

empowering people in care

## REPORT ON EPIC ADVOCACY CASES 2012



EPIC Research Officer

2013

## ACKNOWLEDGEMENTS

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## EXECUTIVE SUMMARY

### Findings

In 2012, there were 123 Advocacy Cases:

- The number of advocacy cases in 2012 remained on a par with that of 2011. However, it must be noted that the longevity of advocacy cases has increased in comparison to 2011.
- It is anticipated that the deployment of four additional advocates to cover the HSE Dublin Mid-Leinster and South regions in late 2012, along with the extension of EPIC's Visiting Advocacy Service to include Children Detention Schools on Oberstown Campus, that the number of advocacy cases will rise substantially for 2013. A greater public awareness of EPIC's service through increasing press attention is also likely to contribute to a rise in the number of advocacy cases in 2013.

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### Young people's basic characteristics

#### Gender<sup>1</sup>

- 58% (71) of young people were female
- 41% (50) of young people were male.

#### Age<sup>2</sup>

- 5% (6) of cases were individuals younger than 11 years old.
- 20% (24) of cases were individuals aged between 11-15 years old.
- 41% (51) of cases were individuals aged between 16-17 years old.
- 28% (35) of cases were individuals aged 18 years or over.

#### Country of birth

Most of the young people were born in Ireland, however, 11% (14) were born outside the country. A large majority of these young people were of African origin, mainly from Nigeria (8). There was one separated young person.

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### Aspects of young people's care history

#### HSE region<sup>3</sup>

- Most young people were based in Dublin Mid-Leinster at 38% (47) and Dublin North East HSE regions, 28% (35).
- 18% (22) of young people were from HSE South.
- 5% (6) were young people were from HSE West.

#### Length of time in current placement

- Young people were most likely to have been in their current placement for between 3-5 years at 20% (24)
- A further 18% (22) had been in their current placement for more than 5 years
- 10% (12) had been in their current placement for 1-2 years.

\*However, it must be noted that data on the length of time in current placement was missing in a large volume (41) of cases.

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<sup>1</sup> The remaining two cases (1%) involved group advocacy where gender was not stated.

<sup>2</sup> In nine cases (6%), age was unknown.

<sup>3</sup> HSE regions were missing in 10.6% (13) of cases.

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#### *Number of care placements*

- The number of placements ranged from one placement (12 young people) to 32 placements (one young person) – based on 54 young people for whom the data was available.

#### *Current care status<sup>4</sup>*

- 67% (82) of young people were in a care placement
- 15% (19) were classified as ‘post leaving care’ – that is they had left care and were not in an aftercare placement.
- 10% (12) were in an aftercare placement

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#### **Young people’s current circumstances**

#### *Current living arrangements*

- 40% (50) of young people were in Residential Care including: 4% (5) in Special Care, 2% (3) in High Support and 2% (3) in Child Detention Schools.
- 21% (27) of young people were in Foster Care (This includes Relative Foster Care comprising 4% of these cases).
- 11% (14) young people were living independently.
- 7% (9) of the young people were homeless-of these six were post leaving care (18+) and three were 17 year olds.
- 7% (9) of young people were living in ‘Other’ care arrangements such as Mother and Baby Units, emergency accommodation and alternative private arrangements.

#### *Young people’s participation in education*

- 65% (80) of the young people were engaged in some form of education or training: attending School (48), a Training Centre (e.g. FAS) (10), College/University (6), Youthreach (7) and ‘Other’ (10) which comprised of attending Special Schools, Post Leaving Certificate courses and home tuition.

#### *Learning difficulties*

- It was recorded that 13% (16) of young people had a diagnosed learning difficulty. These included: developmental delays, autism and mild to moderate learning difficulties.

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#### **Purpose of advocacy case and main presenting issue**

#### *Purpose of advocacy case<sup>5</sup>*

- 90% (111) of cases involved direct advocacy.
- 30% (38) of cases consisted of providing support.
- 11% (14) of cases involved giving information.

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<sup>4</sup> The ‘Care Status’ in three cases were unknown.

<sup>5</sup> Some advocacy cases had more than one purpose, hence the percentage exceeds 100%.

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### *Main presenting issue*

- Care placement was the most common presenting issue accounting for 37% (46) of EPIC's Advocacy cases
- Support in relation to a Care or Aftercare Plan was the next most common issue at 13% (15) of cases.
- Family contact represented 11% (13) cases, Accommodation represented 9% (11) of cases and Education at 5% (6) as the main presenting issues.

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### **Initial contact with EPIC**

#### *Person who initiated contact*

- 43% (53) of cases were initiated by the Young Person
- 14% (17) of cases were initiated by a Social Care Worker
- 11% (13) of cases initiated were described as 'Other'. This mainly comprised of professionals/advocates including: the Ombudsman for Children's Office, Guardian Ad Litem, solicitors and psychologists.
- 10% (12) of cases were initiated by Foster Carers.
- 2.4% (3) cases were initiated by Social Workers.

#### *Form of initial contact*

- 70% (86) of advocacy cases began with a phone call
- 11% (14) of advocacy cases started through Visiting Advocacy.
- 6% (8) of advocacy cases initiated via text message.

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### **Initial EPIC response**

The first response from EPIC was to meet, or contact the young person which occurred in 65% (80) of cases.

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### **Duration of Advocacy cases**

- 15% (18) of cases lasted between 1-2 months.
- There has been a considerable increase in the number of cases lasting for over 6 months at 22% in 2012. This compares to just 9% in 2011.

