



empowering people in care

REPORT ON EPIC ADVOCACY CASES 2014



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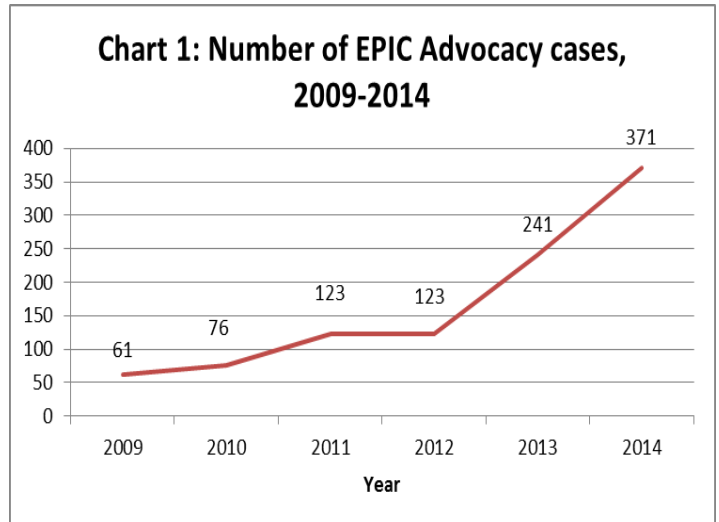
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EXECUTIVE SUMMARY

Number of Advocacy cases

The number of EPIC advocacy cases increased from 61 in 2009 to 371 in 2014. Between 2013-14, the number of advocacy cases rose from 241 to 371, an increase of 54%. This was in addition to an increase of 96% between 2012-13.



Young people's characteristics

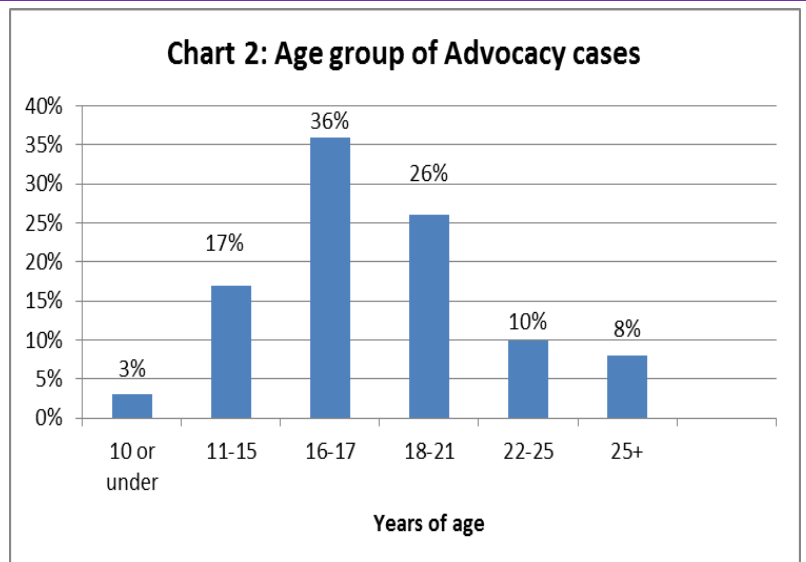
Gender

43% (158) were male and 56% (210) were female.

The remaining 1% comprised 3 group cases involving both genders.

Age

The age of children and young people who received advocacy support ranged from 3 years old (one case) to 43 years old (one case). On average, young people were age 18 years old. Chart 2 shows that almost two thirds of young people, 62% (233), were aged 16-21 years old.



Ethnicity

Data was available for 244 cases: 84% (204) were White Irish, 6% (14) were White Irish Traveller, 3% (8) from another White background, 4% (10) were Black African, 1% (3) from another Black background and 1% (5) in the other category.

Separated young people

Just 1% (5) of Advocacy cases involved a separated young person.

Geographical location

- 34% (127) of young people lived in the Dublin North East area
- 28% (103) lived in Dublin Mid Leinster
- 28% (105) lived in the South
- 5% (19) lived in the West¹

Data was missing for the remaining 5% (17) of cases.

¹ In 2014, there was no EPIC Advocacy Officer in the West which explains the small number of cases.

Care placement in the same region responsible for care

Out of the Advocacy cases that involved young people currently in State care (n=187), almost three quarters, 71% (132), were living in a care placement in the *same geographical region* to that responsible for their care. The breakdown for each of the four regions was as follows:

- Dublin North East, 78% (28)
- Dublin Mid Leinster, 72% (41)
- South, 83% (58)
- West, 36% (5)

Young people were placed in a *different area* to that responsible for their care in 24% (45) of cases (data for the remaining 5% was missing).

Participation in education/training

More than one half of young people, 55% (180), were taking part in an educational or training course. Data on this was available for 327 cases.

Special needs

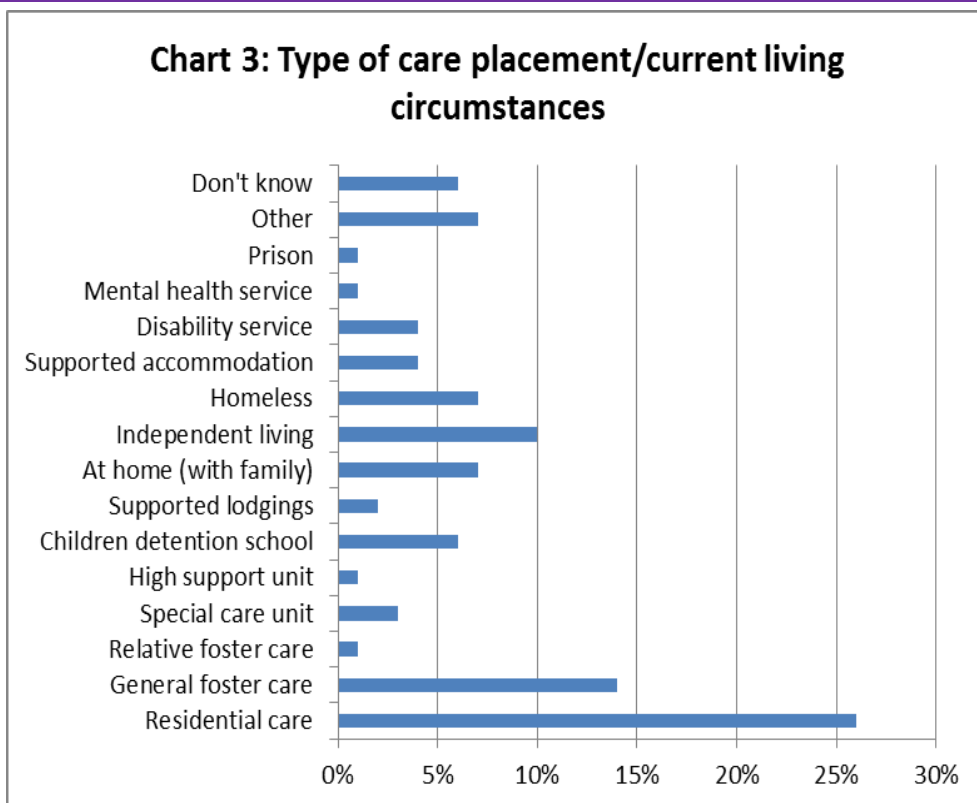
Almost one fifth of cases, 17% (64), involved a child or young person with a diagnosed special need, which increased from 11% in 2013.

Aspects of care placements

Care status

- 50% (187) were in care
- 19% (72) were in Aftercare
- 21% (77) were categorised as 'post-leaving care'
- 4% (15) were not in care, e.g. detention, disability service, at home, Section 5. (2% in other categories and 4% missing).

Type of care placement/current living circumstances



Private care provider

In 2014, almost one in ten Advocacy cases involved a young person in a placement with a private care provider, 8% (28). This has increased from 2% in in 2013.

