards them. This made it difficult to communicate with the children during the access.

On the contrary, the experience of parents, who had a younger child in care, that is, below 10 years of age, tended to differ. The parents described that many of their children displayed greater confusion and distress as the meetings drew to an end. The wish to have more frequent or different access arrangements was a recurring theme in the discussions.

However, whether the duration of care was for a shorter or longer duration parents strongly expressed their need to have a greater sense of control that they are still the parent of the child. To achieve this sense of normalcy, they showed how they brought toys and games for their children and in the case of younger children, they needed to do things for the child, like changing a nappy.

The hope and the reality, nevertheless, was different for many and this was a similar theme across the three focus groups.

Managing the Access/Hoping for Reunification Sometimes Against the Odds

The social workers spoke openly about the uncertainty faced by children during access, and they explained how they see their role primarily as managing and minimizing risk towards the child/ren they have responsibility for. Irrespective of whether the child is below 10 years of age or in the older group, parents shared that they were constantly vigilant to what they describe as the 'social workers gaze' and are very mindful but angry that social workers are fearful that they will do something to harm the child/ren.

Nonetheless, in the interviews social workers also expressed a strong assertion that, in the main, access is of immense importance, and it is essential that parents spent time with their children and build relationships during that access period.

In this regard both social workers and parents shared a common goal. Parents see access as a time to see and communicate 'love' to their children, celebrate their milestones and create memories with children. For both parents and the social workers, reunification was the ultimate aim and access was a means to help this happen. However, the vulnerability of the parents and their fear that reunification would not happen was a dominant theme in the focus group conversations. Irrespective of how long the children were in care, the majority of parents still held out hope that the children would come home someday.

Parents that were specifically working towards reunification stated that the beginning of care was characterized by a sense of confusion, anger, and distress but gradually, as the plan for reunification was reiterated, or at least not ruled out entirely, they found themselves able to hope again. Their relationship with social workers changed according to where they were at in relation to the reunification plan. There was at the same time anger expressed towards social workers who failed to see or acknowledge the tremendous progress made by the birth parents. In many cases, birth parents talked about social workers shifting the goal posts in relation to what they had to do to get their children back.

For other parents, whose children were in care longer, they still held out hope that the Agency would work with them to have their children back. They described how they were on shifting sands, trying to hope but feeling that they were sinking.

Supervised Access and Gaining Access for Other Family Members

The parents expressed mostly anger towards supervised access. For some parents, they experienced it as constant surveillance by the social workers and felt that everything they did and said to the child was monitored, seen, and heard. As a result, during the access there was a constant fear of doing or saying something wrong and thus being negatively evaluated by the social worker. They knew that if they did something wrong according to the social workers rules, they risked change in future access arrangements, and were especially fearful that their access would be curtailed.

A number of parents reported that in some instances they were abruptly interrupted by the social worker during their communication with the child/ren. This was perceived as very undermining of them as parents, and they complained that there was too great a focus by the social workers on obtaining an outcome (in many instances outcomes not shared with the parent) rather than focusing on the process (the need to be respectful to the parent and the child). As a result of what was perceived as constant vigilance and interference and the experience of being dictated to by social workers, the parents reported feeling demeaned at every movement / action and this led to heightened levels of 'hyper vigilance' and a greater disconnection from the child. For a smaller number of parents, they described variation in the experience.

On the other hand, the social workers discussed that there were occasions where vigilance was needed and therefore supervised access was put in place to ensure that the welfare of the child was prioritized. The entire rationale of the reasons for supervised or unsupervised access is made explicit, according to social workers, but in many instances, parents don't want to see or accept the reality of their situation.

The parents expressed a lot of frustration and discussed at length how they find the general system confusing. They largely do not know how it works, how they can influence it and how they can change plans. They expressed a lot of annoyance that they find it hard to obtain time for other people e.g., grandparents or godparents, who want to spend more time with the child. The work of the advocacy workers was important in creating the space for other family members, according to the parents. This finding was noteworthy as social workers discussed at length that successful access depends a lot on wider family members and being able to identify who else could help and are willing to be part of child's life. This is in direct contrast to many parents feeling that their family members were been excluded.

The advocacy workers talked of their experiences of working with grandparents. They report that they are often contacted by grandparents who want to spend time with their grandchildren. Grandparents find it hard to understand why it can't happen as they believe it's their right. The grandparents describe they are very fearful of been refused by the social workers and don't always know how best to deal with the social workers. In some instances, arrangements are made for family members to join part of the access meetings.

Advocacy workers shared that it is not always easy when other family members share the main access as it can be disruptive for all the parties. They talked about the effect of one such access e.g., in one case the grandparent was allowed to share the last 10 minutes but they talked about how this high intensity was too much for the child and added to their confusion. Therefore, access time has to be planned in a way to ensure that it's less straining for the child. This is an essential aspect which social workers have to be mindful while planning the access, according to the advocacy workers.

Social workers described how they work hard with parents to plan the access. Despite this perception among the social workers that there was a lot of work undertaken related to ensuring clarity, there was a lot of confusion expressed by the birth parents. The issue of supervision, why it happens and how to change it as part of access was largely unknown to the parents. They also felt that they had limited power to change it as they did not want to rock the boat.

However, despite the dissatisfaction with the care system and wishing for unsupervised access, some parents agreed that there were certain advantages of supervised care access. Firstly, it had helped them to plan in advance before they meet the child and to know the specific behaviour they had to work on e.g., to come clean (not use drugs when meeting the child).

Secondly, they discussed how supervised access was much better to participate in when they had a good relationship with the foster carer and when the foster carer was involved with the access. Being able to discuss issues with the carer at the beginning or end of supervision was seen as important. This is what is needed to have any degree of success for their children in care, the parents believe. For a very small number of parents, there was satisfaction with the arrangements

Some of the parents who had a less negative view of supervised access felt that this arrangement allows for a level of coaching. This has been important for some parents in helping their child understand the concept of care and access.

In line with these perceived advantages, social workers shared how they in the main encouraged parents to write what they planned to do in access and to indicate how they wanted the process to happen. This, social workers believe give the parents greater power and the clarity in discussions with the foster carer, their children and of course the social worker.

As already reported, there were no reports of parents using social media or email as modes of contact. Some parents discussed how they were permitted to ring their children but there was lot of variation in this practice across the groups. The advocacy workers said that more telephone contact could be encouraged between foster and birth parents but acknowledged that sometimes there are valid reasons as to why telephone numbers cannot be shared.

Allocation of Social Worker and the Foster Carer/ Social Worker Relationship in Access Planning

The findings in terms of confusion about the care plan among the parents were very much evident in the focus group conversations. The need to tell a different story in the focus group from what individual parents knew was the reality may have been prompted by not wanting to lose face among other parents. In terms of access and care planning, the difficulties associated with multiple changes of social workers were a major recurring theme. For a small number of parents, they welcomed the change and spoke very positively of different outcomes arising from the introduction of a new worker.

One set of parents reported that they had experienced a four-year delay in having a social worker being assigned to them while others reported a 6 month delay.

There was an example shared in the focus group where the social worker had told the parents that they had to take the children into care but that after a week and a half, there was no foster home available and ultimately the grandparents applied for guardianship. (It was not possible to accurately detail these experiences in the focus group).