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### **Key trends since 2009**

- The number of Advocacy Cases in 2012 was on a par to 2011. However, the duration of these cases increased where over one-fifth of EPIC's advocacy cases lasted for over 6 months. At the end of the year (late October), EPIC employed 5 additional staff members covering the HSE Dublin Mid-Leinster and South which are likely to contribute to rising numbers of advocacy cases in these regions for the year 2013.
  - There were an increasing number of direct advocacy cases. In 2010, 71% of cases involved direct advocacy. This increased to 78% in 2011 and has increased by 12% representing 90% of cases in 2012.
  - The main presenting issue was difficulties in relation to a young person's current care placement accounting for 37% of cases. The young person's care or aftercare plan was the next most common issue at 13%, followed by family contact at 11%, accommodation at 9% and education/training at 5%.
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## INTRODUCTION

This report presents detailed information on the characteristics of young people who engaged with EPIC's Advocacy Service in 2012.

2012 has witnessed a levelling-off of advocacy cases where there were 123 advocacy cases on a par to 2011. However, as identified in this report, the duration of advocacy cases has increased for example, 22% of advocacy cases lasted for over six months in 2012 compared to just 9% in 2011.

In late October 2012, EPIC employed 5 additional staff members including: 1 National Advocacy Service Manager, 2 new Advocacy Officers for the HSE Dublin Mid-Leinster region and 2 new Advocacy Officers for the HSE South region. During this period (late October-December 2012), there were 29 referrals recorded.

The aim of EPIC's advocacy work is to empower children and care leavers to have a say and be heard in issues that significantly affect their lives. The nature of the Advocacy role can comprise varying levels of involvement by EPIC. At the most basic level, it may involve finding out information requested by the young person, for example, in relation to welfare rights, housing rights or regarding aftercare options available. A young person may also contact EPIC looking for practical or emotional support, for example, a young adult may need assistance in finding suitable accommodation. At the highest level of engagement, one of the EPIC Advocacy team may be required to advocate, or represent the young person's views with them or on their behalf, for example, by attending a care/ aftercare review meeting or a court hearing.

The data in this report focuses on the characteristics of young people who have received advocacy support from EPIC during the year 2012. The main aim of this report is to provide a profile of this group of young people and to gain some insight into their presenting issues. This is valuable information and can be used to help inform the future development of Advocacy work undertaken by EPIC.

In addition, it can also highlight certain issues that need to be addressed by the research and policy work of the organisation, especially when particular issues are emerging for an increasing number of young people.

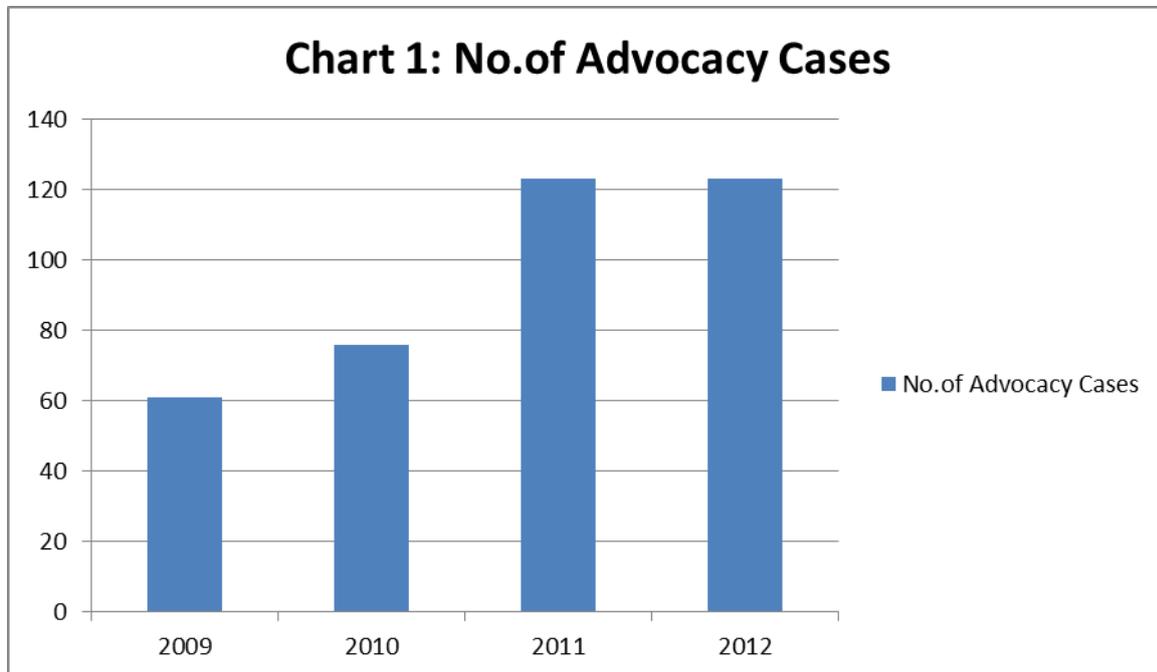
As this is the fourth annual report on the EPIC Advocacy Service, trends can be compared with previous years. However it must be noted that for the first time, cases are not broken down by Children's Rights and Participation Officers /Aftercare Co-ordinator, all of EPIC's advocates now deal with both children under the age of 18 and young people over 18.

## METHODOLOGY

Secondary data analysis was the main method used to compile this report. A written file is kept for each young person who engages with the EPIC Advocacy Service. Each file has a cover sheet which records some demographic characteristics about the young person (e.g. age, gender, HSE region, aspects of care history) as well as basic details about the case (e.g. date of opening the file, person who made the initial contact with EPIC and the main presenting issue). Most of the information on the cover sheet comprised quantitative data, which was input and analysed using the statistical computer package Statistical Package for the Social Sciences (SPSS). In addition the files also contain follow on sheets to record contacts made during the case and on-going developments. This information was used to provide more details about the presenting issues that led to the opening of an Advocacy case, as well as illustrating a typical case that emerges as provided in the Case Studies at the end of this report.