Nature of Advocacy cases

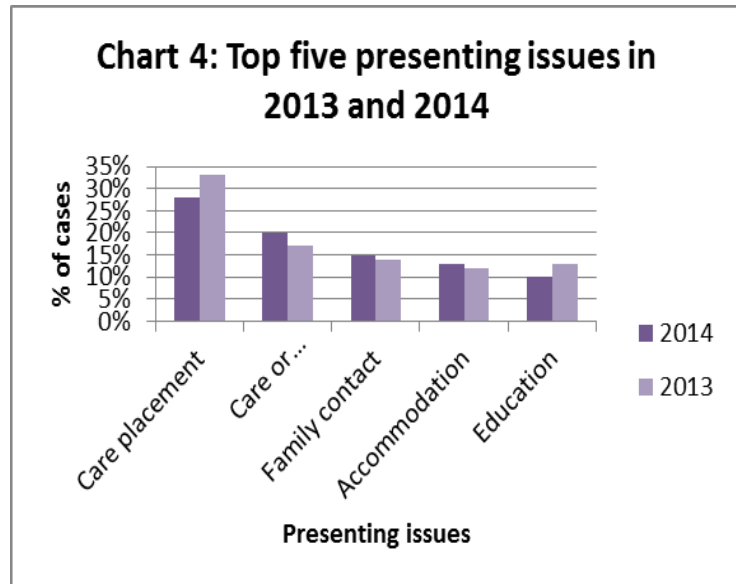
Purpose of case

- 77% (287) for Advocacy
- 10% (38) for support only
- 9% (35) for information only (Data for the remaining 2% was missing)

Advocacy is defined as ‘providing a skilled and independent person to give a voice to and represent the rights of children and young people in care’.² The above three categories are likely to overlap as providing advocacy is also likely to involve giving support and providing information.

Main presenting issues

The top five presenting issues were the same in 2014 as in 2013. The issues of care or aftercare plan, family contact and accommodation all increased between 2013-14.

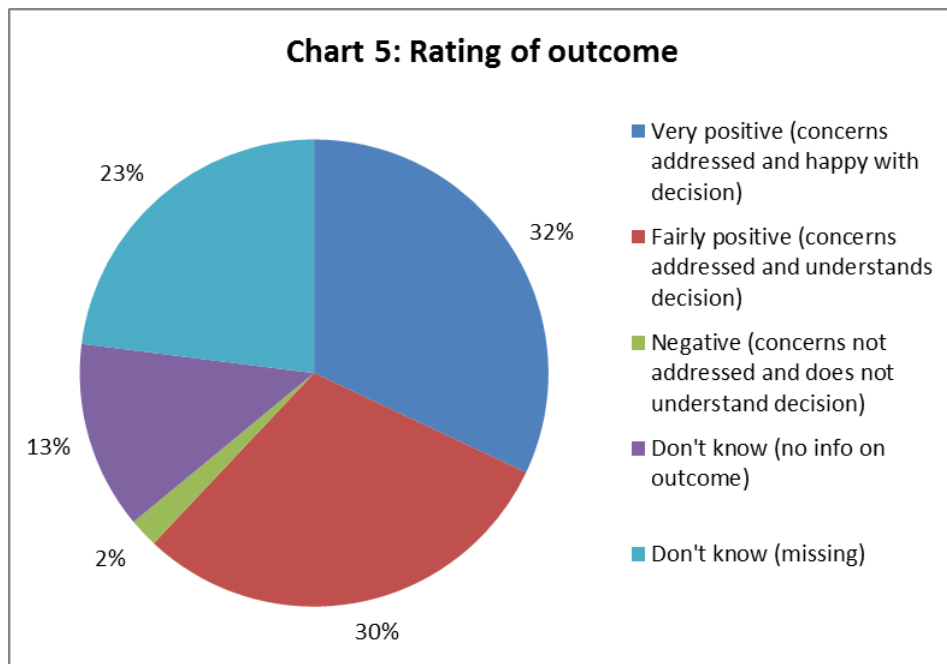


Duration of cases

- 17% (62) less than 1 month
 - 25% (92) 1-2 months
 - 16% (61) 3-5 months
 - 16% (61) 6-12 months
 - 12% (45) more than one year
- Data was missing for 13% (50) of cases.

On average, Advocacy cases lasted for 176 days, which increased from 120 days in 2013, thus showing the increasing complexity of cases.

Rating of outcome



² This definition is taken from EPIC’s *Advocacy Policy and Practice Document*, March 2013 (p.4)

INTRODUCTION

This report gives an overview of the EPIC Advocacy cases in 2014. It presents a profile of the young people who sought advocacy support, identifies the main presenting issues and key actions taken by EPIC to address their concerns. The aim of EPIC's advocacy work is to empower children in care and young people with care experience to have a say in issues that significantly affect their lives. The nature of EPIC's role can vary from providing basic information, for example, in relation to social welfare entitlements, to providing practical support, such as assisting a young person to find an education course or appropriate accommodation. At the highest level of engagement, one of the EPIC Advocacy team may be asked by a young person to represent their views on their behalf, for example, by attending a care or aftercare review meeting.

This is the sixth annual report on EPIC Advocacy cases, the first of which was in 2009. The number of Advocacy cases has increased substantially over these six years – from 61 in 2009 to 371 in 2014. In October 2012, EPIC employed six additional staff members including a National Advocacy Service Manager and four Advocacy Officers (two for the Dublin Mid-Leinster region and two for the Southern region). This increased the number of EPIC Advocacy Officers from three to seven. In 2014, there was a total of 184 new Referrals to EPIC.

The data presented in this report will help to inform the future development of EPIC's Advocacy work. In addition, the issues raised will contribute to EPIC's research and policy work, in particular to track emerging trends in presenting issues.

METHODOLOGY

An Advocacy case file is opened when a young person agrees to receive advocacy support from EPIC. As well as documenting the issues involved and key developments during the case, information on young people's basic characteristics about the young person is recorded. Therefore, each Advocacy case comprises both quantitative and qualitative data.

The data from EPIC Advocacy cases is entered into a Salesforce database by the EPIC Advocacy Officer who has been allocated to the case. When data entry is complete, it is then analysed using Salesforce and a final report compiled by the EPIC Research Officer. This report for 2014 is the second year that data on EPIC's Advocacy cases has been compiled and analysed using Salesforce.³

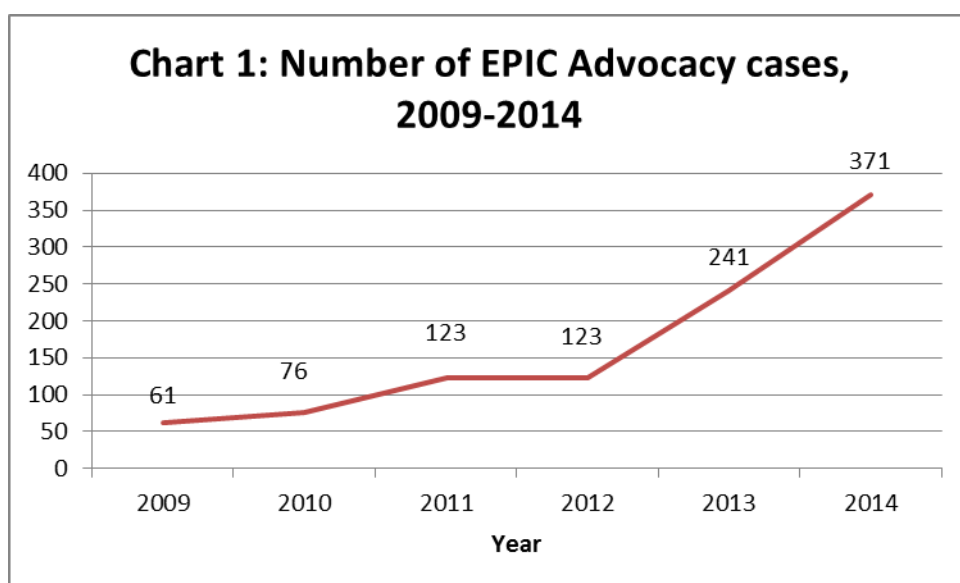
³ Since 2014, the information recorded in EPIC's advocacy cases is now stored electronically in a Salesforce database.

MAIN FINDINGS

Number of Advocacy cases and Referrals⁴

Advocacy cases

Chart 1 shows the number of EPIC Advocacy cases between 2009 and 2014.



In 2014, there were a total of 371 EPIC Advocacy cases. This compares to 241 Advocacy cases in the previous year 2013, which represents an increase of 54% between 2013-14. This is in addition to an increase of 96% between the years 2012-13.

In line with previous years, the vast majority of Advocacy cases in 2014 involved individual children and young people, 99% (366). Just 1% (5) of cases involved advocacy work with a group of children or young people.

⁴ The figures presented in this report are based on data that is correct as at 6th April 2016.

In some instances, a young person may have had more than one Advocacy case during the year as they may have requested support at different times or for different issues. In 2014, 67 young people had more than one Advocacy case (57 young people had 2 cases, 9 young people had 3 cases and one young person had 4 cases). In 2013, there were 17 young people who had more than one Advocacy case. Therefore, the number of young people with multiple Advocacy cases increased by 294% between 2013-14 (from 17 to 67).

The total number of individual young people involved in EPIC's Advocacy cases in 2014 was 303 (taking account of group and multiple cases). In 2013, this figure stood at 220 young people. Therefore, between 2013-14 the number of individual young people involved in EPIC's Advocacy cases increased by 38% (from 220 to 303). This represents the number of young people who were given information, support and/or advocacy by EPIC over this time. This data for the years 2013-14 highlights two key points.