The Role of Foster Carer and Social Worker

A further frustration shared by parents was related to social workers giving foster carers too much power to dictate the terms of the access, especially where there was a shortage of social workers. As a result, in some instances, parents were dependent on foster carers to arrange the access meetings. This arrangement (allocated responsibility to carer) was made according to the parent, by a social worker or/someone in the system. This tended to happen more in kinship care than in foster care. As a consequence, the parents were unable to negotiate with the family/carers and as a result there were long delays in seeing their child. This situation was made worse when there was no named social worker to link with. However, whether a social worker is allocated to the family or there is a delay in allocating the social worker, many parents retained hope that things could change in care system for the better. Their expectation of change was shaped and was in direct proportion to their past experiences of social worker involvement.

Knowledge of Care Plan

The parents in the focus group conveyed strongly that they don't have detailed knowledge about access and what goes into its planning. This experience of parents was also discussed at length by the advocacy workers. The advocacy workers find that parents often have little or no idea about access planning and for some, the trauma associated with losing their children has left them paralysed. The advocacy workers felt that while the explanations are by and large given to parents, these explanations need to be more specifically adapted for each family. General information in a book is useful to a point, they maintain but they have worked with parents that have not even been given the booklets that are available.

The birth parents' experience of having a lack of information about their children; a lack of understanding of care planning in general and specifically how access works in the system were recurring themes. This very often is expressed in anger which in turn impacts on the relationship between them and their children. This anger is then often used by social workers as the basis to make different plans and to reduce access, meanwhile forgetting that there is a direct connection between anger levels and lack of support and understanding. It is likely that discussions regarding access needs to be seen more as an ongoing process rather than seeing it as a singular event. The fact that few parents see the social worker as a social worker for them as well as a social worker for the children perhaps also explains the experience of the birth parent.

Lack of appraisal of parents' present situation by Social Workers

Parents discussed how too often, social workers rely more on what is written in the file (e.g., parents past mistakes) and then judge them on the basis of these past events rather than focusing more on the present. This over emphasis on past descriptions then tends to frame any current difficulties the child is experiencing as largely associated with the past behaviour of the parent. This can then lead to a reinforcement of the idea that it is the parents and their behaviour that is responsible for everything that is happening for the child and there is a disconnect with other factors. When this happens according to the parents, the social worker fails to see that the current difficulties might be connected with other aspects of the child's situation. This position leads the social workers to distance the parents as important in their child's life and can lead to the social worker failing to convey important day to day events to the parent's e.g., such as their child's visit to the hospital or pressing difficulties the child is experiencing at school. According to the parents, if the social worker has limited and fixed views about them and show little emotion/empathy towards them, this reinforces parents' view that social workers actually don't care and are not interested in helping them.

On the contrary, the focus group with social workers revealed that though they have a lot of empathy towards the parents' situation but they have to focus on their statutory responsibility which in their view is to look after the child. This tension was a major theme that emerged at many different stages of the focus group conversation.

According to the parents, there is a need for greater consultation with parents about access plans, to find ways to increase respect towards parents and also a need to decrease the level of confusion about how the system works. In addition, there is a need for social workers to show parents the basis for individual decision making and to be more explicit as to the conceptual / theoretical frameworks they are using and the extent that these frameworks are informed by research evidence.

The advocacy workers also suggest there is a need to address gaps in access planning. Furthermore, the advocacy workers suggest that the social workers need to provide greater clarity in respect of the roles and responsibilities of the foster carer and the parents when children are in care. Advocacy workers discussed the impact on birth parents when the parents perceive that foster carers have been given too much power to call the shots re access. Advocacy workers talked about their use of conflict resolution skills aimed at addressing the gap in the understanding and (mis)understandings between the foster carers and the parents. However, they stress that while this intervention might help to ameliorate some situations, greater attention to the core issues is needed to offset the difficulties arising. They also explained that they only work with the birth parents and not the foster carers, and therefore what they can accomplish is limited.

To conclude, if differences are to be realized on the ground, realistic commitments have to be taken. There is a need for greater emphasis on need for clear and open communication regarding what can be done to plan the access, who needs to be involved and how is it to be reviewed. One of the biggest constraints identified by social workers and advocacy workers to achieving change was the time resource. Advocacy workers state that their time is limited so it is always a delicate balancing act. If they give the required attention to one family then there is a chance that they won't be able to provide a service to others and in the process very needy families are further isolated. This is also an experience shared by social workers. Hence, both the social workers and the advocacy workers have to balance their time with each family in the care system. The impact of parents not having a service is enormous and this is a theme that will be returned to later.

Ways to Improve Access

The birth parents suggested several ways to improve the access. There was a major discontentment with the fixed duration of access. For many it tended to be 1 hour to 1.5 hours, which for many had not changed over the years. Parents suggested that social workers needed to show greater flexibility in access planning in terms of giving extra time with the child. Some parents indicated that access allowed their children the opportunity to maintain good relationships with their siblings as well as other significant family members.

Secondly, parents felt that if there was greater emphasis on establishing boundaries and establishing ground rules regarding the access, this could help to ensure minimum interference by social workers during access.

Thirdly, many parents stressed the importance of continuity of social worker and how this is beneficial in building relationships with the child and parents. The parents talked at length of the difficulties of having to open up time and time again to new workers. This view was reinforced by the advocacy workers. From parent's experience, many new social workers entered their lives and had not familiarized themselves on the basics of the case. This left parents feeling vulnerable but also angry as they feel they have to answer to a new social worker without questioning. To question might according to the parent, get them off to a bad start with a new social worker which could then have devastating effects. This observation gets to the core of the differential power relationship.

Fourthly, there should be greater effort made by social workers to listen to the child if the child is not happy. One parent discussed how her daughter is not happy with her foster family but the social worker is not listening and has not done anything to move the child from that house. This according to the parent shows that they need more input into the planning of care by the social workers.

Information

Finally, there is a need for information. All the parents stressed the need for an updated booklet on care and access with clear outline of legal provisions.

This suggestion was reinforced by the advocacy workers, though they said this would be only one aspect of the help needed as many parents had difficulties retaining the information largely due to the trauma they were experiencing. The place of a support group as an important source of information and support was reinforced. Other parents were seen as crucial to this process.

Advocacy workers explained that some parents find it difficult to understand and retain information given to them by professionals. In many instances, they tend to rely more on information provided by other family members and friends who have experienced a similar situation. The parents realised there can be variations in the accuracy of information as each situation is unique.

There is a need not only to have the updated booklets of information but also to educate parents and social workers regarding recording and how recording is then used to help access. Parents have different needs from their children and very often the material recorded by the social worker relates predominantly to the child. There is a need for a different emphasis in recording to include both the child's and parent's needs.

Parents should also be helped to make their own recording and this in turn could be helpful in assisting their general understanding of the care system and the situation they are in. Many parents would need support to maximize the benefits from this recommendation.

What access means to them – opportunity to choose strength over despair

Access gave parents an opportunity to see if their children were happy and if they were in a good foster home. Parents explained that even though their relationship with the child had undergone change following entering care, it was sometimes difficult to hide their emotions from the child during access. Parents are also mindful that access gives them a chance to 'choose strength over their weaknesses' by showing that one can handle and manage the conditions of access.

On other hand, other parents saw that access is the best time to explain the reasons for why the child is in care and the work that they are doing to get the child home. (This of course could be at variance with the care plan and clarity re messaging has to be agreed beforehand).

Role of the foster carer in positive access

The importance of the birth parent and foster carer relationship and how it is central to everything was a dominant theme in the discussions across all focus groups. Two kinds of experiences were evidenced by parents. Positive experiences when foster carers agreed to keep siblings together, when children assessed the foster carers positively and, in some instances, when foster carers addressed the parents by their name as child's parents, e.g., calls her 'mammy'.

