

# IRISH AFTERCARE NETWORK

*Providing Support to People Working With Care Leavers*

**December 2021**

Dear Irish Aftercare Network Member

I hope you have all been keeping well since our last newsletter in July and are looking forward to the break over the festive period.

I extend a warm welcome to all the new members to the network since our last newsletter.

Only last week the network wrapped up the third and final webinar in its series of complimentary webinars for members hosted in October, November & December. A summary of all three webinars is included in this newsletter.

Delegates who registered early received a delegate box full of useful items and it created a real feel good factor before the webinars started.

Feedback in relation to the webinars from members was very positive. What was most encouraging is that when asked if the Irish Aftercare Network adapted to members needs during the pandemic 93% of responders selected 5 out of 5 and 7% awarded 4 out of 5.

The network is here to support you our members please do not hesitate to contact us if we can help in any way via email: [info@breakingthrough.org](mailto:info@breakingthrough.org).

Kind regards

*Ciaran Kenny*

Ciaran Kenny

Chairperson

# Irish Aftercare Network News

## Meeting with Minister Roderic O'Gorman



Irish Aftercare Network committee representatives met with Roderic O'Gorman, Minister for Children, Equality, Disability, Integration and Youth on Monday 11<sup>th</sup> October 2021 as a follow up to a meeting held with him earlier in the year on 21<sup>st</sup> January.

The following issues were discussed:

- The **CAS Research Study** by Michelle Norris (UCD), commissioned by DCEDIY under the 'What Works' initiative and the need to implement the findings. In relation to the CAS research, Minister O'Gorman informed us that the report has been sent back to UCD for some minor amendments and should be published soon. The Minister confirmed that the budget for CAS is secure going forward.
- The **need for a dedicated aftercare budget** to allow adequate planning and increase resources available to young people in aftercare. It was acknowledged that aftercare given statutory footing has hugely increased the need to adequately fund the sector but that there was still a way to go regarding this.
- The **issue of high caseloads** for aftercare workers throughout the country and the obvious detrimental effects this has on the quality of service young people are getting.
- The **difficulties around joint protocols** that are currently in place around housing and the H.S.E, with Tusla and how such interagency collaboration has evidently not been fully implemented Nationally. Examples relating to disputing the area of origin as well as young people with a disability not meeting the threshold for the disability services was spoken of. The Minister requested we send him a briefing document on the HSE

Protocol, LA Protocol and on the lack of youth-specific homeless services. This briefing document was submitted on Wednesday 13<sup>th</sup> October to the Ministers office.

- The vulnerability that many young people face moving on from care was also addressed. The fact that a cohort of vulnerable young people leave aftercare and choose to either “couch surf” from place to place or return to the family home they were removed from rather than access local authority homeless accommodation was raised with current **statistics on care leavers who are homeless not adequately reflecting the true figure** due to this. The Minister requested further information on the lack of appropriate homeless accommodation for young people who find themselves requiring such a service, this document was sent on to his office later that week. The Minister will raise the issue of lack of youth-specific homeless services with Minister Darragh O'Brien in the context of discussions about Youth Homeless Strategy.
- The Minister informed us that he established a **working group between his Department and Tusla** in November 2020. The purpose of the working group is to inform him of the ways in which the Ryan report recommendation for longitudinal research into the lives and experiences of children in care and those living care can best be met. This will include consideration of the feasibility of conducting longitudinal research with these children and young people.

The Minister references his meetings with the network when responding to a question raised in the Dáil on Wednesday 13<sup>th</sup> October 2021.

<https://www.kildarestreet.com/sendebates/?id=2021-10-13a.14&s=%22aftercare%22+2021-10-11..2021-10-15#g15>

### *Irish Aftercare Network Series of Webinars*

#### **'Beyond the Pandemic - Preparing for What is to Come'**

We welcomed members to a series of three live webinars on

- Friday 15<sup>th</sup> October 2021
- Friday 12<sup>th</sup> November 2021
- Friday 10<sup>th</sup> December 2021

A synopsis of each is included below.

Bronagh Starrs, Programme Director for the MSc Adolescent Psychotherapy in Dublin Counselling & Therapy Centre in partnership with University of Northampton and Founder & Director of Blackfort Adolescent Gestalt Institute presented the first one to members on October 15<sup>th</sup>.

Topic: ***Adolescent mental health beyond the pandemic.***

Bronagh facilitated an extremely captivating, thought provoking webinar and got all our thinking caps activated when it came to considering the webinar topic in relation to the young people we work with.