- The number of individual young people seeking information and/or advocacy support from EPIC has notably increased, and also
- There is a growing tendency for young people to return to EPIC to receive additional support or help with a different issue at some later stage.

Referrals to EPIC

There were 184 Referrals to EPIC during the year 2014. This is lower than the number of Advocacy cases for two main reasons. Firstly, many open cases in 2014 were referred in the previous year(s). Secondly, where a case had been closed and a young person came back to EPIC for support around the same or a different issue at a later stage, a new Referral was not always necessary.⁵

⁵ A new Referral Form is necessary when a young person returns to EPIC for advocacy support more than a year after the previous referral was made. This gives a more accurate picture of the number of Referrals in each year and also helps to ensure that the data on a young person's current circumstances are correct (e.g. current care placement or living circumstances).

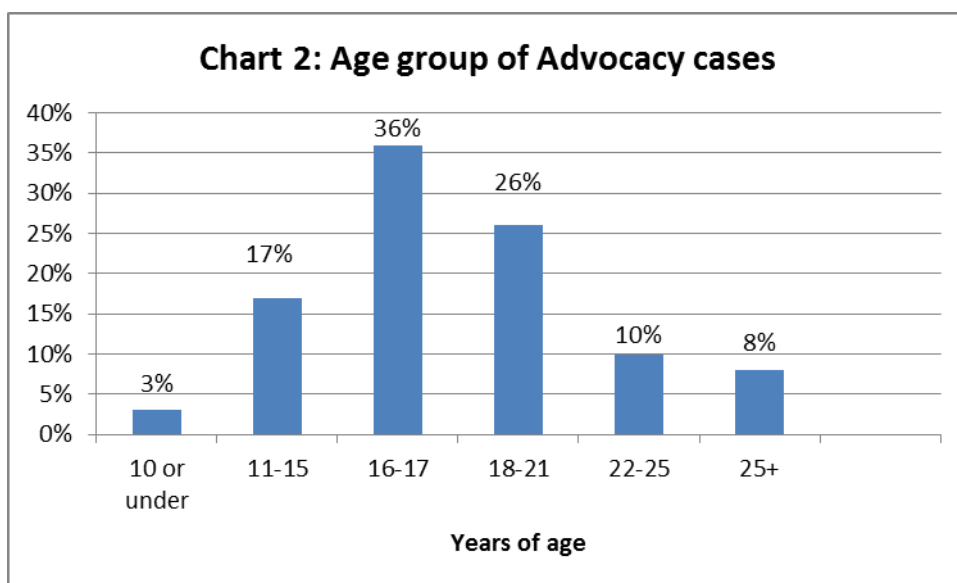
Socio-economic characteristics

Gender

In 2014, 56% (210) of Advocacy cases involved female young people and 43% (158) involved males. The remaining 1% (3) of cases represents three group cases involving both males and females. Compared to 2013, the proportion of Advocacy cases involving females increased from 49% to 56% in 2014.

Age

The age of children and young people who received advocacy support in 2014 ranged from 3 years old (one case) to 43 years old (one case). In 2013, the age range was 2 years old to 40 years old, therefore the upper age has increased in 2014. However, young people were typically aged between 16-21 years old. Chart 2 presents a breakdown of age group for EPIC Advocacy cases. It shows that 36% (135) of cases involved young people aged 16-17 years old. Second to this, 26% (98) of cases involved young adults aged 18-21 years old. The average age of a young person engaging with EPIC was 18 years old. The age profile in 2014 is similar to that for 2013.



It is interesting to see that 18% (64) of cases involved young adults over the age of 21 – 10% (36) were aged 22-25 and another 8% (28) were older than 25 years. One notable difference is the increase in the percentage of young people over the age of 21 years from 12% in 2013 to 18% in 2014. This reflects the increasingly older age group engaging with the EPIC advocacy service. The data in Chart 2 also shows that 56% (209) of Advocacy cases were with young people under the age of 18, while 44% (162) involved young adults 18 years or older. This breakdown was similar for the previous year 2013.

Country of birth

Country of birth was known for 270 Advocacy cases. The majority of cases, 90% (242), involved young people who had been born in Ireland, which was the same in 2013. A further 2% (9) of cases involved young people born in the UK (including 3 in Northern Ireland), 1% (4) in Nigeria and another 1% (3) in Romania. Other countries of birth included Afghanistan, Angola, Belgium, Brazil, Lithuania, Pakistan, Russia, South Africa and Zimbabwe.

Ethnicity

Ethnicity was known for 244 Advocacy cases. Out of these 84% (204) were White Irish, 6% (14) were White Irish Traveller and 3% (8) were from another White background. A further 4% (10) were Black African, 1% (3) were from another Black background and 1% (5) were in the other ethnicity category including mixed background.⁶

Separated young people

In 2013, there were 5 Advocacy cases that involved separated young people, which represented 1% of all cases. The countries of birth for these five cases were Nigeria,

⁶ The categories for ethnicity were taken from the Census of Population compiled by the Central Statistics Office.

South Africa, Afghanistan, Pakistan and Brazil. This figure has decreased from 2013, when it stood at 3% (7 cases in total).

Geographical location

The geographical location where young people who had EPIC Advocacy cases were currently living is as follows:

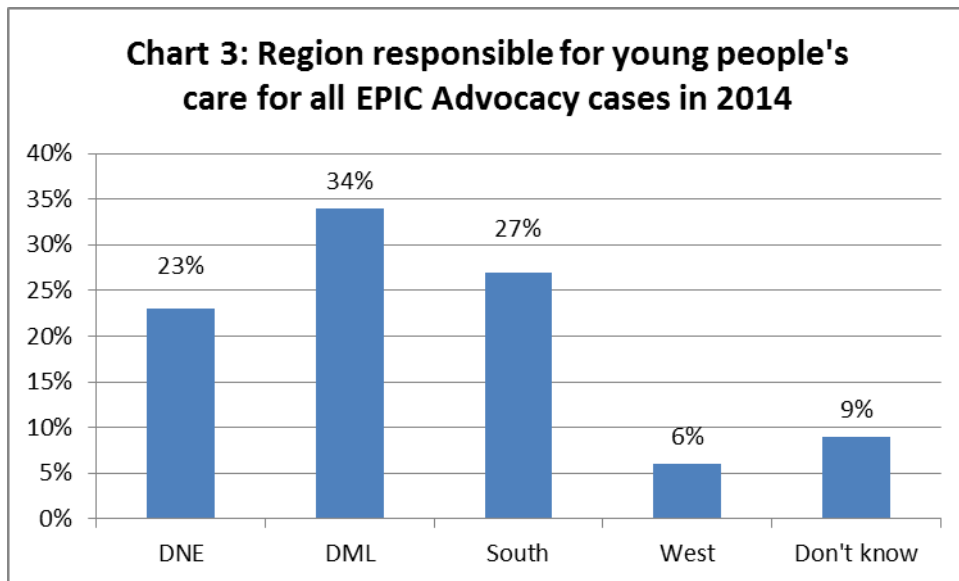
- 34% (127) of young people lived in the Dublin North East area
- 28% (103) lived in Dublin Mid Leinster
- 28% (105) lived in the Southern region, and
- 5% (19) lived in the Western region⁷

Information on the geographical location was missing for the remaining 5% (17) of cases. The results show that more than one half of cases, 62% (230), involved young people living in Dublin North East and Dublin Mid Leinster regions, while almost one third of cases involved young people living in the Southern region. This geographical breakdown was similar to that for 2013.

Where young people were in care or aftercare, this reflected the location of their current care/aftercare placement, while for those who had left care it showed the area they were currently living in.

In addition to the geographical location where young people were currently living, data was also collected on the region responsible for their care. This was collected for the first time in 2013, as it was acknowledged that the region responsible for a young person's care placement may be different to that where they are actually living, particularly for those who have left care. Chart 3 presents the data on the region responsible for young people's care.

⁷ In 2014, there was no EPIC Advocacy Officer in the West which explains the small number of cases.



It shows that just over one third of EPIC's advocacy cases, 34% (126), involved young people whose care came under the remit of Dublin Mid Leinster. This compared to 27% (101) in the South, 23% (87) in Dublin North East and 6% (23) in the West. This data was not known for the remaining 9% (34) of cases.

Further analysis found that one fifth of all Advocacy cases in 2014, 22% (81), involved a young person living in a different area to that which was responsible for their care. An age breakdown found that 58% (47) of such cases involved young people under the age of 18, while 42% (34) related to young adults 18 years or older. Therefore, living in a different geographical area to that responsible for their care was not just experienced by young people who had aged out of the care system but also by those currently in care who were placed outside of their area.