On the other hand, the negative experiences included feeling anxious and hurt sometimes when the clash between parent /mother verses carer becomes obvious. This can create a sense of power struggle, but one that parents seldom get a chance to talk to the foster carer about.

The parents made several recommendations in respect of what foster carers could do differently.

Firstly, they suggest that having a basic conversations about general things geared towards them as ordinary people and children could help to build a better rapport. The parents discussed at length the 'strangeness of the unfamiliar situation' between the carer and the parents. While a supportive foster carer and one that would love their child was highly desired by the parents, they also stressed that the foster carer should be mindful that their child is given to them by the State and 'it's not their child'. Other parents suggest that it could be a good practice if the carers wrote down information in respect of the child's e.g., the child's likes and dislikes. The parents said they did not always experience the carers as listening to them or provide accounts of the child and if they were to write, this could convey a sense that parents are being respectfully heard.

This discord, in terms of lack of respect, was also evident in the focus group. Many of the parents felt that there was a discrepancy in what social workers think and did and this was hurtful especially in relation to how they as parents felt mistrusted in the process. One mother explained that it was not what was said but the body language that was used to signify alliances and exclusion.

As previously discussed, some parents spoke about how they felt doubted and judged by their social workers and the emphasis on the past and not the present was to the fore. Others felt social workers expected them to be grateful for what was something that should be happening anyway.

Impact of social workers own experience of children

Some parents believed that there was a difference among social workers if they had children of their own. Having their own children generates greater empathy towards the parents e.g., when the children were taken away. Greater empathy adds to a sense of better relatedness and understanding towards the parents and a perception that they are being respectfully heard in the process.

Therefore, the development of the access plan depended on the perception of the care services including the social worker, the satisfaction with those services and the future expectations from the system.

The findings of the survey indicated that the times of access were reported as being convenient for the respondents in 79.3% of cases and the venue for access and its location was deemed suitable by 56.7% and 63.3% respectively of respondents. Yet in the conversation in the parents' focus group, there was much disquiet about the suitability of the premises, especially when access was supervised. These places lacked privacy and the feeling of a home, and the parents reported that they felt that 'they were on show and everything they did or said was visible to everyone'. The advocacy workers shared these observations also. The parents and advocacy workers stressed that access venues should be more family orientated and they need to lose the office feel. The venues created undue pressure in a situation that is often difficult for everyone. The parents were very clear in what they felt should change. They wanted greater privacy during access. They would like to have a kitchen area so that they could cook something for the child and have the experience of been able to do something for the child during their time together, even if it is for a short period only.

Advocacy workers also believed that other support services should be provided during this time. This support is especially needed as some parents are not able to handle the heightened emotions associated with the access. They see this as twofold: the emotions displayed by their children in access are difficult for them to handle and they were very aware that they were also at times very emotional despite the best effort to control their reactions. It is very difficult according to many parents as they have to deal with multiple issues surrounding both care and access in the children's presence.

Social workers also saw the need to manage access differently on occasions but stressed time and time again during the focus group that there was a limitation to what they could do. They shared their frustration in relation to scarcity of better venues. They reinforced the need for supervision in access but were not always clear re the rationale for it other than to state that the needs of children are paramount, and the physical constraints of venues combined with parental issues meant they needed to supervise by and large to ensure the quality of access. This fundamental issue needs much greater clarification in access planning and review.

Shortage of social workers and impact of turnover of staff

The parents understood that there was a shortage of social workers. They also understood that social workers had large caseloads, but the majority felt that the ratio of number of cases to the number of social workers resulted in a lack of dedicated quality time for the families and in particular for them the parents. The impact of the shortage was felt by parents in a myriad of ways, not just in access but in relation to care planning and their experiences of the system. Advocacy workers talked at length of the impact of limited availability of support for the parents from social work though acknowledged that social workers try hard within the limits of the resources. They believed, however, those parents in such circumstances should not be left without support. Overall, parents said that they were made to feel undervalued by not been allocated a social worker as this limited their hope for change in their own and child's situation. It also impacted directly on their experience of access planning.

The parents also highlighted information gathering as another issue related to the turnover of staff. Many parents reported that they faced frustration at being asked for the same information time and time again by a series of social workers. This they saw as a direct consequence of staff turnover. It also meant that there was a loss of pertinent and personal information in the system, and this added to the difficulties for the parents. Many parents felt that this impeded quicker decision making in the court.

The parents in the focus group spoke very positively of the work of advocacy workers. They found them highly supportive, and many said the advocacy workers had helped them gain confidence and as a result they were able to share their views and seek help. Other parents said they found the advocacy workers non-judgmental in comparison to the social workers. The important difference is they were able to talk openly to the advocacy workers without the fear of watching what to say and what not to say. However, they still spoke about the gaps in service and how they wished to have updated information regarding their rights and legal provisions in the form of booklets or pamphlets.

The advocacy workers spoke strongly of the urgent need to provide information to the parents, and they agreed with the parents that this could be done through leaflets, pamphlets, or booklets. The provision of written information to the parents could help the parents to know about their rights in the care system and shape their expectations accordingly.

More therapeutic services for children and parents while in care but also when reunited

This was a very pertinent issue discussed by the advocacy workers. They are of the opinion that a lot more therapeutic interventions are needed both for the parents and children in care. There are several questions, which some children don't seem to understand, based on what the parents report to the Advocacy workers such as why are they in care, why is access happening like this, why am I not going home etc. and hence, children's struggles continue. They also report that in some instances the children have limited access and they appear to have limited input into the decision. The advocacy workers also discussed that they are conscious of other children that are reluctant to attend access and though they may make this known to social workers and carers, they are less able to discuss this with their birth parents.

Returning to the theme of therapeutic services, the advocates proposed that children and parents who are reunited need more help during the transition, than what they appear to get. The advocacy workers were of the view that someone who had previous involvement with the family could play a pivotal role where both children and parents could be helped to talk about their issues. The priority of reunification should be to stabilize the parent / child relationship but also to address the issues that led to the entry to care and also to help the child talk about what they are missing now that they are home. None of the parents interviewed had been involved in their children returning home so they did not comment on this.

Advice to new parents about access

The parents talked at length about the stigma associated with having children in care, which they had to face on a daily basis. They feel the judgments by others around; they know they are labeled by those that don't know their situation as bad parents, while by others that know them they are sometimes viewed negatively as parents that have given up or were unable to fight hard enough to keep their children or to fight to get them back. As a result of this ongoing sense of stigma, they experience great shame and they isolate themselves as they believe that everyone around them know only about their problems, e.g., drug or alcohol abuse and losing their children.

When asked what would help parents whose children are about to enter care or are new to the care system, the parents in the focus group responded with the following suggestions:

Firstly, they think that new parents need to know that they will be in turmoil, and they may be unable to accept or to think they can change the situation. They urge them to be careful about using social media as it can cause parents great difficulty. Through social media they can expose themselves and their children and these posts in turn can attract unwanted and unsupportive comments. The advocacy workers reinforced this message.

Secondly, new parents need to know that they will undergo a lot of distress when their children enter care and that this is intensified when they realize that reunification is not happening in the way they had hoped. Parents need to know that this can have a direct impact on the relationship with their child in care, especially during access. They need to know that they may find it difficult to hide their emotions.