Presenting on the topic of adolescent mental health beyond the pandemic, Bronagh introduced us to three typical configuration styles of teenagers and gave insight into how each style may affect how young people respond to the pandemic and beyond. They are summarised as follows:

- ***The Directional Teenager*** (approximately 60%)

Typical presentation of the directional teenager classed as balanced, sensible, resilient: it is understood that majority of these teenagers were doing good in themselves pre-pandemic. There is good capacity for self-reflection in these young people, as they tend to operate largely from a rational part of the brain, known as the 'frontal lobe'. Directional teenagers have established a secure foundation with enough inner-resources to get themselves through the pandemic relatively unscathed.

As the pandemic begins to lift once more, these young people tend to have little to no trouble adjusting themselves once more to schooling and other social activities.

It would be less typical as social care worker, aftercare worker and/or therapist to work with directional children – they are wholly supported children, well-adjusted within the family setting.

- ***The Impulsive Teenager*** (approximately 15-20%)

The impulsive teenager is altogether different from the directional – they are all about living in the moment with limited capacity to self-reflect, their empathy skills are less developed meaning they present as self-orientated with lack of consideration for others. These young people love to take risks and generally do not like rules/regulations, which often finds them in trouble with authority in their lives such as parents, care givers, teachers and on occasion the guards/justice system. The impulsive kid is great at making plans in the moment, but has a real difficulty following through. You may often hear from them a bog-standard response of "I'll do it in five mins".

They largely orientate part of the brain known as the 'limbic system'. The limbic system is very much concerned with survival, and therefore these young people can often live in fight or flight mode. Those occupied in the limbic system often feel emotions and pain extremely intensely, therefore avoidance of emotions and pain becomes a goal. Young people do this through 'dopamine hits' - any behaviour/activity that triggers a 'feel good'

factor for the individual can become somewhat of an addiction. We will often see these young people occupied on their phones, spending extensive time on the play-station/online gaming, engaging in risk taking behaviours such as substance use and sexual activity.

The pandemic brought some relief to these young people (and their parents/care-givers!), as with restrictions it meant more time indoors and a reduction in the opportunity for risk-taking behaviours. However, with less 'dopamine hits', impulsive teenagers become vulnerable to being overwhelmed by pain and emotions. In the height of restrictions, these young people may have experienced bouts of depression and/or feeling down in themselves.

As restrictions lift, it may be difficult to get impulsive children re-engage with structured activities such as school and they may re-engage in high-risk behaviours.

- ***The Inhibited Teenager*** (approximately 25-35%)

These young people can be best described as those who live in their comfort zone. A great deal of stress can happen when these young people are asked to step outside their comfort zone, they can find it very hard to adapt. These are children prone to social anxiety and are highly self-conscious. The inhibited teenager puts much pressure on themselves, strives for perfection in key aspects of their life – such as school grades, sports achievements and appearance. They may be prone to becoming obsessed about their weight, body conscious and prone to eating disorders. The inhibited child can feel 'not good enough'. On the outside these teenagers can look quiet successful, but internally they struggle with the pressure they place on themselves and this presents as low mood / feeling of misery.

Young people with this configuration style operate from the part of the brain referred to as the 'cerebral cortex'. This area is associated with higher level processes, such as consciousness and thought. Which gives reason as to why these young people would be described as 'living in their head' and/or 'overthinkers'.

The pandemic did bring a sense of relief for these young people, given that there was less engagement with social situations. The inhibited teenager may have appeared to flourish during restrictions, as there was no expectation on them to leave their comfort zone.

However, restrictions created a false sense of security for these people resulting in an increased dread of once again having to extend their life circle – i.e. going to school again and engaging in other social activities. Inhibited young people are now more anxious leaving their comfort zone.

The qualitative difference between the Impulsive/Inhibited Young Person:

An important take-away note from this webinar is that the presentation of the impulsive v. inhibited young person is qualitatively different. Recognising this qualitative difference is key to sourcing the right intervention.

The goal of the impulsive young person is to avoid pain at all costs.

The goal of the inhibited young person is to relieve pressure.

Supporting either configuration style means acknowledging where their stressors lie. For impulsive young people, we must be able to name their pain – ‘this must be really painful for you / that must have hurt you’. For the inhibited young person, connecting to their feeling of pressure is key – ‘that sounds like a lot of pressure, how can I help you’.

There was much food for thought to take-away from this webinar. We thank Bronagh (pictured below) for her time and sharing her extensive knowledge with us.