Additional analysis was carried out to compare the geographical region responsible for care and the geographical location where a young person was living only for those Advocacy cases where a young person's care status was *in care* (n=187). Table 1 shows the results. Data was missing on one of the variables for 10 cases, therefore the Table is based on 177 cases.

Table 1: Region responsible for care by current geographical location for Advocacy cases where young people are currently in care

Region responsible for care	Region living in				Total
	DNE	DML	South	West	
DNE	28	2	6	0	36
DML	13	41	2	1	57
South	5	5	58	2	70
West	4	1	4	5	14
Total	50	49	70	8	177

- Dublin North East – Out of a total of 36 cases in care which were under the remit of DNE, 78% (28) involved young people living in a placement in the same region. The remaining 8 cases were placed in a different region: 2 in DML; and 6 in the South (2 were in a Special Care Unit).
- Dublin Mid Leinster – Out of 57 cases in care under the remit of DML, 72% (41) involved young people living in a placement in the same region. The remaining 16 cases were placed in a different region: 13 in DNE (1 in a Special Care Unit and 1 in a Children detention school); 2 in the South; and 1 in the West (in a Special Care Unit).
- South – Out of the 70 cases in care under the remit of the South, 83% (58) involved young people living in a placement in the same region. The remaining 12 cases were placed in a different region: 5 were in DNE; 5 in DML; and 2 in the West (both in a Special Care Unit).
- West – Out of the 14 cases in care under the remit of the West, 36% (5) involved young people living in a placement in the same region. The remaining 9 cases were placed in a different region: 4 in DNE (1 in a Children detention school); 1 in DML; and 4 in the South.

This data shows that 45 cases involved children and young people in care who were receiving advocacy support from EPIC were placed in a *different area* to that responsible for their care – this happened across all four geographical regions to a different extent. Out of the 187 cases where children and young people were currently in care, this represents almost one quarter, 24%. Additional analysis

showed that the number of placements in a Children Detention School or Special Care Unit were relatively small and did not explain this finding. Almost two thirds of these cases, 62% (28), were in residential care at the time.

Participation in education or training

Information was given about young people's engagement in education or training for 327 Advocacy cases – 55% (180) were currently involved in education or training while 45% (147) were not. The percentage of young people involved in education has decreased from 63% in 2013 and 65% in 2012. The reasons for this are not clear but the finding is of concern. Further analysis was done to take account of young people's age. The educational participation for young people under the age of 18 was 69% compared to 35% for those aged 18 and over.

Data on the type of education or training that young people were engaged in during 2014 was available for 160 cases. The results show that young people were most likely to be going to school, 67% (107), followed by a training centre, 10% (16) (e.g. Community Training Centre, SOLAS). A further 6% (9) were in a third level college or university (including Institutes of Technology) and 3% (5) were doing a course in a further education college.⁸

Diagnosed special needs

Almost one in five of EPIC's Advocacy cases in 2014, 17% (64), involved a child or young person with a diagnosed special need. This has increased from 11% (27) of Advocacy cases in 2013. The nature of special needs varied widely and in some cases, young people had been diagnosed with more than one need. The most common types of special needs were: autism (17 cases, including 2 cases of severe autism); mild/moderate learning disability (23 cases), ADHD (9 cases); Asperger Syndrome (6 cases) Dyspraxia (2 cases) and mental health difficulties (3 cases).

⁸ The remaining cases, 14% (23), were in 'other' types of education or training including a school in a detention centre, Fetac course in prison or a course provided by a disability service.

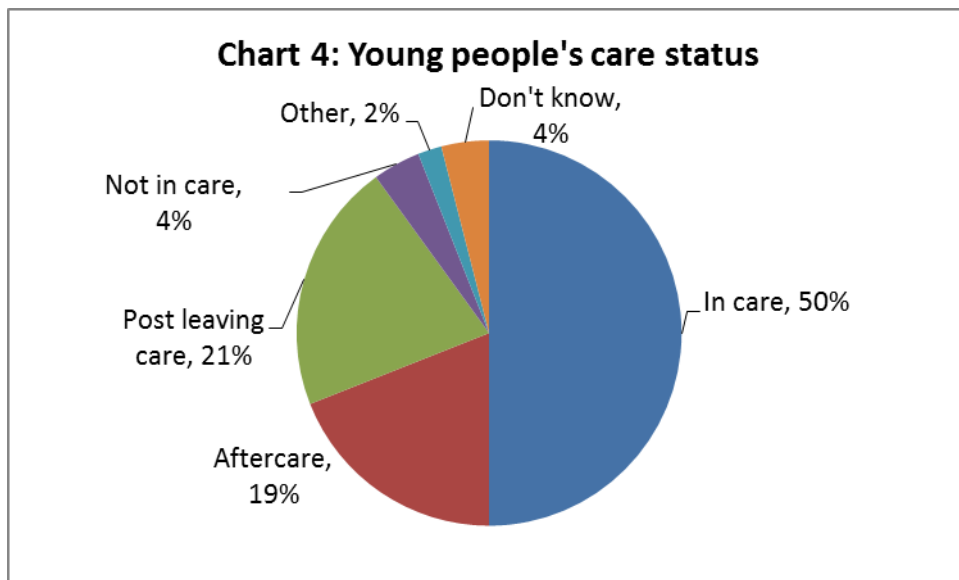
There were 4 cases where young people were non-verbal, 2 cases of visual impairment and one case where a young person was deaf. It should be stated that this figure may underestimate the actual prevalence of special needs amongst young people who engaged with EPIC, as it may not always have been disclosed or apparent, particularly in relation to mild learning difficulties.

Aspects of care placements

Some information was collected on certain aspects of young people's care placements in terms of their care status, the nature of their current placement (or living circumstances for those who have left care) and the number of placements while in care.

Care status

Chart 4 shows the care status of the young people who were involved in EPIC Advocacy cases in 2014.



One half of EPIC's Advocacy cases, 50% (187), represented young people who were currently in care and 19% (72) were in an Aftercare placement. Another 21% (77) were categorised as 'post leaving care', having already left care (these young

people were typically aged in their 20's or older) - this had increased from 17% in 2013. A small number of cases involved young people who were not in care, 4% (15), including a Children Detention School (7 cases), disability service (4 cases), at home with family (2 cases) and homeless young people accommodated under Section 5 of the Child Care Act 1991 (2 cases) . The remaining cases were in the 'other' category, 2% (6), or don't know, 4% (14).

Type of care placement/current living circumstances

Chart 5 presents the findings on young people's type of care placement or current living circumstances in the Advocacy cases for 2014.

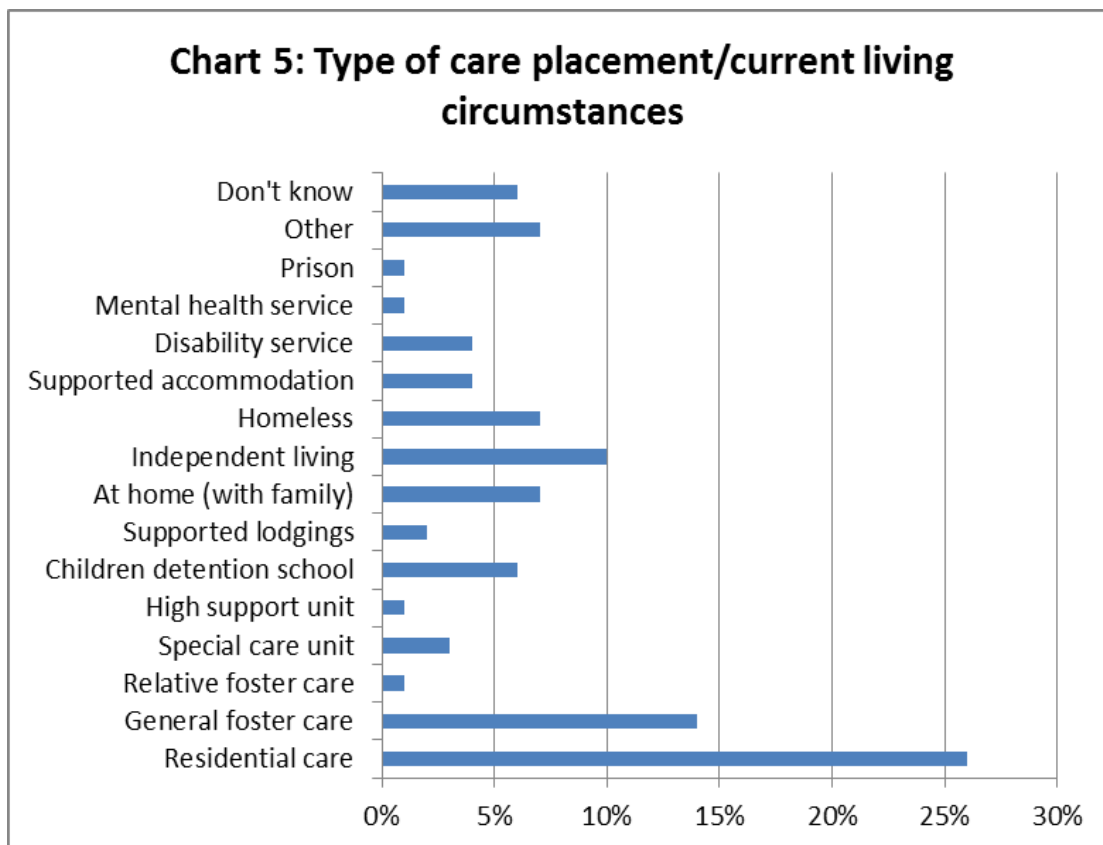


Chart 5 shows that Advocacy cases were most likely to involve young people who were in residential care, 26% (97) followed by foster care, 15% (58), which included 1% (5) in relative foster care. In addition, there were a number of cases where young people were in a Special Care Unit, 3% (12), and a Children Detention School, 6%