## FINDINGS

Chart 1 shows that there were 123 Advocacy cases in 2012:

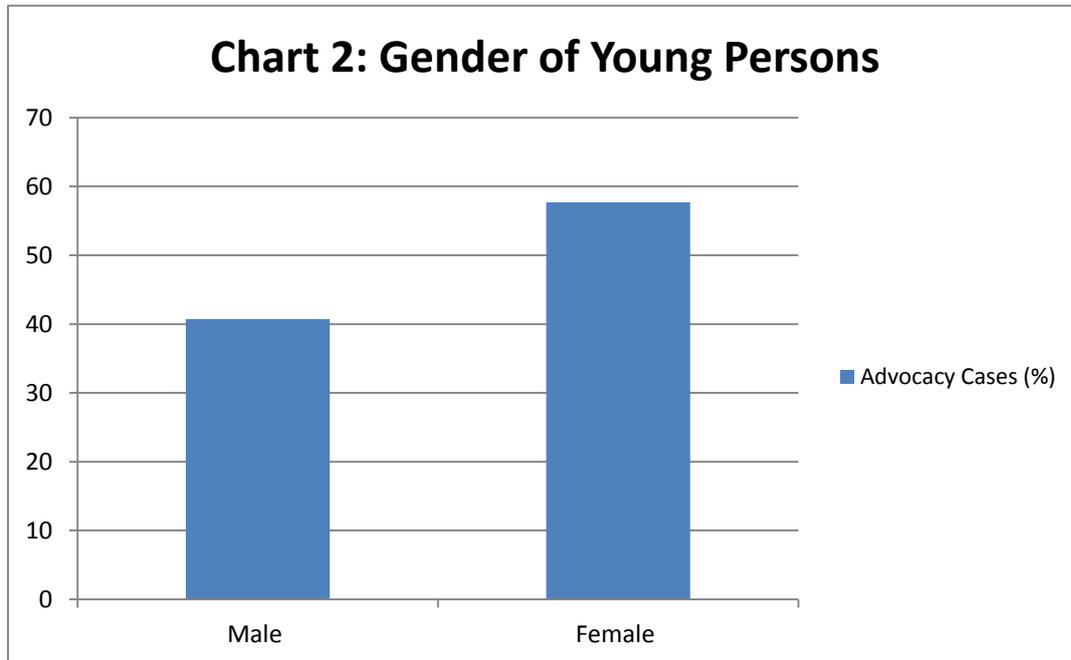


The vast majority of EPIC cases involved providing individual advocacy at 98% (120). The remainder 2% (3) were group advocacy cases. These results are on a par to that of 2011 where providing advocacy to individuals represented 97% (119), while the remaining 3% (4) comprised of group advocacy.

## Young people's characteristics

### Gender<sup>6</sup>

Chart 2 shows the gender breakdown of EPIC's advocacy cases in 2012.



- 58% (71) were female
- 41% (50) were male

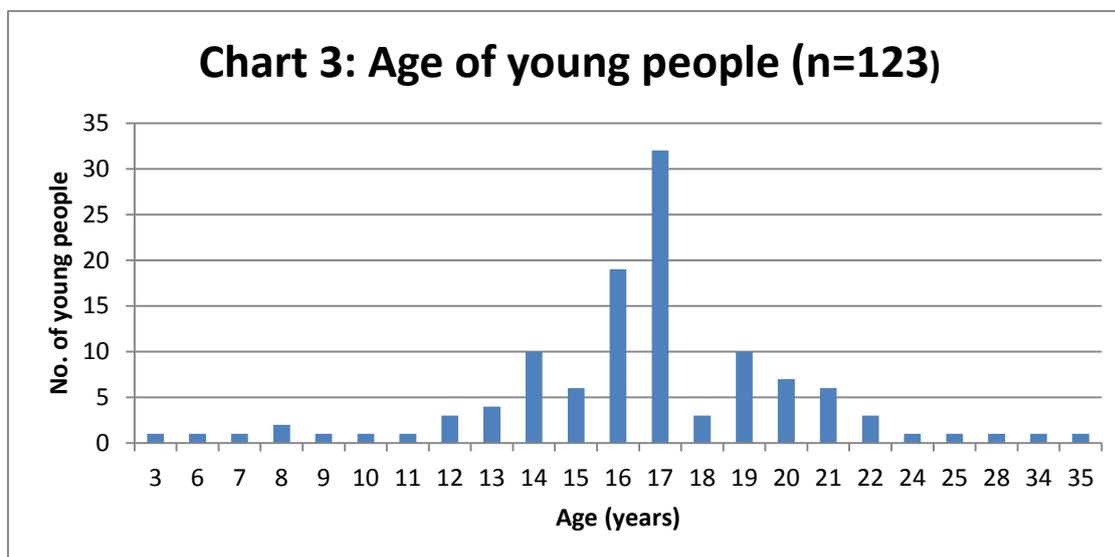
The number of cases involving young females continued to increase in 2012 by 6% from 2011.

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<sup>6</sup> The remaining 1% (n=2) comprised of Group Advocacy where gender breakdown was not available.

## Age

Chart 3 shows the age of the young people contacting EPIC in 2012.