The Network were delighted to host our second complimentary webinar on November 12<sup>th</sup>.

This webinar was presented by Aoife Bairéad, with the title; ***'Recovery and growth; Understanding individual stress and trauma responses in the context of collective trauma.'***

Aoife is an Independent Social Worker, Attachment and trauma informed specialist. She holds a Bachelor in Social Studies (Social Work) from Trinity College in Dublin and has completed postgraduate studies in the area of attachment and trauma in Ireland, the UK and Italy. This includes the Developmental Maturational Model of Attachment (DMM) and Theraplay.

Aoife set up her own organisation 'Minds in Mind' ([Minds in Mind](#)) in 2018, specialising in attachment focused work and using evidence informed assessment and interventions to empower families to find ways to improve their children's and their family's day to day lives.

Aoife's experience of working in frontline services supporting children and in care and young people transitioning into Aftercare was evident throughout her presentation. A takeaway from her presentation was the discussion on how the Covid-19 pandemic presents as a universal threat to us all regardless of our circumstances. Aoife discussed how for the first time in most cases, we as professionals are facing the same risk and trauma as the young people and the families we support, as well as not having the answers or resources we may have had previously when supporting a crisis. Aoife also discussed how Covid has a greater effect on vulnerable families who were already struggling in their day-to-day lives, but which in turn, also places huge stress on professionals as we try to support these families and young people in crisis, but are restricted with lockdowns, home working, home schooling, lack of support networks, Covid anxiety etc.

Aoife discussed in her presentation the importance for professionals to use self-reflection and self-care during this on-going pandemic. Aoife highlighted that as professionals who care for and support people on a daily basis, we can be negligent in caring for ourselves. Aoife also discussed the importance of self-compassion and how we should not be so hard on ourselves if we are struggling, and how it is okay if we don't head out for a walk each day as advised, (or even get dressed), or we give in and decide to have that weekday take-away dinner. Aoife explained how it's okay to not always be on your game.

The Network wishes to thank Aoife for such an engaging presentation with some thought-provoking advice for our members. Aoife's presentation was not recorded however she kindly shared a copy of her presentation with the Network, which can be shared by request with members who could not attend on the day.



Delegate box.

Our third and final webinar in our series of webinars took place on Friday 10th December 2021  
**Title: Low Intensity Practical Psychotherapeutic Interventions for Aftercare Workers**  
Presenter: Enda Murphy MA, RGN, RPN, RN, Dip REBT, MCBPI, MICP, MEAP, Cognitive Behaviour Therapist

The webinar opened with a welcome from Chairperson Ciaran Kenny, Ciaran then provided an introduction to speaker, Enda Murphy (Pictured Below)



Potentially half of our young people could have ADHD/ADD but that most of the literature available is in relation to males as the research indicates that the split is 75% male 25% female – Enda states that this is not accurate and is often just missed in females. CBT therapists help people to understand why they feel the way they do.

*Invalidating Environments* slide shown in response to **participant question** on how to teach them to be self-advocates.

Information on Marsha Linehan (DBT) - <https://www.dbt-training.co.uk/what-is-dbt/development-of-dbt/>

Boys will lash out, girls will lash in – what is the person trying to say that is not being listened to that they are going to such lengths to be heard? Quite often a young person seems quite competent but when we scratch the surface we realise this is a façade. Many young people are very capable of finding someone to help them but are often unable to help themselves.

**Participant question** about relationships with social care staff being very difficult due to staff turnover – young person responds with screaming and anger. How to manage this?

**Response** – the young people are looking for the bond, for consistency, for love, and the professional responding cannot always provide these consistently. Staff try their best but the way the system is set up, it cannot meet these needs. This is why it is so important to, as staff, stay focused on validation of the young person’s experience as much as possible.

**Participant question** – The entire aftercare system is explained by the *Invalidating Environments* slides. Aftercare immediately starts working on independence upon meeting yp. This does not work. It must start with dependence and teaching from workers and then transition to independence.

**Response** – it is not the philosophy of what we are trying to achieve that is the problem, it is the methodology. Both staff and yp are victims of the invalidating environment. 4 levels of accountability in authority – 1. Information gathering and reporting, 2. Information gathering and recommendation, 3. Information gathering, recommendation and action after consultation, 4. Information gathering, recommendation action and report afterwards. We all have different levels of accountability and authority. For this to be effective, the level of accountability and authority must be equal. This is rarely the case because different people have all of the accountability and others have all of the authority. Identifying the correct problem is critical to this process as quite often the carer and the recipient of the care are not working on the correct



problem. What is the evidence to support the methodology that currently underpins the aftercare model?