(21). Compared to 2013, the proportion of Advocacy cases involving young people in mainstream residential care has increased slightly from 23%, while the number involving young people in foster care has fallen slightly from 19%.

Where young people had left care, they were most likely to be living independently, 10% (37), while 4% (14) lived in supported accommodation. However, 7% (27) of all Advocacy cases involved a young person who was currently homeless.⁹ Further analysis showed that three of these cases involved young people under the age of 18, the youngest being 15 years old. The remaining 24 cases were over the age of 18, although 6 of them were aged 18. Compared to 2013, the total number of Advocacy cases where a young person was currently homeless increased from 20 to 27.

Private care provider

A total of 8% (28) of all young people involved in Advocacy cases in 2014 were in the care of a private care provider. Compared to 2013, this figure has increased from 2% (6). Further analysis showed that most young people were in residential care (19), while another four young people were placed by a disability service and one was in general foster care. In addition, two young people were in supported lodgings, one was in supported accommodation and one young people was in an 'other' private care placement.

⁹ Young people were defined as being homeless where they had no accommodation of their own. This is in line with the Youth Homelessness Strategy (Department of Health and Children, 2001:11) which defines youth homelessness as sleeping on the streets, in temporary accommodation (e.g. hostels, B&Bs) or insecure accommodation with relatives or friends.

Length of time in current placement/living circumstances

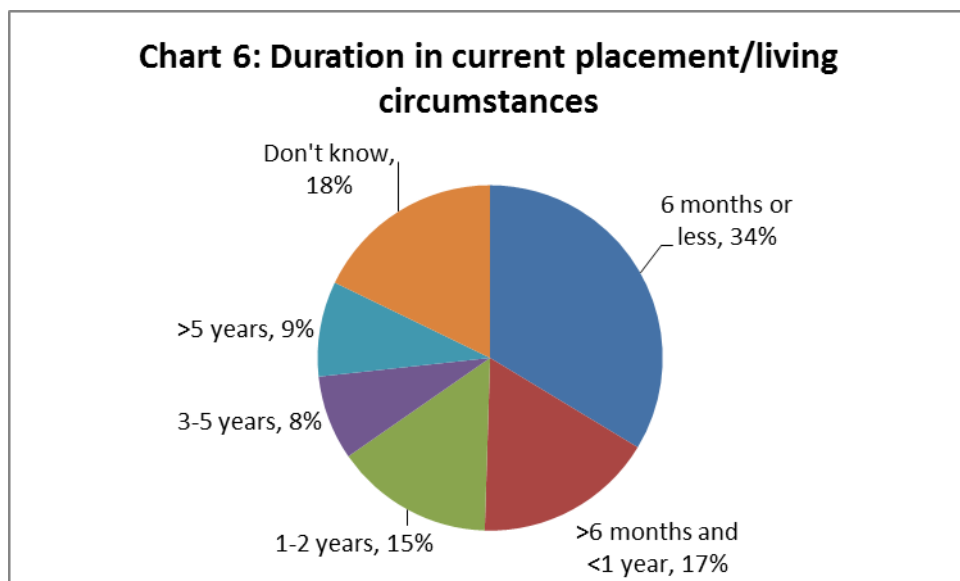


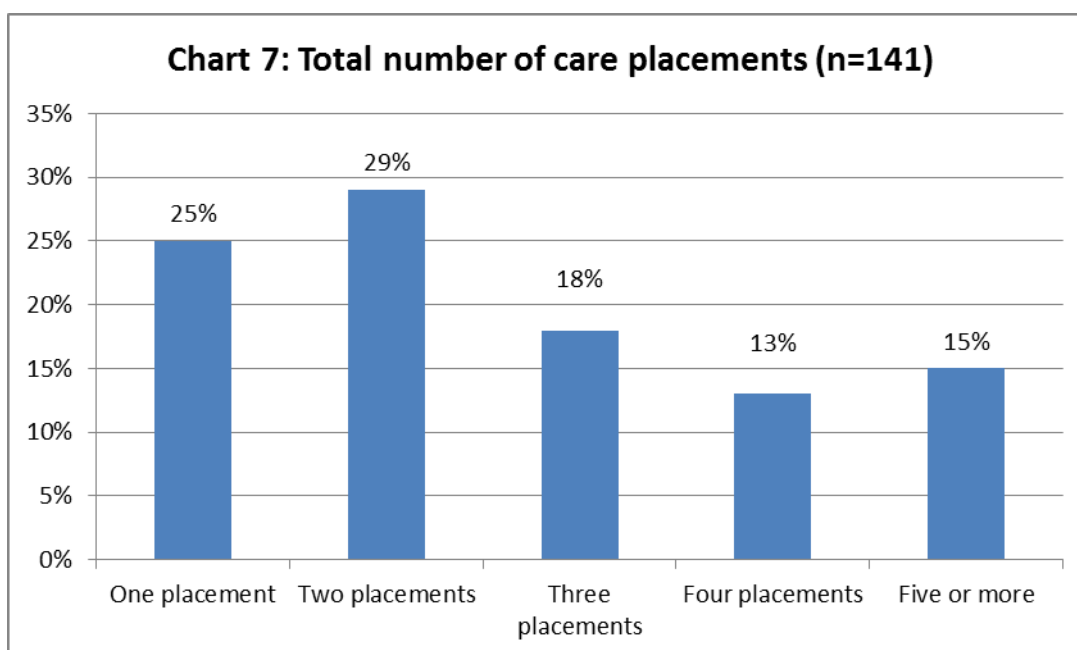
Chart 6 shows the length of time spent in the current placement or living circumstances by young people who were involved in the Advocacy cases in 2014. In just over one third of cases, 34% (125), young people had been in the same placement or living circumstances for 6 months or less and 17% (64) for more than 6 months but less than one year – thus half of all Advocacy cases involved young people being in the same care placement or living circumstances for less than one year.

Almost one third of Advocacy cases, 32% (117), involved young people who had been in the same placement or living circumstances for more than one year (combining the three categories 1-2 years (15%, 54), 3-5 years (8%, 29) and more than 5 years (9%, 34)). This information was not known for the remaining 18% (65) of Advocacy cases.¹⁰

¹⁰ The percentage figures were rounded up to the nearest 1%, therefore in some cases the total of the percentage results added up to more than 100%.

Total number of care placements

Another measure of stability is the total number of care placements experienced by young people who were the subject of EPIC's Advocacy cases in 2014. This information was available for 141 cases (38%). Chart 7 shows the results.

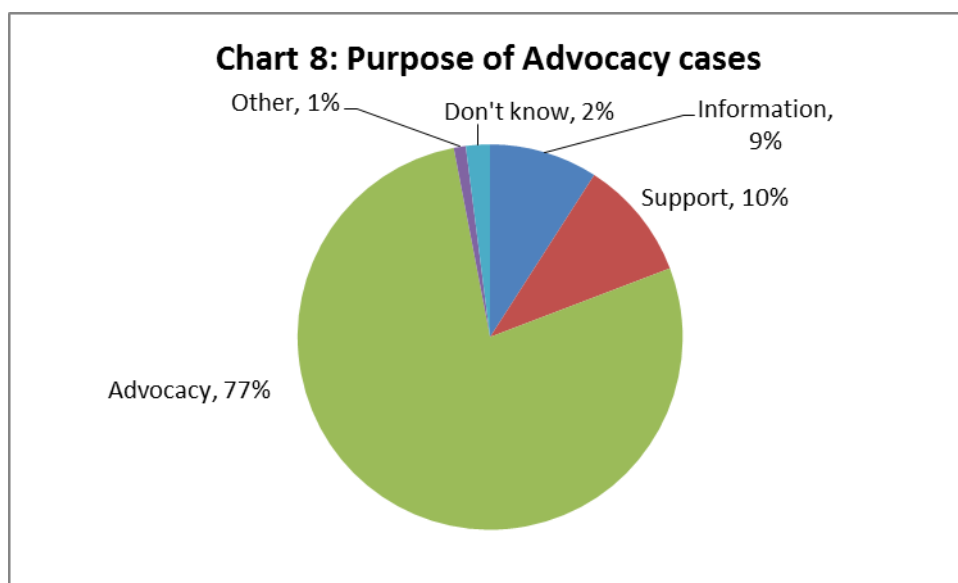


Out of these 141 cases, 25% (35), had just one placement in care, and 29% (41) had two placements. More than one in ten Advocacy cases, 15% (21), involved young people who had five or more care placements.