Thirdly, the main suggestion is that the parents sometimes accept the offer of care from social workers as a way to help them in the long term and they say if this happens they need to be careful 'Not to give up fighting for the child but to realise that opting for care is not a sign of weakness but of strength, which shows their openness to seek for support. '

Fourthly, they stressed that parents need to realise that any kind of access is good, and it is important to embrace whether it is supervised or unsupervised. Access according to the parents gives a parent a chance to be with the child. During access time, it is really important to communicate love to your child. At every step of access, they believed that it's important to build the trust with the child, which has been broken.

Fifthly, they said that it is not easy to explain to their child, the reason for access and why they are in care especially as it is not clear as to how the future may unfold. They stressed that it is really important to invest in the time during access as this will help them have a better future with the child. Good access helps to build a stronger relationship between the parents and the child, even if a long term care plan is suggested. After all it is the only time they will see the child.

Lastly, the parents said that the assessments that social workers do, never stop and stressed that new parents need to be prepared for this process. They believed that the court and the advocacy workers are the best place to gain clear information but to keep in mind that it will be a long and hard struggle to bring their child home.

Key Findings and Learnings

- Parents described stigma associated with having children in care
- A dearth of therapeutic interventions for parents of children in care exists.
- Parents experience difficulties in providing an explanation to children regarding their situation.
- Parents expressed the need to be able to communicate love to their child and build trust during access.
- Many children do not have a good understanding of their situation or circumstances.
- Where the care plan is for reunification, increased support for the transition is required by the both the parent and child.

Parents' suggestion for futuristic role of social workers

The parents made a number of suggestions regarding how they would like social workers to be. They stated strongly that greater professionalism is required by social workers who are responsible for planning and coordinating the access. They added that social workers should be more respectful for parents' time and space. Many parents talked about the impact when social workers visit their homes, especially if the social workers call unannounced. The parents felt humiliated by the social workers if their homes were not neat and tidy (according to social work standards but also their own). This again reinforces the idea that they are under a constant surveillance, and a gaze from the social worker. Parents want social workers to be more appreciative of parent's time. Many felt that social workers only prioritised their own time and were not appreciative of the demands of parents' work commitments, etc.

Parents also wished that social workers should be more caring and compassionate to them, especially when they are going through a tough time. The parents stated time and time again that they needed one-to-one help and support from the social workers and more roundtable discussions with other people involved in their child's life. This should be the way that access planning happens. A focus on greater conversation between people would help parents feel more respected as they would be more involved in the decision making.

Finally, parents were overwhelming in their call for more support and counselling services for themselves. They felt that their emotions and struggles are not dealt with by the social workers and if it does happen it is only at a surface level and hence nothing changes. They saw greater access to therapeutic services as facilitating them to deal with their emotional trauma and grief.

Key Findings and Learnings

- Parents report feeling a lack of respect by social workers
- Parents need support to help them deal with all the aspects associated with their child in care not just the access.
- A need for increased access to support and counselling services was identified by parents.

Access planning and adapting to changing context

The social workers talked at length of the importance of stability in decision making and stressed that parents and child's wishes are respected and adequate consideration is given to both. The reality is that access decisions do change and this change can happen over time. They said that access planning and changes associated is dynamic and is dependent on a number of issues e.g. relationships between the birth parents and children; relationships between the birth parents and social workers and foster carer, the progress made by the parents and the child's attachment issues. Social workers stressed that it is of crucial importance in access planning to give a clear picture of access to the child as well as the parents. This helps to prevent unrealistic expectations expectations of what access can offer and deliver.

The social workers talked about the lengths they went to, to ensure good quality access. For example, they pay special attention to facilitating access on special occasions which includes family weddings, funerals, christening etc. They are also mindful that on occasions a child may need special access arrangements and again they try to facilitate that.

Dealing with Challenges of Access: Confidence and Importance of Family Relationships

In spite of their aspirations to devise quality access plans, some social workers however felt a lack of confidence in their skills and knowledge to do so. The most pertinent reason cited for being not so confident in developing appropriate access plans was related to the age of the child. Some social workers stated that a child who is older and in long term care, has already formed an identity as a foster child and as part of the foster family but they still need to maintain the family connections with parents, siblings cousins and other extended family members. The child's pre-existing relationship with their family has to be taken into account while planning access.

This is really important for children and young people in care even if the access is limited. The social worker's aim is to build positive attachments with the family members especially if the plan is to return the children home but that if this is unlikely to happen, it is less straightforward to achieve.

Access planning for very young children and indecision in care planning

Young children and their care plans presents a particular challenge for social workers. For children that come straight from hospital, great sensitivity is needed towards the parents. Social workers found it difficult sometimes to appraise how best to do access especially when they cannot rule reunification in or out. Establishing a bond with parents thus remain very important in the context of such indecision and especially where the courts are increasingly reluctant to give longer term orders or to return the child home. This poses particular difficulties in managing access.

Good access planning

Social workers stated conclusively that good access should include a clear access plan which includes the dates, venue, expectations, quality of access, level of access (supervision) and that the age of the child and their development stage should be central. The access plan should be well researched, coordinated and organized in such a way so as to maximize the beneficial outcomes for the families.

However, the reality is that while access decisions should be developed as part of care reviews, court decisions that stipulate other conditions sometimes take the original access plan in a very different direction. There is a lot of pressure on the social workers to find ways to deal with the challenges in the system. Social workers also discussed that while there is lot of knowledge in the system about access there is little, or nothing, published in terms of guidance and this is a major drawback. There is a need to publish more material for social workers and parents.

Management of Access

Generally, social workers reported that they communicate clearly with the birth parents about what is the access plan and the purpose of same, and where applicable, provide a clear explanation to parents as to the reasons why access is to be supervised as well as offering reassurance that their children are always encouraged and supported to attend access.

Social workers further reported that not all parents, contrary to requirements set out under the regulations, have been given a written copy of the access arrangements. In addition, the overall frequency of access with their parents was indicated, in the opinion of the social worker, as being somewhat inadequate.

5.2 Final reflections of Social Workers

Relationships with Parents - Court decision making and representing the child's view

The social workers stressed that they strive to give realistic explanations to the parents but also state that their time to discuss issues with parents is limited.

They reiterated the impact that courts have in access decision making and that this is increasingly having an impact on the management of access. Access, which is court ordered can become very difficult, especially if the child does not want to attend, or is highly ambivalent, but the child has not been able to convey this explicitly. The social workers / foster carers in these instances pick up the ambivalence but the child does not want this known to the judge or their parents – such is the sense of loyalty and unwillingness to let their parents down. In other instances, the children's unease can be connected with parents saying certain things during the access that can be emotionally hard for the child to hear, but again social workers may not have enough evidence to put this to the court.

There was a sense of frustration expressed by social workers associated with the balancing of children and parents needs and rights. They accept that parents have a right of access, but they also know that it is not always easy to represent the child's situation so where does that leave children's rights. This is another example of how the management of access can be a constant challenge for social workers.

The overall frequency of access between parents and their children was seen by many social workers as being inadequate. The social workers felt at the same time there is too much of an emphasis in access on quantity rather than the quality. The number of times an access happens becomes the primary focus in the process. This can fail to take into account that sometimes when the meeting happens, the parent and child don't know what to speak to each other about and how to utilize their access time. This can be very painful and frustrating for both parent and child when this happens.

The social workers suggest that in these situations, if there was a greater focus on quality rather than quantity, that is, more emphasis on relationship building then a better sense of connectedness could be developed between the parent and the child. This could be achieved by guiding the parents e.g., playing games with the child, initiating conversations, or simply making a cup of tea together with the child. Quality of access is always important and perhaps even more important if the time lapse between the access meetings is large.