Ages ranged from 3 years old up to 35 years of age. The average age of young people was 17 (n=32). The age range has expanded at the upper end of the scale with EPIC working with one young adult aged 35 years. This compares to the oldest being aged 28 engaged with EPIC in 2011.

When combined into age categories, the results on young people's age show that:

- 5% (6) were younger than 11 years old
- 20% (24) were aged between 11-15 years old
- 41% (51) aged between 16-17 years old
- 28% (35) aged between 18 years or over.<sup>7</sup>

### *Country of birth*

The majority of young people accessing the Advocacy Service were born in Ireland, 11% (14) of young people were born elsewhere (8 Nigerian, 2 African, 2 English, 1 Eastern European and 1 South African).

<sup>7</sup> In addition, data on age for a seven cases (6%) were unknown.

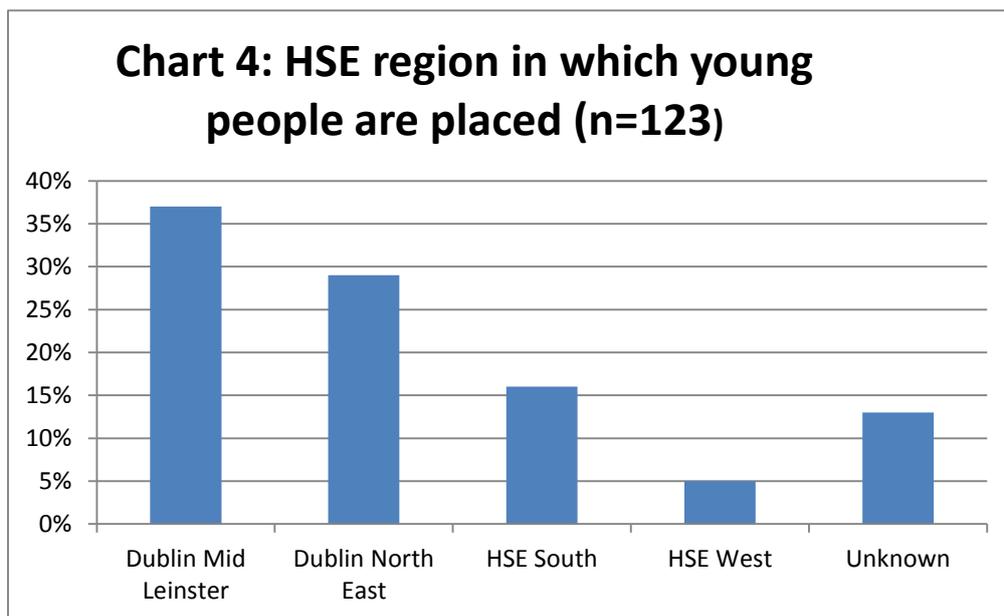
### *Separated young people*

In 2012, there was one separated young person from Africa receiving advocacy support from EPIC. This represented a decrease from 4 young people in 2011.

### **Aspects of young people's care history**

#### *HSE region*

Chart 4 shows the HSE region where young people were placed in care in 2012.



Of EPIC's cases, young people were most likely to be placed in the Dublin Mid-Leinster region at 38% (47), followed by Dublin North East, 28% (35). Cases from HSE South represented 16% (20) in 2012, a rise from 12% in 2011. The number of advocacy cases in the South is expected to further increase in 2013 due to the deployment of two new advocates based in Cork since October 2012, thus, increasing awareness of the EPIC service in the South. While 5% (6) of cases were from the HSE West, this dropped by 3% from the 2011 figure.

In 10% (12) of the Advocacy cases in 2012, the placement HSE region was different to the area where young people were currently living. This typically occurred where young people were in placements outside of their local area or where their care had been transferred to a different area.

### *Length of time in current placement and number of placements*

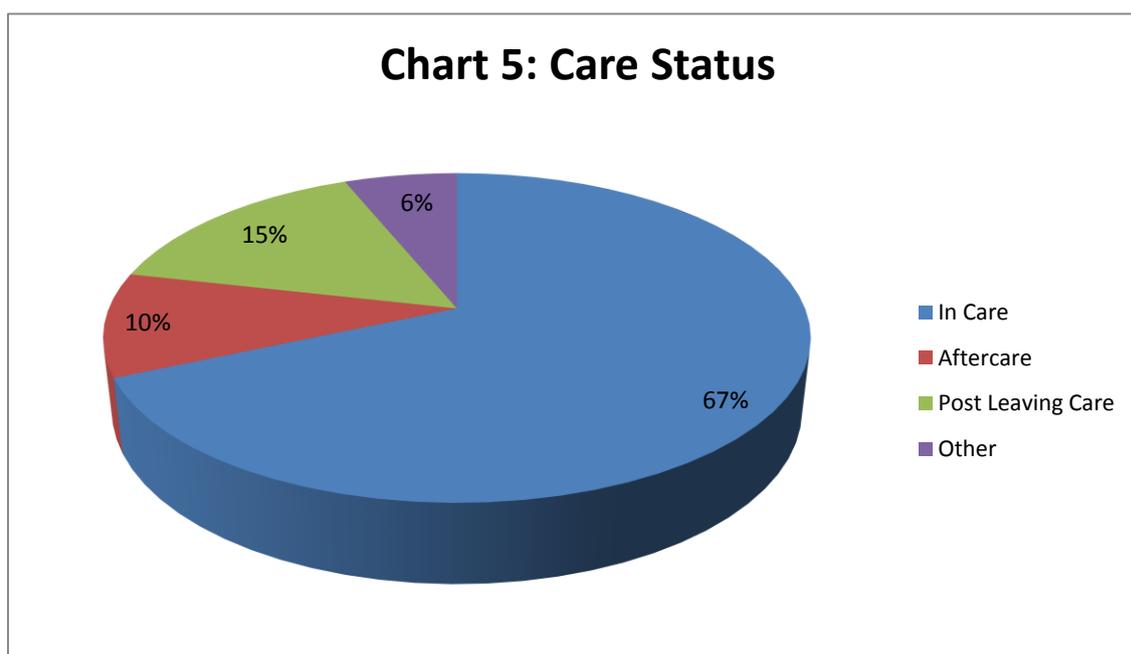
Further information on young people's care placements showed that young people were most likely to have been in their current placement for between 3-5 years, 20% (24). This has risen by 5% (5) since 2011.