The total number of care placements experienced by young people with Advocacy cases in 2014 ranged from one to forty (one case) and the average number of placements was 3.6. Compared to 2013, the total number of care placements increased in 2014. In 2013, the maximum number of placements recorded was 10 and the average number of placements was 2.7.

Purpose of Advocacy cases

Chart 8 shows the main purpose of Advocacy cases in 2014.



Over three quarters of cases, 77% (287), were opened to provide advocacy to a child or young person. Advocacy is defined here as 'providing a skilled and independent person to give a voice to and represent the rights of children and young people in care'.¹¹ Information was the main purpose for 9% (35) of cases, and providing support was the primary reason for 10% (38) of cases. It should be noted here that giving information and support are also likely to be involved where the main purpose of the case is Advocacy, so the categories are not completely exclusive.

¹¹ This definition is taken from EPIC's *Advocacy Policy and Practice Document*, March 2013 (p.4)

Main presenting issues

Advocacy cases record the main presenting issues that resulted in children and young people seeking advocacy support from EPIC. This records the presenting issue(s) at the time of the start date of the case.¹² This information provides an insight into the issues or difficulties facing children and young people who seek advocacy support from EPIC. Chart 9 shows the results for the main presenting issues for the 2014 Advocacy cases.

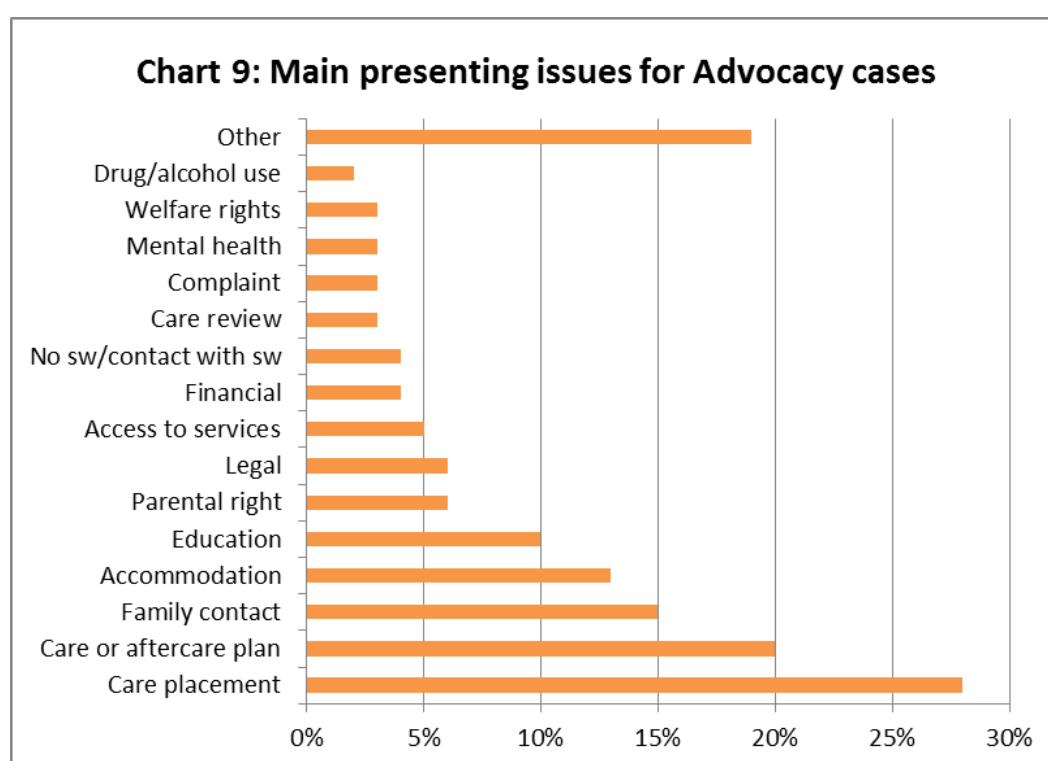


Chart 9 shows that the top five main presenting issues in 2014 were as follows:

- Care placement, 28% (105)
- Care or aftercare plan, 20% (75)
- Family contact, 15% (56)
- Accommodation, 13% (48)
- Education, 10% (38)

¹² While presenting issues can change over time, these results are based on the initial presenting issue(s) that led to the opening of an Advocacy case.

It is important to state that the data recorded here refers to the main *overriding* presenting issue (although in some cases two issues were recorded). Many Advocacy cases involved complex issues which may only emerge over time. However, in order to keep the data analysis and reporting manageable, it was necessary to keep the data entry to one or two responses.¹³

Compared to 2013, the top five presenting issues have remained the same.¹⁴ However, there are some notable changes in the percentage results, presented in Chart 10.

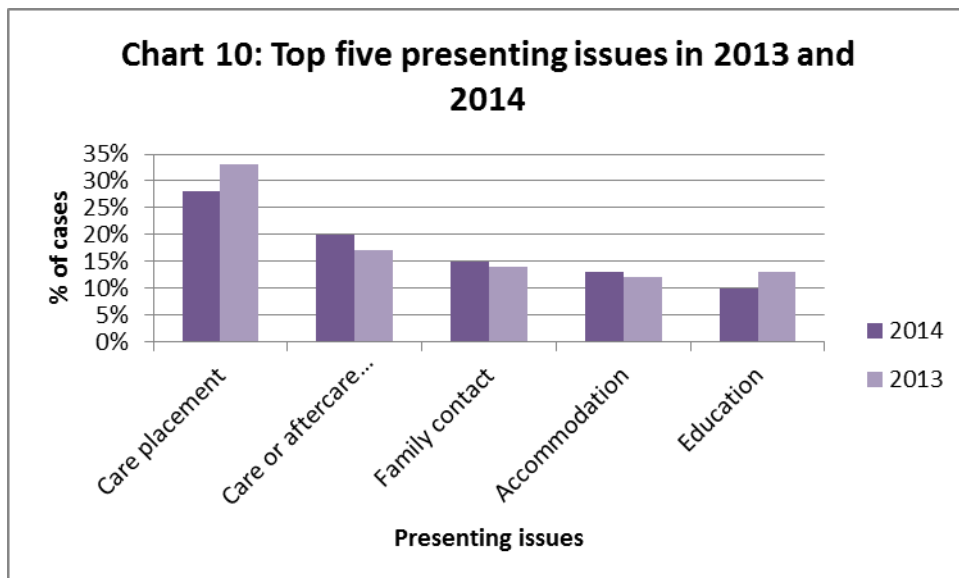


Chart 10 shows that the percentage of Advocacy cases where care placement was the main presenting issue has fallen from 33% in 2013 to 28% in 2014. However, it remains the top main presenting issue for Advocacy cases in 2014. The next three presenting issues have all increased between 2013 and 2014, in particular care or aftercare plan, which rose from 17% to 20%.

¹³ It is acknowledged that this could have had an impact on the interpretation of the findings reported in Chart 9. For example, mental health is recorded as the main presenting issue for just 3% of Advocacy cases in 2014. However, this is not to say that mental health issues did not arise in other cases, but rather it was the key presenting issue for this number of cases.

¹⁴ The only difference being that the rank order of accommodation and education presenting issues are reversed in 2014. In 2013, education was the fourth highest presenting issue, while accommodation was the fifth.

Similar to previous years, the nature of presenting issues varied for young people who were currently in care compared to those in aftercare or had left care some years ago (i.e. post leaving care). In particular, the issues of placement, family contact and complaints were most relevant for young people who were in care, whereas accommodation, financial and legal issues were more likely to be reported for young people in aftercare or post leaving care. The main presenting issues care or aftercare plan and education affected both young people in care and those who had left.