Enda referenced a resource he felt Tusla got spot on -

[https://www.tusla.ie/uploads/content/guidelines\\_school\\_codes\\_eng.pdf](https://www.tusla.ie/uploads/content/guidelines_school_codes_eng.pdf)

**Participant question** – How is it best to support a client with reactive attachment disorder?

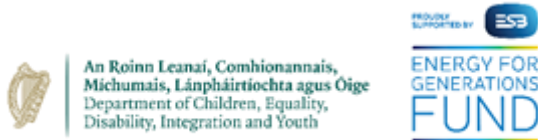
**Response** – look at ACOA - <https://aca-arizona.org/resources/the-20-characteristics/>  
Normal reactions to abnormal situations are made into a disorder, which exacerbates the feelings that are appropriate in the circumstances.

**Participant question** – Most of the young adults I work with at the moment are on medication either for anxiety or depression, but they're not talking to anyone. GP prescribes the tablets and that's it.

**Response** – the speaker gave an overview of the differences between males and females in relation to both gender's responses to both anxiety and depression. He highlighted the importance of talking and being validated and not receiving a response with a solution. Typically, males probably will not want to speak about their emotions as easily as females. The most value is obtained in the non-formal interactions with clients. Males typically need an activity, females typically need to be taught how to identify their emotions. Everyone needs to feel understood.

“Enda Murphy's presentation was outstanding - practical and academically informative, easy to listen to, excellent audience to speaker participation, real life situational discussions”  
(Example of anonymous participant feedback received)

Many thanks to our sponsors of the webinars



### **Irish Aftercare Network Online Regional Meetings**

We would like to thank all IAN members who participated in our online regional meetings in September. Many issues were discussed and priority issues were highlighted for each region. A summary of those regional issues are included below.

#### **10<sup>th</sup> September – The Western Regional Meeting**

- Working of Joint protocol.
- CAS and increasing purchase limits.

#### **17<sup>th</sup> September – The Leinster Regional Meeting**

- Review of the finance policy timeframe.
- Capping or means testing young people training allowance to €300.

- The relationship struggles between aftercare worker and young person when reporting low attendance in educational/training courses.

#### **24<sup>th</sup> September – The Munster Regional Meeting**

- Getting an Aftercare worker at an early age in order to build relationships.
- Residential services placement extension post Covid.
- Covid impact on relationship breakdown.

#### **Meeting with Kate Duggan, Director of Services and Integration, Tusla**

Committee representatives met with Kate on 23<sup>rd</sup> Sept.

Various issues were discussed including

- Housing
- Joint protocol for disabilities
- Respite for young people in aftercare
- SUSI

A follow up meeting has been scheduled for January 2022

#### **Meeting with Valerie Mawe, Professional Support Manager, William McNamara, National Implementation Lead Aftercare Services and Grainne Collins, National Policy Manager, Alternative Care, Tusla**

Since the last newsletter in July there have been two meetings in August & November acknowledging the ongoing positive working relationship that now exists between Tusla and the network. This has been crucial regarding information sharing as well as a platform for addressing ongoing issues that are coming to the fore from the membership of the Irish Aftercare Network relating to aftercare.

It is hoped that in 2022 meetings will take place quarterly.

#### **Children's Rights Alliance Report Card 2022**

Last year the Children's Rights Alliance identified 16 commitments to children in the *Programme for Government: Our Shared Future* which are clear and measurable, and which have significant potential to improve the quality of life for children growing up in Ireland.

Report Card 2022 will be the second in the series under this Programme for Government and the network provided feedback on the progress made on its commitments to children and young people in the past year. Our feedback centered on the commitment to develop a National Youth Homelessness Strategy.

#### **Submission to HIQA**

On October 8<sup>th</sup> the Network provided feedback on the Draft Overarching National Standards for the Care and Support of Children using Health and Social Care to HIQA.

### Dates for the Diary

Next Irish Aftercare Network Regional Meetings:

- Leinster Region Meeting: Tuesday 8<sup>th</sup> February 2022.
- Western Region Meeting: Tuesday 15<sup>th</sup> February 2022.
- Munster Region Meeting: Tuesday 1<sup>st</sup> March 2022.



We would like to take this opportunity to wish all our members a very happy & healthy Christmas. We thank you for your continued support of the network and are all looking forward to a time when we can meet in person. Take care and enjoy the Christmas break.

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