A further 18% (22) had been in their current placement for more than 5 years (6% increase from 2011) and 10% (12) for 1-2 years.<sup>8</sup>

\*Data on the total number of care placements was available for 54 Advocacy cases. On average, young people had experienced 3.7 placements, which decreased from 5.4 in 2011. The number of placements ranged from 1 (12 young people) to 34 (1 young person).

### *Care status*

Chart 5 shows the care status of young people engaging with EPIC.



- 67% (82) were (under the age of 18) currently 'in care' placements
- 15% (19) were in the 'post leaving care' category-where they had left care and were not in any current aftercare placement.
- 10% (12) were in 'aftercare' placements i.e. where they were receiving an aftercare service

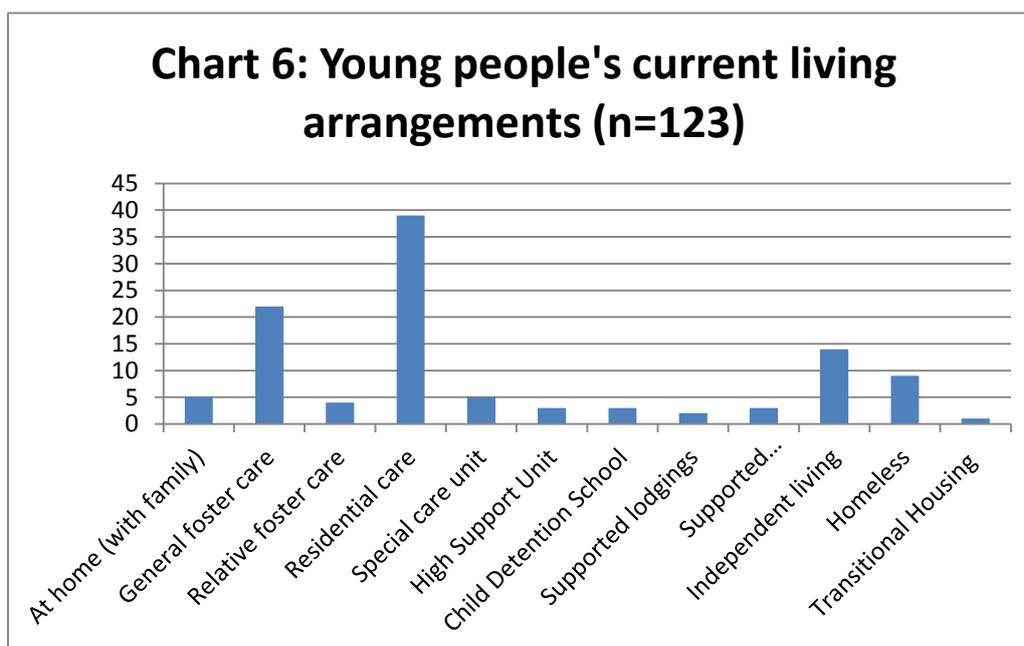
<sup>8</sup> However, data was missing for 34 cases.

- 6% (8) were in 'other' types of placement including Mother and Baby Units as well as private family arrangements.<sup>9</sup>

## Young people's current circumstances

### *Current living arrangements*

Chart 6 shows young people's current living arrangements:



- 32% (39) of young people were in Residential Care with a further 4% (5) in Special Care, 2% (3) in Children Detention Schools and 2% (3) in High Support. Therefore, a total of 40% young people were in Residential Care. This decreased by 5% since 2011.
- 21% (22) of young people were in foster care (which includes relative foster care at 4%), which has increased by 2% since 2011.
- 11% (14) of the young people were living independently.
- 7% (9) of these young people were homeless (similar to the results for 2010 and 2011).

<sup>9</sup> Care Status Data was missing for two (2%) of cases.

### *Young people's participation in education or training*

Almost two-thirds involved in EPIC Advocacy cases in 2012 were participating in education or training at 65% (80). This increased where in 2011, 55% (68) of young people were participating in education/training.

Many young people were attending school (n=48). Other young people were going to a training centre (e.g. FAS) (n=10), Youthreach (n=7), college/university (n=6), or 'Other' categories of education/training (n=10) included: home tuition and special schools.<sup>10</sup>

### *Learning difficulties*

13% (16)<sup>11</sup> of young people were reported as having a diagnosed learning difficulty. This increased from 2011 where a figure of 9% (11) was recorded. The type of learning difficulties included: mild learning difficulty (n=6), autism (n=3), dyslexia (n=1), moderate learning difficulty (n=1), coffin/lowry syndrome (n=1), developmental delay (n=1) and foetal alcohol syndrome (n=1).

## **Purpose of Case and main presenting issue**

### *Purpose of contacting EPIC*

The main purpose of the case was divided into three categories: information, support, and advocacy. This was done in order to distinguish between the extent of work involved in each case – where some cases may have been relatively short term, for example young people looking for information about their entitlements to social welfare payments, other cases were more involved where EPIC advocated on the young person's behalf for example by attending a care review meeting.