The next section presents one case study for each of the top five presenting issues. They are presented here to give examples of real life situations being experienced by young people who seek advocacy support from EPIC.¹⁵

Case studies of presenting issues

¹⁵ Each case study gives an overview of the main issues arising and summarises the work done by EPIC to address the concerns raised. In order to protect the young person's anonymity, all names have been changed along with other identifying information including gender, age, geographical location, family background and care history details.

Case study 1: Care placement

Background

Brian is 15 years old and lives in a residential care placement in the Dublin Mid Leinster area. Brian's Social Care Worker contacted EPIC. Brian has been in his current residential placement for two years. He agreed to meet with an EPIC Advocacy Officer. The case lasted for 9 months.

Main presenting issues

- Brian feels that he has 'outgrown' his current placement.
- Brian feels that he is not being listened to.
- Brian would like to have more family contact, which was reduced after being absent from his current placement without permission.
- Brian is confused about being in voluntary care and whether he would be able to return home.

Key actions by EPIC

- Met with Brian to discuss the issues he would like support with.
- Met the residential unit manager to raise these issues on Brian's behalf.
- Spoke to Brian's Social Worker about his upcoming care review – this was then fed back to Brian for his information.
- Provided information and support to Brian following a decision to close the residential unit. This included writing a letter to the Social Work Dept on his behalf & attending his Child in Care Review (meeting him before and after).

Outcome

Brian moved to a new residential placement. The EPIC Advocacy Officer continued to provide information and support as needed.

Case study 2: Care or aftercare plan

Background

Sarah is aged 17 years old and has lived in residential care for the last 5 years in the Southern region. Her Keyworker initially contacted EPIC on her behalf.

This case lasted for two months.

Main presenting issues

- Sarah is concerned about what will happen when she turns 18, and in particular where she will be living.
- She is looking to start the process of planning for her aftercare.

Key actions by EPIC

- Arranged to meet Sarah and discussed the issues of concern to her. Provided information and support in relation to aftercare.
- Linked in with Sarah's Social Care Worker.
- Wrote a letter on Sarah's behalf to the Aftercare Worker in the local area.

Outcome

A response was received from the Aftercare Worker to say that she would contact Sarah's Social Worker so that a referral could be made for her.

Case study 3: Family contact

Background

Karen is aged 20 and currently receiving aftercare in the Dublin North East region after having been in care when she was younger. Karen contacted EPIC herself after hearing about the National Advocacy Service. This case lasted for one and a half years.

Main presenting issues

- Karen's 8 week old baby had been taken into care and she is looking for information about her parental rights.
- To have a say in access arrangements along with some financial support to maintain regular visits.
- Receive support in relation to undergoing a Parental Capacity Assessment and to prepare her to attend a court hearing along with providing follow up support.

Key actions by EPIC

- Met Karen and her partner to discuss the issues they would like help with.
- Contacted the Free Legal Advice Centre and linked her into the service.
- Spoke to Karen's Aftercare Worker about some of the issues arising, in particular about what is involved in the Parental Capacity Assessment.
- Helped to prepare Karen for and attended her baby's Child in Care Review.
- Contacted the Money Advice and Budgeting Service on Karen's behalf and passed information to her.
- Encouraged Karen to link in with local parenting support services.

Outcome

EPIC continue to provide advocacy support to Karen in relation to meetings and issues around access visits when she requests it. There is no information on the final outcome

Case study 4: Accommodation

Background

Aine is 22 years old and lives in the Dublin Mid Leinster region. She is currently homeless along with her five year old son. Aine was formerly in residential care in her teens. She sought advocacy support from EPIC after dropping into the office. The case lasted for three months.

Main presenting issues

- Aine is living in emergency accommodation and is looking for support to secure more appropriate accommodation.
- She is looking to make a complaint about the standard of emergency accommodation provided raising health concerns.

Key actions by EPIC

- Contacted professionals in homeless agencies and the local county council.
- Linked Aine in with staff in Focus Ireland.
- Wrote a letter on Aine's behalf to highlight her concerns.
- Contacted the Ombudsman for Children's Office regarding the process of making a complaint and passed on information to Aine.

Outcome

Aine secured accommodation for herself and her son provided by a housing association. She was advised to contact EPIC if she needed any advocacy support in future.

Case study 5: Education

Background

Barry is aged 17 and has been in his current foster care placement for the last five years. He lives in the Western region. His Social Worker first made contact with EPIC. The case lasted for one year and two months.

Main presenting issues

- Barry is currently sitting the Leaving Certificate. He has applied to go to college and is looking to find out if his aftercare plan will include financial support to cover the costs of third level education.
- Help Barry to access available aftercare supports.

Key actions by EPIC

- Met Barry to discuss the issues and what he would like support with. EPIC's Advocacy Officer also met with Barry's foster carers.
- Contacted Barry's Social Worker to highlight the issues that had been discussed and Barry's views. Passed on the outcome of this to Barry.
- Attended a meeting with Barry and his Social Worker.
- Met Barry to help him prepare for his Child in Care Review meeting.
- Attended the Child in Care Review meeting with Barry.
- Maintained contact with Barry and provided support as requested.

Outcome

Barry was happy with the decisions made at his Child in Care review meeting. A plan for his educational needs was drawn up. Barry moved into supported accommodation and started his course.

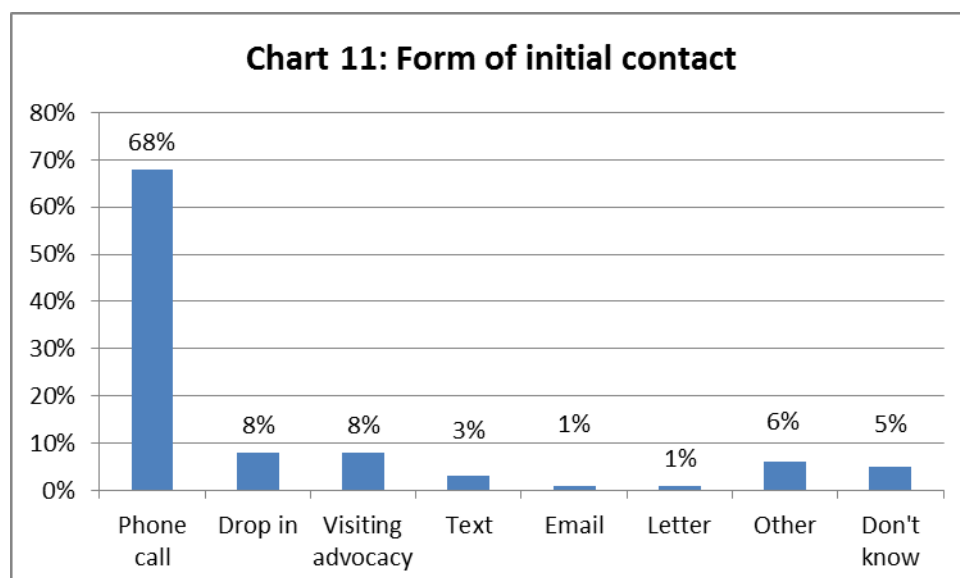
Initial contact with EPIC

Person who initiated contact with EPIC

Over half of Advocacy cases in 2014 were initiated by young people, 55% (204). Second to young people, 12% (43), of cases were initiated by Social Care Workers, followed by 7% (27) by Social Workers, 6% (21) by foster carers and 3% (10) by Aftercare Workers. In addition, 2% (9), were initiated by Residential Care Managers and 2% (7) by parents. Examples of others who initiated Advocacy cases included Guardian ad Litem (3 cases), Probation Officer (2 cases), School Completion officer (2 cases), Family Welfare Co-ordinator (2 cases), Addiction Counsellor (2 cases) and School Principal (2 cases).

Form of initial contact

Chart 11 shows the form that initial contact with EPIC took in relation to the Advocacy cases in 2014.



Over two thirds of cases, 68% (251), were opened following a phone call from the person who initiated the case by far the most common form of contact. This was

followed by the EPIC Visiting Advocacy Service, 8% (30) and 8% (30) by way of a young person dropping into the EPIC office. A small number of cases were initiated by text message, 3% (11), and email, 1% (5). Other forms of contact accounted for 6% (22) of cases which comprised contact made with young people at information sessions or presentations by EPIC Advocacy Officers.

Initial EPIC response

Information was recorded on the initial response from EPIC following the opening of Advocacy cases in 2014. Arrangements were made by EPIC Advocacy Officers to meet young people in over one half of cases, 71% (263), while other contact was made with young people (typically by phone) in another 4% (15) of cases. Therefore, the initial EPIC response was to contact the young person in three quarters of all cases, 75% (278) of cases, which had increased from 61% of cases in 2013.