Most of the social workers believed that therapeutic services should be made available as a component of access planning as many times the parents don't know how to handle their own emotions alongside the emotions of their children. A therapeutic orientation would help the parents to prepare better for the access and it could help them handle the specific demands of the access itself including their stress responses etc.

Similarly, to the survey findings, the venue(s) used for access were, in the main, deemed inappropriate by social workers, though there were some exceptions reported in different areas. There were detailed discussions regarding how inappropriate office buildings are for access and even though they are largely inappropriate, the challenge of booking these offices remains a source of frustration. This kind of facility restricts the quality of access and adds to the lack of privacy for the families. The system needs better facilities and venues for the families where they can have an opportunity to have more of a more 'normal' family time'.

According to the social workers the problem of inappropriate space is compounded by the severe shortage of staff. This in turn impacts on access planning and also in organising the actual access, especially if it needs to be supervised.

Supervision of access

In the focus group, the social workers discussed supervision in access and the basis for these decisions. There was not a consensus in this discussion and the discussion was characterized more by a lack of clarity as to the basis for why supervision decisions are made. This is an area that requires attention.

In addition, the social workers spoke of their awareness of the high levels of mistrust parents felt towards them even though they invested much time and energy in communication and preparing good access plans. They spoke less about the access workers if the placement is supervised by personnel other than the allocated social worker.

The social workers spoke of the more recent focus in the service on the need to make a greater agreed distinction between supervised vs. supported access. They stated that supervised access is needed for a range of reasons but there was less clarity re the parameters involved. On the other hand, the social workers spoke strongly of the importance of support in access. They stressed that by and large parents and children needed support. Yet, there was less connection in the conversation with the lived reality that many social workers have a limited connection with parents. If there was a greater emphasis on supportive access, according to the social workers, it could enable the parents to deal with the range of emotions, and therefore potentially improve outcomes for parents and the children. The development of supportive access, according to the social workers is slow to happen on the ground and recognized that it will take time and a different commitment if it is to be built into the care system.

The social workers showed very good insight into processes that could make access easier for parents and children such as using child-friendly language and paying attention to the choice of words /language used. Similarly, they showed a good understanding of the need to help children and parents understand the reasons for care. They acknowledged that very often the uncertainty regarding duration of care could be a major impediment to positive access experiences. Therefore, the access experiences of social workers include the difficulty managing the place of access, the shortage of staff, a recognition that more therapeutic services and supportive access is needed.

The social workers supported the idea that there was a need to build more supportive relationships with parents and thought that the mediation access model had scope. This is a model that provides specific guidance by different staff to all parties involved in the access. This includes, birth parent/s, the child/ren and the foster carers. The model focuses on individual planning and provides an opportunity to consider what worked well and less well. The information is then integrated and applied to assist all parties. This learning is then integrated into future access arrangements.

They also spoke of the huge benefits of the advocacy service but that it is limited. They stressed that the positives of the service for families from their perspective is that that the role of advocacy isn't about speaking on parents' behalf in meetings but to promote better outcomes. However, they stressed that there is still a dearth of advocacy workers, and the need is to expand the service which works for the best for the parents' interests.

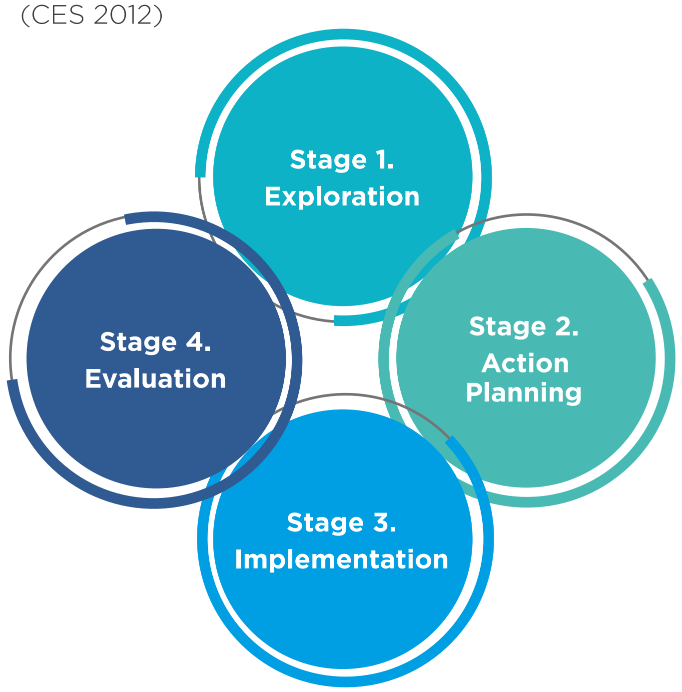
Key Findings and Learnings

- The quality of access could be enhanced if a more relationship focus approach was routinely adopted.
- There is a clear need for therapeutic support for parents during the planning of access.

6. Learning: The value of parental participation

As set out in the Toolkit for Parental Participation (TUSLA 2015), facilitating a participative approach by parents involves four stages as identified by CES (2012): exploration, planning, implementation, embedding and evaluation (See Figure 18). In order to complete the implementation cycle, the final part of the project involved a multi-method evaluative process. This included a consultative process with the working group, led by the independent academic consultant. In addition, a semi-structured questionnaire sought feedback regarding views on the inclusivity and participatory nature of the project, the benefits and values of the project and recommendations for further improvement. In addition, the advocacy workers canvassed the views of the parents in a one-to-one consultative process.

Figure 18 Stages of the implementation process (CES 2012)



6.1 Challenges of engaging parents of children in care

The parents of children in care may be described as 'seldom heard', in that their needs may often be overlooked and that they are at times considered to be resistant to services for a number of reasons. Many of parents involved in this study presented with multiple, complex needs, and it was essential to ensure that participatory practice reflected such challenges. The relationship between the practitioner and the parent, the culture of the organisation, practical issues, service delivery issues, consultation and the provision of information and the adoption of a community development approach are intrinsic to the effective engagement of parents (TUSLA 2015).

Parental participation in this project was enabled by providing the parents of children in care in the Mid-West Area with an opportunity and support to express their views regarding the needs of their family and the adequacy of the supports and services available to them in a safe space and to be listened to, with appropriate action taken where appropriate.

A number of challenges exist when engaging with the parents of children in care, with perhaps the biggest being to ensure that both consultation & participation is meaningful and not simply a tokenistic process. In addition, having the right support systems in place is really important. The local advocacy services, with whom a number of parents already had a pre-existing relationship, provided considerable support to parents to participate, allaying any concerns they may have had in participating. The appointment of gatekeepers ensures that any concerns raised by parents could be addressed with appropriate action.

Buy in from TUSLA management & staff is essential if real change is to be effected and the championing of this project by the local Area Manager was critical to the success of the project. Nevertheless, it's a real challenge to support parents when the social work teams are carrying a number of vacancies and the agency is struggling with staff retention. The role of the practitioner is one of shared responsibility, wherever possible, and in supporting and facilitating parents in participating in decision making processes regarding their children. The relevant competencies and communication skills of practitioners are essential to ensuring this.

There is a need for candour & honesty with parents about what impact, if any, there will be to their own personal situations as a result of participation and to manage expectations on what is achievable through participation. Also, clarity regarding what is the expectation from parents when they are invited to participate.