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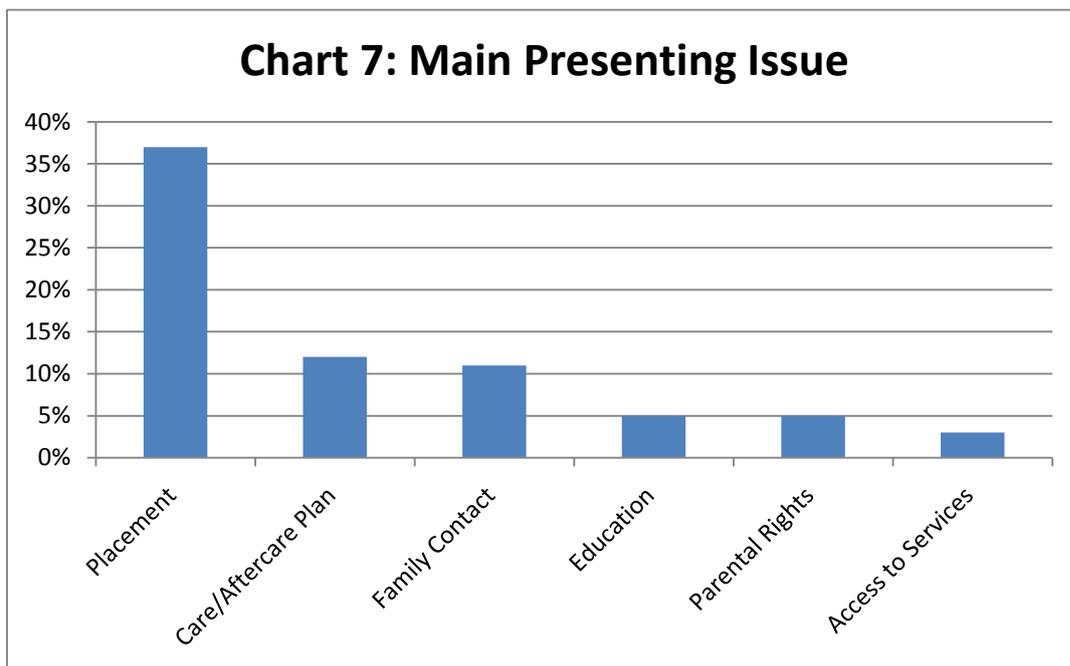
<sup>10</sup> The remaining 5 cases were unknown.

<sup>11</sup> The type of learning difficulty was not recorded in two cases.

In 2012, 90% (111) of all EPIC Advocacy cases involved direct advocacy work, 30% (38) involved giving support and 11% (14) required providing information.<sup>12</sup> Hence this is significant indicator which shows higher levels of intensity in the advocacy work provided by EPIC comparative to previous years.

### *Main presenting issue*

Chart 7 shows the main presenting issues that led to the opening of an Advocacy case in 2012.



The results show that the top six presenting issues in 2012 were:

1. Care placement, 37% (46)
2. Care or Aftercare Plan, 12% (15)
3. Family Contact, 11% (13)
4. Accommodation, 9% (11)
5. Education/Training, 5% (6)
6. Parental Rights, 4% (5)<sup>13</sup>

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<sup>12</sup> In some cases, there was more than one purpose stated, therefore the total percentage is more than 100%.

<sup>13</sup> In some cases, additional presenting issues arose as the case progressed. However, this analysis is based on the core or the 'main presenting issue' which led to the opening of an Advocacy case.

In 2012, care placement for the young person continued to be the primary presenting issue accounting for 37% of Advocacy cases. This was a similar result to the findings for 2011 and 2010. The second most common issues were around care/aftercare plans at 12%. Other presenting issues included family contact (11%), accommodation 9%, education/training 5% and parental rights 4%. Further analysis on the main presenting issues along with some thematic examples is provided below.

### **More information on presenting issues in 2012**

#### *(1.) Placement*

Issues around care placement comprised over one-third of EPIC's advocacy cases.

- Primarily, the young person was unhappy about their current placement. Placements were frequently too far away from family, friends and their school. Young people were often unhappy about the level of family contact and wanted to be placed with their siblings. As a consequence, placements broke down. Furthermore, often young people were giving very little notice about placement transfers and sought EPIC's advocacy support in this regard. Other young people were concerned that they would be moved to High Support Units and Special Care Units and wanted support around this.
- The second main theme to emerge around placements for young people was on identifying appropriate move-on placements. In many cases, young people were often worried and anxious about not having a move-on placement, as well as the suitability of the proposed move-on placement. Many young people were concerned about proposed placements, in particular, in terms of their personal safety and the widespread availability of drugs in certain proposed placements.

(2.) *Care or Aftercare Plan*

- Another presenting issue for many young people was regarding their care or aftercare plan. For example, in one case, the young person had not seen their care plan.
- However, the vast majority of these cases were specifically regarding aftercare plans. The majority of young people were worried about turning 18, preparing to leave care and not having an aftercare plan in place. In terms of aftercare planning, seeking suitable accommodation was often the main priority. Independent information was sought by young people on the aftercare supports and options available to them.

(3.) *Family Contact*

- The issue of family contact came up more often in 2012 at 11% (13) than in previous years. Often young people were unhappy about the level of family contact they received. Generally, young people wanted increased family contact, for example, more visitation access to siblings.
- There were also care leavers who wanted more access to their own children currently in the care system.