A further 29% (109) of cases involved EPIC Advocacy Officers contacting the young person's Social Worker or Key Worker as the initial response. There were a small number of cases where the initial EPIC response involved contact with a young person's foster carer, 2% (9), and contact with a young person's parent, 2% (8).

More than one response was recorded where appropriate, so the total adds up to more than 100%. It should also be stated that this indicator recorded EPIC's initial response just after the opening of an Advocacy case, therefore the extent of contact with these stakeholders is likely to be higher as the case continues.

Duration of Advocacy cases

The duration of Advocacy cases in 2014 was measured by calculating the number of days between the start date and closing date of each case. On average, Advocacy cases lasted for 176 days. This is a fairly substantial increase from an average of 120 days in 2013. Chart 12 shows the results for 2014 compiled into categories.

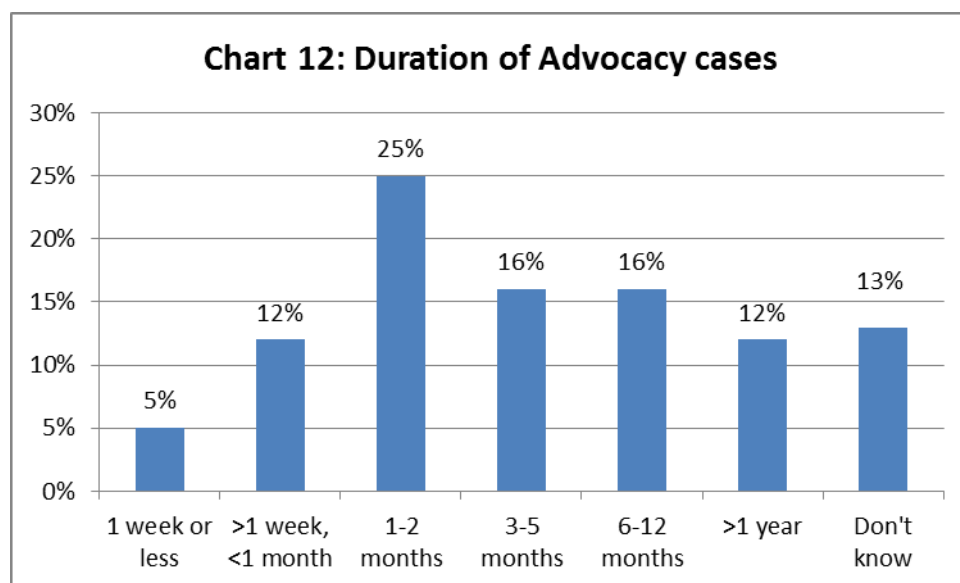


Chart 12 shows that one quarter of Advocacy cases, 25% (92), lasted for 1-2 months. A further 16% (61) of cases went on for 3-5 months and another 16% (61) for 6-12 months. Just over one in ten cases, 12% (45), continued for more than one year.¹⁶ Data was missing for 13% (50) of cases. This was largely due to cases still being open at the time of data analysis (n=39).

Over recent years, there has been a consistent trend where cases are lasting for a longer period of time. The number of cases that lasted for 6 months or more stood at 9% in 2011, this increased to 22% in 2012 and again to 26% in 2013. This upward trend continued in 2014 where 28% of all cases went on for 6 months or more.

¹⁶ These long term on-going cases were likely to comprise complex cases where a young person looked for advocacy support in relation to different presenting issues. In addition, certain cases could continue for a long period of time where legal issues were concerned and providing advocacy support to attend court hearings was part of the case.

Rating of outcome of Advocacy cases

When each Advocacy case is closed, the EPIC Advocacy Officer is asked to give a rating for the outcome of the case. This rating is based on two factors: firstly, whether the young person's concerns were addressed; and secondly, the young person's satisfaction with the final decision. Chart 13 shows the results.

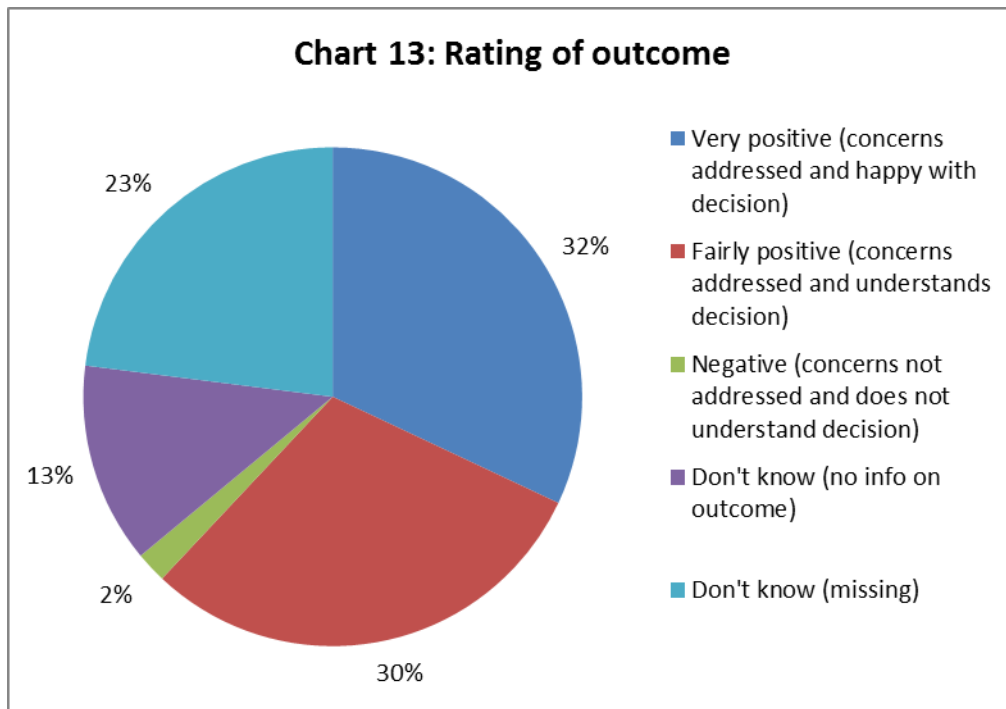


Chart 13 shows that 32% (118) of Advocacy cases were deemed to have a very positive outcome in that the young person's concerns were addressed and they were happy with the final decision. A further 30% (111) of cases were said to have a fairly positive outcome given that the young person's concerns were addressed and that they understood the decision (although they may not have been happy about it). Therefore, 62% of cases were deemed to have a positive outcome, which has fallen from 67% in 2013. Just 2% (6) of cases in 2014 were deemed to have a negative outcome, which compares to 5% in 2013.¹⁷

¹⁷ The six cases that were deemed to have negative outcomes concerned decisions being made that the young person was not happy with and did not understand the reason for. The main presenting issue in these cases was placement (3 cases), education (2 cases) and accommodation (one case). In this last case, a young person (17) was returning to the care of her mother after finishing a placement in a Children Detention School. Her mother was currently living in a one bedroom unit provided by a homeless service.

It is important to note that information was not available for 36% (136) of cases in 2014, which increased from 29% in 2013. There were two reasons for this: firstly, the Advocate may not have known the final outcome when the case was closed, which accounted for 13% (50) of cases (e.g. the young person may not be engaging with the Advocate); and secondly, missing data in the case file on this variable, which represented 23% (86) of cases, which had increased from 12% in 2013. It is reasonable to suggest that some of these unknown cases may have had a negative outcome, especially where a young person chose to disengage from the EPIC Advocacy Service. More information is needed to establish the reason for unknown or missing data in this regard. However, based on the data that is available for Advocacy cases in 2014, a positive outcome was reported for six out of ten Advocacy cases. Therefore, engaging with the EPIC Advocacy Service was likely to help children and young people to have their concerns addressed and at least be able to understand the final decision made.

CONCLUSIONS

This report has presented data on the 371 Advocacy cases that were responded to by EPIC in 2014. It considers the profile of the young people who contacted EPIC for support and the nature of their presenting issues. The top five presenting issues remain the same as those for previous years, which indicates that certain difficulties are coming up repeatedly for individual young people in care and with care experience. The growing demand for the EPIC Advocacy service is clearly shown by the substantial increase in the number of cases from 241 in 2013 to 371 in 2014. The rise in the number of referrals to EPIC during this time shows a real increase in the need for advocacy support amongst this group of children and young people. This is also reflected in the growing complexity of Advocacy cases which is shown by the increasing duration of cases over recent years. In addition, the substantial rise in the number of young people returning to EPIC for support after having had a previous Advocacy case for a different issue shows the increasing demand on EPIC's National Advocacy Service.

Given the expansion of EPIC's Advocacy service in recent years, the organisation welcomes the opportunity to provide information, support and advocacy to a greater number of children and young people who are currently in care or have formerly been in care across the country.