A key contribution was made by the parents who sat on the Steering group, particularly in enabling us to engage with so many parents. They were able to provide insight, the 'lived experience' and suggest ways of working to engage more parents. Coupled with this was the work of the local advocacy services, where a pre-existing trusting relationship was already in place.

6.2 Experience of involvement in the project

Feedback gathered from the project group regarding their experience of their involvement indicated that members felt:

Members felt:

- involvement in the project has been a good experience;
- valued & respected;
- comfortable to share views and opinions;
- that their opinions and ideas were listened to and taken into consideration;
- there was an opportunity to form new relationships;
- that if there was another similar project, they would like to be involved in it;
- the resources developed will be of benefit to the parents of children in care;
- provided an opportunity to develop new skills;
- they had learnt a lot from being involved;
- that their expectations of being Involved in the group have been met.

What worked well?

Group members were asked to comment on what they felt had worked well in the project. To this end, the membership of the project group was particularly pertinent. While membership of all key stakeholders (parents, advocacy services and TUSLA) was deemed important, it was the involvement of parents with personal experience of the care process which was reported as being one of the greatest contributing factors to the success of the project. The membership of a researcher was deemed essential in effectively progressing the project, while the input from an external academic advisor enabled understanding of the broader context, bringing new learning. Collaboration with and input from two independent academics at the initial stages of the project helped to shape the development of the project, especially in relation to engaging with parents in a meaningful way.

A positive dynamic and relationship between the group members was reported, with the collaborative approach adopted ensuring that the contribution made by every group member was valued and respected and that collective decisions were based on inputs from all group members. In addition, the consistency of the group membership was noted.

The championing of the project at the initial stages by the Area Manager ensured leadership and contributed to buy-in by social workers in particular. Coupled with this was the availability of funding to commence the project and, in particular to facilitate & support parental involvement. Project oversight and governance was ensured by the appointment of a project manager and this aided the development of trust and a sense of purpose. In addition, the Project Manager, as a skilled facilitator, ensured that the meetings were effectively managed and facilitated in a collaborative way. Internal group processes such as consistency of meetings, attendance and focus energised and helped the project to realise its goal. The group represented a model of how similar projects could work, as genuinely inclusive and participative, with respect and listening.

Practitioners had an opportunity to reflect on parents' experience of access and how best to support them through the process. In addition, the project afforded an opportunity for new and valuable learning through the evidence-based experience of the parents who sat on the group.

The project and the research gave parents of children in care a voice and afforded them with an opportunity to communicate with TUSLA, whether to seek clarity regarding an issue or indeed to make a complaint, as necessary. In general, there was a consensus that the project has the potential to effect some real change and has yielded tangible outputs, with the DVD and updated information guide representing a practical and useful resource for parents. The research highlights important issues to inform future practice developments. There was a sense of optimism regarding opportunities emanating from the project.

The feedback indicated that the actual experience of being involved in the project was overwhelmingly very positive. Nevertheless, when asked "If you were to change one thing about the project, what would this be?", feedback indicated that the project could have been enhanced by the involvement of a frontline social worker who had experience of bringing children in to care and developing access plans so that their perspectives could be heard & that any learning gleaned could be brought back to their team. There was a representation of both parents and social workers in one county, which may have enhanced the project.

The time, consistent effort and hard work required to initiate and complete a project such as this is very significant, requiring a considerable commitment from all involved and it was recognised that this project posed additional requirements on already demanding workloads. The level of commitment shown by parents, TUSLA & advocacy services was a considerable achievement. For practitioners, involvement was viewed as an add-on to the core work with children and families. It was at times necessary to balance involvement in project against individual support to parents on the ground. The suggestion of the appointment of a TUSLA co-ordinator to lead on the area of parental participation could help address this somewhat.

6.2.1 Experience of parents on the Steering Group

The feedback from the two parents of children in care on the Steering Group is really powerful and gives valuable insight into what participation has meant to them. Involvement in the project has been a positive experience for the parents and hopefully this experience will empower them to continue to participate.

> ***"I've learnt that social workers don't have it so easy. I can think about where they are coming from and I can also see the side of the parent. I'm in the middle but I can see the 2 side... I've been respected all the way through.... I've learnt that TUSLA also have problems, like the lack of social workers and that they are willing to hear and recognise what the parent is going through... I've grown in confidence. I don't have a title like everyone else in the room, but I'm heard as an equal in that room, my point of view is taken into consideration."***

> ***"It has been a great experience and I got a greater understanding of all the work that has to be done in the background. It is the first time I have been involved in a sub-group of this kind. While it was a long haul there was great learning and I felt listened to by the group... Hopefully, it will be ending soon but I will stick it out to the end. I could not be with a nicer group of people, and I felt more relaxed as I got used to the group. It has been all good. I was delighted to be asked by the advocacy group and put forward by them to represent parents of children in care"***

7. Conclusion

This body of research represents a considerable contribution to evidence-based decision making and planning in relation to access planning & management in partnership with parents. It describes the learning from a collaborative parental participation project in the Mid-West Area which sought to improve the experience of contact & access for children in care and their parents. It is noteworthy that specialised skills in relation to participatory practice are embedded in the Mid-West Area as a result of the holistic, collaborative approach used between statutory services and partner services and the expertise of staff. For parents who engaged in this process, it has been a positive experience.

Differences often existed between the reportage from the questionnaire and the views expressed in the focus groups.

The findings indicate a level of agreement and shared views by both social workers and parents, particularly in relation to communication. The lived experience of parents points to a poor level of understanding of how the care system works and the findings point to significant unmet needs from the parents' perspective and the need for improvement in how TUSLA works with parents of children in care to make access a meaningful experience for parents and children alike. Whilst generally feeling treated somewhat with respect by social workers, many parents reported being unclear of their rights as a parent and inadequate consultation and communication regarding access planning & management. Additionally, while parents reported feeling empowered to seek advocacy support & make a complaint, others felt unsupported, unheard, with their values & beliefs often not respected, expressing concern that their child may not always be encouraged to attend access. Staff turnover represented a considerable challenge, as was the availability of suitable access venues & communication difficulties. While further consideration of access with significant others may be warranted, access was deemed to facilitate the maintenance of good relationships with siblings.

The study has demonstrated the benefits of collaborative and inclusive working, facilitating active participation and engagement by parents, social workers, and advocacy workers. Participation in the research forum has enabled a shared understanding of views between all stakeholders. It is essential that the findings which emerged from the lived experience and the stories told by both parents of children in care and social workers are translated into practice. In addition it is important that TUSLA engage with vulnerable parents in meaningful participation, that resources and new ways of working with parents of children in care are developed to ensure that the access experience and the overall outcomes for children in care continue to improve. The underlying theme of hope amongst parents was evident, propelled hugely by their love for their children, and that it is this 'hope' which empowers and assists parents in engaging with the system. It is apparent that the judicial system impacts greatly on the social worker's role in the planning and management of access for children in care. Where there is court directed access, the child's social worker is often powerless to influence access planning and experiences difficulties in ensuring that access is a good experience for all parties involved.

The findings indicate that work is needed on communication, methods of engagement, planning, supports, advocacy, mediation models and relationship-based working will facilitate improvements in practice in this area. Moving forward however, the identification of models of good practice in relation to access planning and the involvement of parents requires further examination.

Parents of children in care do not have an allocated social worker. While support is available to parents from family advocacy services, these services do not currently have the resources to address the level of complex presenting need. Therefore, there is a clear need for increased supports, in particular post access, for the parents of children in care. The model of advocacy support in the Mid-West Area offers an example of emerging practice and something that could be further developed and rolled out in other areas.