(4.) *Accommodation*

- As highlighted above accommodation was a core aspect in terms of being provided with an aftercare plan. In addition to this, 9% of cases focused solely on supporting the young person in finding accommodation urgently. Some young people were homeless, and as a result returned to living in destructive environments because of this.

(5.) *Education & Training*

- 5% of cases were specifically around education and training. Many young people required support in accessing education and training courses. There were particular difficulties for various cohorts in terms of education. For example, for young people born outside of Ireland, advocacy and support was required for examining funding alternatives so that the young person could continue his/her further education. For children/young people with disabilities, access to supports such as one-to-one tuition, as well as accessing a suitable education/training course were issues arising.

(6.) *Parental Rights*

- Parental rights were an emerging issue for advocacy cases in 2012 at 4% (5). These young people were care leavers or currently in the care of the state and often wanted an increase in the level of contact with their children who are currently in care.

## **Initial contact with EPIC**

### *Person who initiated contact*

43% (53) of cases were initiated by the young person. A further 14% (17) were initiated by a Social Care Worker, 11% (13) by 'Other', 10% (12) by a Foster Carer and 7% (9) by a Residential Care Manager. The 'Other' category mainly included professionals/advocates including: the Ombudsman for Children's Office, solicitors, Guardians ad Litem, and psychologists.

### *Form of initial contact*

The majority of initial contacts for Advocacy cases in 2012 were made by phone, 70% (86), followed by Visiting Advocacy, 11% (14) and text message 6% (8). The number of advocacy cases that have initiated from the Visiting Advocacy Service<sup>14</sup> has increased by 4% since the 2011 advocacy report.

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<sup>14</sup> EPIC provides a Visiting Advocacy Service to the most vulnerable cohorts of children. EPIC's visiting advocacy service includes a monthly visit to high support units, special care units, children detention schools and other residential services.

## EPIC response

Chart 8 gives a breakdown of the first action taken by EPIC in response to Advocacy cases.

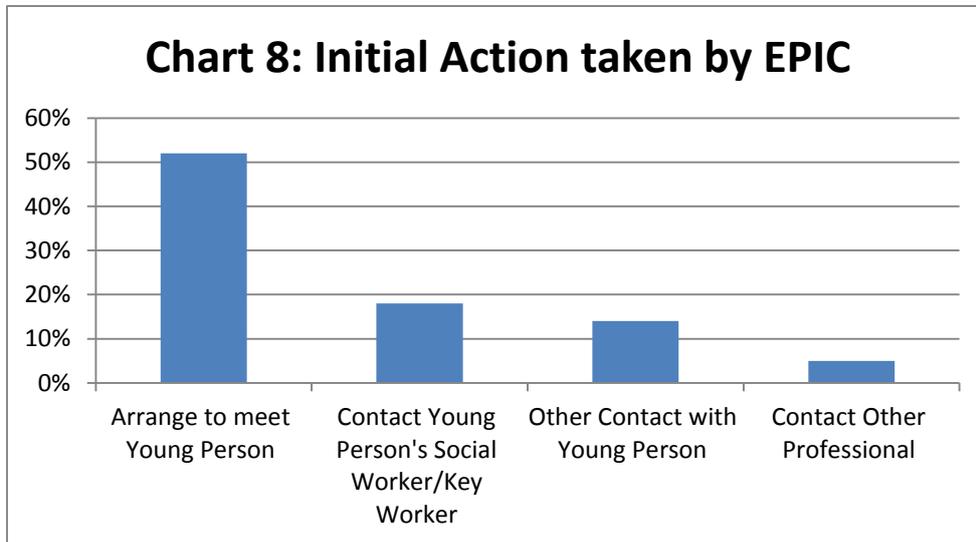


Chart 8 displays that 'arrangements to meet the young person' were made in 52% (64) of all cases. 'Other contact' with the young person occurred in a further 14% (13) of cases. In some other cases, the initial action taken was to contact a young person's social worker/key worker, 18% (22), or another professional, 5% (6).

## Duration of Advocacy cases

Chart 9 shows the length of time that Advocacy cases lasted for in 2012.

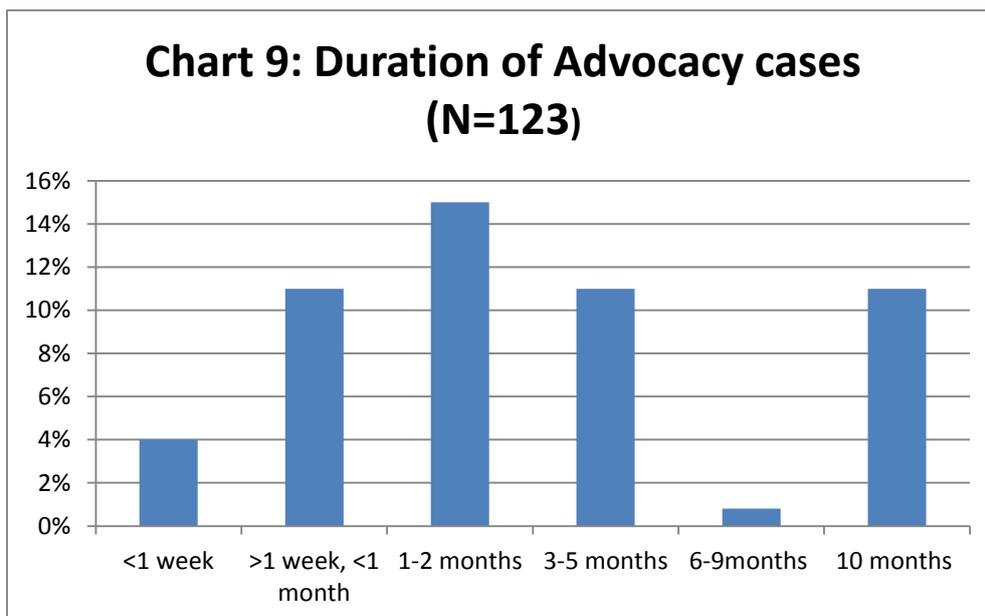


Chart 9 shows that Advocacy cases were most likely to last for between one to two months at 15% (18). 11% (14) of cases went on for more than a week but less than six months, while a further 11% (13) of cases lasted for 3-5 months.