Lastly, if we want parents of children in care to become more involved and improve participation, then we need to create a culture whereby they not only understand that they should be involved but also that they feel capable of making a contribution and feel invited or welcome to do so. Finally, as Bowlby (1951) states;

> ***"If a community values its children, it must cherish their parents."***

8. Recommendations

This action research project set out to undertake a collaborative study to explore how agencies working with children can improve service and delivery in relation to access through parental participation and partnership. The overall aim of the study was to improve service planning in relation to access for children in care to their parents and other significant family members through parental participation and partnership and to produce tangible outputs for parents and social workers in relation to improved information materials in relation to access and contact.

To this end, the research was highly successful. Although small in number, we were able to engage and consult with parents of children in care and achieve a greater understanding of the barriers and enablers to their participation in access planning. As a result of their involvement in the project, parent's awareness and knowledge of their rights and their children's rights to access, based on feedback, increased. A commitment and plan of action has been agreed to develop locally based information materials in relation to access. Further work is to be undertaken to map services and identify the range of supports needed to support parental participation in access and work with parents to improve their on-going participation in decision making and system change.

It should be noted that the sample of parents who participated in the study was relatively small and reflected approximately 10% of the current care population. Nevertheless, the learning about methods of participation can be successfully applied to all parents of children in care and is likely in the future to influence practice for many more parents.

Key recommendations emanating from the study are set out in relation to 3 main areas:

1.	**Working collaboratively with parents of children in care and supporting participation**
1.1.	There needs to be an acknowledgement that many parents of children in care present with significant needs and challenges which are multi-faceted e.g., mental health, addiction, domestic violence, trauma, attachment and poor parenting capacity. Parents are likely to need continued support to progress individually to address their own needs in order to have successful contact with their children.
1.2	Despite what is often for many parents a 'hopeless' situation, many parents continue to display optimism and hope. For parents, hope is an important construct and whilst managing expectations is critical. It is also important that social workers enable parents to retain hope.
1.3	The study has demonstrated that parents of children in care possess the capacity to be part of a process that can influence service delivery. Consideration should therefore be given to the greater engagement of, and partnership with, parents, in the development of services for children in care, in particular the development of practical guides and learning materials to support other parents.
1.4	There is a need for increased sensitivity towards parents and their situation when children first enter care and when consulting with parents regarding the development of access plans during what can be a very traumatic time.
1.5	Where appropriate, the development of the relationship between the parent and the foster carer should be supported, leading to greater involvement by the parent in important decisions surrounding the parenting of their child. This process may be enhanced by further research involving the foster carers experience and their role in developing and supporting access plans also needs to be considered.
1.6	Further research needs to be undertaken on the experience of access from the child's perspective so that there is a three-hundred-and-sixty-degree participatory perspective on the new model and framework for access planning. The role of foster carers in developing access plans.
	The current care plan format for children in care should be amended to include details of access as this is a statutory requirement. Written access plans should be given to every parent of every child in care and regularly reviewed at the child in care review. This function should be tracked and monitored through the NCCIS. Written access plans should be set in the context of the overall plan for the child be that reunification, long term care, permanency planning and even in adoption The plan should set out the purpose of access, any safety issues where required, and the framework used for assessing same.
1.7	The parents' wishes regarding access should form part of this plan. Access plans should not stand still in time but should be developed based on the progress made by parents in achieving changes needed to ensure that access is a positive experience for both the child and the parent. This may require that social workers are very candid about the evidence needed to support an increase in access and a withdrawal of the requirement for supervision of access for example, that parents remain drug free. Thought must be given to the children's need for access, the degree of trauma they experienced in their parents' care and the hierarchy of their attachments. For many children, access to siblings, grandparents and key people in their networks have to be factored in within the context of trying to achieve a normal family experience within their foster care placement.

2.	**Improving the experience and quality of access for children in care and their families**
2.1.	A formal assessment framework for access needs to be adopted that is trauma informed to assist social workers in developing tailored made access plans. This needs to include clarity on the overall care plan for the child and the context in which access is to take place, identifying the support networks for parents as well as the child's wishes and feelings and active participation in plans made about them. Thought must be given to the children's need for access and the degree of trauma they have experienced. The hierarchy of their attachments must be assessed. For many children, access to siblings, grandparents and key people in their networks have to be factored in within the context of trying to achieve a normal family experience within their foster care placement. Parents should be assisted to communicate with their children at access and address issues as to why the child is in care or why particular access arrangements are in place.
2.2	Further development and expansion of the local advocacy groups for parents of children in care to support parents, to include the provision of support at access and to act as a key source of information.
2.3	The development of bespoke access venues which are more family oriented and appropriate to meeting the needs of the child and their families and in achieving the desired goals of the access. This should include family-based activity i.e., the provision of a kitchen where meals could be prepared, etc. Thought could be given to the development of independently supervised access facilities where access workers independent of TUSLA are trained to observe and assess access and report back to the agency on the progress made. This may address some of the concerns raised by parents regarding the absence of objectivity on the part of TUSLA social workers and the balance of power in the dynamic of the relationship.
2.4	There is a need for accessible and accurate information for parents of children in care, provided through various mediums and at a time when parents are in a position to process such information. This includes also the need for social workers to provide further clarification to parents of the rationale for the supervision of access. This could be addressed by the provision of the information booklet and the video for parents of children in care as well as a clearer written statement in the formal plan.
2.5	A protocol around the preparation for access and the establishment of clear ground rules prior to access so as to minimise social worker intervention during access and promote as natural an environment as possible.
2.6	Enhanced continuity in the social worker allocated to the case to facilitate the development of a more positive and trusting relationship between the parent and the social worker.
2.7	Given the complexity of need amongst parents of children in care, there is a need for increased access to support and counselling services for parents of children in care. Ideally, some parents would benefit from having their own social worker.

3	**Undertaking collaborative research in partnership with the parents of children in care**
3.1	Always seek guidance regarding ethical approval requirements prior to commencement of research. This is especially important when working with a vulnerable population group such as the parents of children in care. The request for ethical approval, where needed, must be factored into the time frames set for the project.
3.2	If a truly participatory and inclusive approach is to be adopted, then it essential that parental participation is embedded into the four key stages of the implementation process, as set out by CES (2012): exploration, action planning, application, and evaluation.
3.3	Parents of children in care are experts in their own contexts. It is therefore important that this expertise and 'lived experience' is valued and respected and that parents play an equal role in the decision making.
3.4	Where power differentials exist, these should be acknowledged and addressed sensitively.
3.5	Keep it simple! This can be particularly difficult especially with multi stakeholder participation but being over ambitious can pose a considerable risk to not completing the project.
3.6	Work with the resources you already have wherever possible be it people, data, and facilities and don't underestimate the challenges of sourcing internal data.
3.7	Effective and clear communication is a fundamental component of process. Communication is particularly important in order to maintain both the momentum and interest in the project.

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Appendices

Appendix I

Parental Satisfaction with Access & Contact
Please tick the relevant box

What type of access & contact do you currently have with your child(ren)?

Supervised Visit ☐ Unsupervised Visit ☐ Letters ☐

Phone ☐ Text ☐ Social Media ☐ Email ☐

Is the plan for your child(ren) to remain in care long term?

Yes ☐ No ☐ Don't Know ☐

Does your child have an allocated social worker at present?

Yes ☐ No ☐ Don't Know ☐

Please read each statement and tick the relevant box

		Agree	Unsure	Disagree
1.	My wishes about what access I would like with my child(ren) have been listened to by the social worker	☐	☐	☐
2.	I feel that I had an input into deciding what access I would have with my child(ren)	☐	☐	☐
3.	I feel my child's social worker treats me with respect	☐	☐	☐
4.	I have been given a written copy of the access arrangements e.g., date, time, venue	☐	☐	☐
5.	If access is supervised, the reasons for access being supervised have been clearly explained to me	☐	☐	☐
6.	Access allows my child(ren) the opportunity to maintain good relationships with their siblings as well as other significant family members	☐	☐	☐

		Agree	Unsure	Disagree
7.	I feel that my values & beliefs are respected	☐	☐	☐
8.	I am satisfied with how often I have access with my children	☐	☐	☐
9.	There are other people that I would like my child to have access with	☐	☐	☐
10.	I am clear about what I should be doing at access visits	☐	☐	☐
11.	Overall, I am happy with the current access arrangements with my children	☐	☐	☐
12.	The venue for access is suitable	☐	☐	☐
13.	There are a lot of changes in social worker	☐	☐	☐
14.	I worry about how I will cover the costs of access visits	☐	☐	☐
15.	The times of access are convenient for me	☐	☐	☐
16.	The access venue is a long distance from where I live	☐	☐	☐
17.	It can sometimes be difficult to get to speak to a social worker about the access arrangements	☐	☐	☐
18.	There are always different people supervising access (if applicable)	☐	☐	☐
19.	My concerns on how my children are being encouraged and supported to attend access are being addressed	☐	☐	☐
20.	I feel confident that I would know how to make a complaint if an issue arose	☐	☐	☐
21.	Support is given to me at the end of access if my child is upset	☐	☐	☐
22.	The social workers have done a good job in explaining to me the reasons for the decisions made around access with my children	☐	☐	☐
23.	I have been informed of my rights as a parent	☐	☐	☐
24.	I know how to seek the help of an advocacy service for parents of children in care	☐	☐	☐

Any other comments you would like to make in relation to the access arrangements with your child(ren)

I am happy for background information held by TUSLA on my child(ren) to be used in this study. I understand that the identity of my children will remain anonymous.

Yes ☐ No ☐ Don't know ☐

If you would like to be entered in a draw to win a €100 shopping voucher, please include your mobile phone number here. This number will not be linked in any way to the information you have provided in the questionnaire.

Telephone:

Thank you very much for taking the time to complete this survey.
Your feedback is very important to us.

Please return your completed survey in the brown envelope provided.

Appendix II

Social Worker Feedback on Access

No. of Children on Caseload: ☐ No. of Families ☐

Social Worker SWTL PSW

Please read each statement and tick the relevant box

		Agree	Unsure	Disagree
1.	I feel confident that I am able to develop appropriate access plans	☐	☐	☐
2.	When deciding upon access arrangements, I ensure that the parents' wishes are considered	☐	☐	☐
3.	I consult with parents when deciding what access they would like with their children	☐	☐	☐
4.	I always try to respect the values & beliefs of the parents	☐	☐	☐
5.	My access plans take into consideration the child's and parents' wishes regarding access with significant others including siblings and other relatives	☐	☐	☐
6.	I have given every parent a written copy of the access arrangements, where appropriate	☐	☐	☐
7.	I communicate clearly with birth parents about what is the access plan and the purpose of same	☐	☐	☐
8.	Parents are reassured that their children are always encouraged and supported to attend access	☐	☐	☐
9.	I explain clearly to the parents the reasons for access being supervised (if applicable)	☐	☐	☐
10.	Overall, the frequency of access of the children on my caseload with their parents is adequate	☐	☐	☐
11.	Wherever possible, I try to ensure that the times of access are convenient to parents	☐	☐	☐
12.	I always consider the proximity of the access venue to the parents' home and the travel implications	☐	☐	☐
13.	It can sometimes be difficult to get to make contact with parents to confirm and finalise access arrangements.	☐	☐	☐
14.	The venue(s) used for access are appropriate	☐	☐	☐

15. I consider the financial costs of access to parents and ensure financial assistance is provided where necessary	☐	☐	☐
16. There is consistency in the personnel supervising the access	☐	☐	☐
17. There turnover of social work staff can make it difficult to manage access successfully	☐	☐	☐
18. I have given parents' information on their rights as a parent	☐	☐	☐
19. Support is offered to parents at the end of access if their child is upset	☐	☐	☐
20. I provide information to parents on the local advocacy services for parents of children in care	☐	☐	☐
21. I have discussed with parents how they would make a complaint if an issue arose	☐	☐	☐

Any other comments you would like to make in relation to access planning & management

Thank you very much for taking the time to complete this survey.
Your feedback is very important to us.

Please return your completed survey in the brown envelope provided.

Appendix III

Distress Protocol Focus Group Discussions

Distress

- Participant indicates thay are experiencing a high level of stress or emotional stress
- Exhibits behaviours suggestive tat the deiscussion is too stressful. E.g. uncrontrolled crying, shaking etc.

Stage 1 Response

- Cease the discussion
- On-site Principal Social Workerwill offer immediate support.
- Assess mental state: What thoughts are you having? What are you feeling right now? Do you feel you are able to go on about your day? Do you feel safe?

Review

- If participant feels able to carry on with the discussion: Resume discussion
- If participant feels unable to carry on with the discussion – Go to Stage 2

Stage 2 Response

- Remove participant from discussion and accompany to quiet area
- Encourage participant to contact the relevant professional, if applicable **or**
- Offer with participant consent, for a member of the research team to do so **or**
- With participant consent, contact the relevant professional for further advice/support

Follow Up

- Follow participant up with ourtesy call (if participant consents) or
- Encourage the participant to call either if he/she experiences increasedd distress in the hours/days following the focus group

Modified from: Draucker CB, Martsolf and Poole C (2009) Developing Protocols for Research on Sensitive Topics, Archives of Psychiatric Nursing, 23(5) pp343-350

Appendix IV

Feedback on your experience of involvement in group

To what extent do you agree to each of these statements:

	Strongly Disagree	**Somewhat Disagree**	**Neither Agree nor Disagree**	**Somewhat Agree**	**Strongly Agree**
I felt valued & respected as a member of the group	☐	☐	☐	☐	☐
I had an opportunity to develop new skills	☐	☐	☐	☐	☐
My opinions and ideas were listened to and taken into consideration	☐	☐	☐	☐	☐
The location of the meetings was convenient for me	☐	☐	☐	☐	☐
I was happy with the frequency of meetings	☐	☐	☐	☐	☐
I had an opportunity to form new relationships	☐	☐	☐	☐	☐
Overall, being involved in the project has been a good experience	☐	☐	☐	☐	☐
If there was another similar project, I would like to be involved in it	☐	☐	☐	☐	☐
I have learnt a lot from being involved	☐	☐	☐	☐	☐
My expectations of being Involved in the group have been met	☐	☐	☐	☐	☐
I felt comfortable to share my views and opinions	☐	☐	☐	☐	☐
I feel the resources developed will be of benefit to the parents of children in care	☐	☐	☐	☐	☐

In your opinion, what do you think worked well?

If you were to change one thing about the project, what would this be?

What, if anything, could have been done to improve your experience of being involved in the project?

Any other comments?

Thank you very much for your feedback!

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

CLARECARE

Silver Arch
Family Resource Centre

Limerick
Social Service
Council CLG
Comhairle Sheirbhís Sóisialta Luimnigh CLG

UCD
DUBLIN
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