Compared to 2011, there was a trend whereby Advocacy cases were lasting for a longer period of time in 2012. For example, the number of cases lasting for less than one week fell from 25% in 2010 to 15% in 2011 to 5% in 2012. The number of cases ongoing for 6 months or more increased from 5% in 2010, 9% in 2011 to 22% in 2012.

## CASE STUDIES

This section presents four case studies. Each case study provides an overview of the issues that have arisen for the young people and the work done by EPIC to address their concerns. 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**

#### **Overview**

Anna is 17 years old and is one of Ireland's 'hidden' homeless. She has been staying with a number of friends for the past few months in North Dublin. As a result, she has been absent for much of the schooling year. Anna is frustrated by the lack of contact she has had with her social worker. She has been informed that, although in the care of the HSE, identifying a suitable placement for her will be difficult as she soon turns 18.

#### **Outcome**

A suitable accommodation lodgement was found for Anna. As a result, Anna has also been able to re-engage in education. Anna is very happy with the overall outcome. The Advocacy Officer explained to Anna that she could contact EPIC at anytime if she had any further issues.

## Key actions taken by EPIC

- Met Anna and discussed her concerns
- Contacted and liaised with the relevant agencies
- Attended case conference and advocated on behalf of Anna

## **Case study 2: Aftercare Plan**

### Overview

Brian is 17 years old. He has lived in residential care for eight years in the South of the country. Brian heard about EPIC through the Visiting Advocacy Service and subsequently made a phonecall to one of the Advocacy Officers. The Advocacy Officer arranged to meet Brian to hear his concerns. Brian is worried about what will happen when he leaves care. He does not know where he will live. He is concerned that he will end up moving home which was previously a damaging environment for him.

Brian has no allocated aftercare worker and is uncertain if an aftercare placement has been identified for him. He would like to receive a low level of support upon exiting the care system.

### Outcome

Brian was assigned an aftercare worker who developed an aftercare plan. Since then Brian's concerns have been addressed and a suitable accommodation placement has been identified. Brian is relieved and happy with the overall outcome of the case. The advocacy case lasted for four months. The advocate advised Brian to contact EPIC if he required any support in the future.

### Summary of EPIC's Actions

- Met with Brian and discussed his concerns
- Liaised with relevant personnel including social worker, residential care manager and monitor
- Wrote support letter on Brian's behalf to the Health Service Executive (HSE)
- Advocated with Brian at his care review meeting

- Made follow-up contact with Brian to see how he was getting on and if he required further support.

### **Case study 3: Family Contact**

#### **Overview**

Isobel is 14 years of age. She lives in a foster care home in North West Cork. She is concerned about the lack of contact she has with her younger siblings. She is angry as she feels that her poor relationship with her parents is preventing her from seeing her siblings. After a text from Isobel, the Advocacy Officer arranged to meet Isobel to discuss her concerns. Following this, the EPIC Advocacy Officer contacted Isobel's social worker and family.

#### **Outcome**

After communicating with all parties involved in the case, Isobel has regular scheduled visits with her siblings. She believes that her relationship with her parents has improved. The Advocacy Officer advised Isobel to contact EPIC if she had any further concerns.

#### **Key actions taken by EPIC**

- Spoke to Isobel about her concerns
- Contacted Isobel's social worker
- Arranged a follow-up meeting with Isobel and her social worker
- Helped Isobel to communicate her feelings to her family through writing a letter
- Attended a care review meeting, supported and advocated on behalf of Isobel

## **Case study 4: Disability and Aftercare**

### **Overview**

Joey is 20 years old and lives in Dublin North. He has lived in residential care for over seven years. Joey has a developmental disorder. There is no aftercare plan in place for Joey, despite the fact that he will leave his current placement once reaching the age of 21. This is extremely worrying as Joey is in need of continual and specialised support beyond the age of 21.

### **Outcome**

A suitable aftercare placement has yet to be identified. Joey's current placement is extended, however this is only an interim solution.

### **Key Actions taken by EPIC**

- Met Joey and his social worker
- Communicated and listened to Joey's wishes
- Attended care review meeting and advocated on behalf of Joey
- Linked Joey in with the relevant service providers
- Continue to advocate on behalf of Joey

## **CONCLUSIONS**

This report has provided detailed information on the 123 advocacy cases that were responded to by EPIC in 2012. It has examined the profile of the young people who contacted EPIC for support and the nature of their presenting issues. Findings indicate that an increasing number of cases have involved direct advocacy support for young people, which was the main purpose in 90% of cases. As direct advocacy work requires a greater degree of involvement by EPIC, this is reflected in the longer duration of time that many EPIC advocacy cases lasted for in 2012 compared to the previous years.

Given the greater demands being put on the EPIC Advocacy Service in 2012, the expansion of the service to cover the HSE Dublin Mid-Leinster and HSE South regions is a welcome development. This has been made possible by the One Foundation and the Atlantic Philanthropies. It is expected that through increasing awareness of EPIC's services, an increase in the number of advocacy cases will be reflected in the report on EPIC advocacy cases for 2013.