



Expert Advisory Group for Children

Document: Proposal: To propose how the HSE can ensure that children and young people have a voice in matters affecting them, based on the OMC (2004): ‘Young Voices: Guidelines on how to involve children and young people in your work’.

The paper proposes that we adopt this Guidelines document as operational policy to encourage Children & Young People’s participation in planning, design, development, delivery and evaluation of services. It requires the development of a detailed Action Plan to ensure that the goals, aims and objectives, targets, training needs and resources for participation are identified and that progress is measured and monitored.

Title: Engaging Children in Planning, design, development, delivery and evaluation of services.

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Prepared by: Healthy Childhood’s Sub-group of the Expert Advisory Group for Children

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Brief description of policy: This paper proposes that we adopt the OMC Guidelines (2004) as HSE operational policy on Children & Young People’s participation in planning, design, development, delivery and evaluation of services. It recommends the need for a detailed action plan to ensure that children & youth participation is implemented in practice in Children’s Service provision within the HSE and its voluntary/ community sector partners. The Action Plan will need to address the following key areas:

- Creating the conditions for children and young people to participate appropriately in decision making relating to their health and wellbeing, including their use of services.
- Creating the conditions for staff in the HSE to work effectively with children and young people in encouraging their participation in decision making relating to their health and wellbeing, including their use of services.
- Ensuring quality and outcomes from participation.
- Ensuring safe practice in participation.
- Developing guidelines on children and youth participation, including guidelines on working with hard to reach young people.
- Monitoring and evaluating the quality and impact of participation.
- Involving children and young people in staff recruitment.
- cultural change and training,
- how the EAG for children could model good practice in this arena,
- building on and recommending best practice in this field and
- monitoring and evaluating how well we are engaging with children and young people in relation to the policy guidelines set.

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1.0: Report Introduction and Context:

1.1: Introduction:

This paper, endorsed by the Healthy Childhood Sub-Group of the Expert Advisory Group, proposes how the HSE can ensure that children have a voice in matters affecting them. The paper outlines a HSE policy position for the engagement of children in planning, design, development, delivery and evaluation of services. It maps some current activity in the area and offers recommendations as to how the policy could be actioned and implemented. This is as per the recommendations of the Office of the Minister for Children 'Young Voices: Guidelines on how to involve children and young people in your work' (2004). This document recommends that an organisation that is committed to involving children and young people in its work should develop a formal policy, supported by an action plan. The plan will ensure that the goals, aims and objectives, targets, training needs and resources for participation are identified and that progress is measured and monitored.

1.2: Definition of Terms: What is Participation?:

Participation refers "to the process of sharing decisions which affect one's life and the life of the community in which one lives" (Hart, 1992, p. 5, The OMC 'Young Voices: Guidelines on how to involve children and young people in your work' (2004)). According to UNICEF (2002) it is the fundamental right of citizenship and the means by which democracies should be measured (Hart, 1992). Sinclair (2007) states that Children's participation in decision-making is complex: it is undertaken for different purposes and is reflected in different levels of involvement, different contexts and different activities. She suggests that, if participation is to be more meaningful to children and effective in influencing change, it is necessary to move beyond one-off or isolated participation and consider how participation becomes embedded as an integral part of our relationship with children.

Wilson (2000) believes that participation can be classified into two main categories, the first being superficial or tokenistic, the other being "Deep" (Wilson, 2000, p. 26) participation or 'democratic play'. 'Deep' participation is an umbrella term encompassing

"active (Holdsworth cited in Wilson, 2000, p.26)", "authentic (Cumming; Soliman cited in Wilson, 2000, p.26)" and "meaningful (Wilson, cited in Wilson, 2000, p.26)" participation. 'Deep' participation means young people experience elements of citizenship and democracy in their everyday lives, in real and holistic situations with meaningful outcomes or actions.

In this document, the terms children and young people are used inter-changeably to cover the age-group 0-18 years.

There are various models in the literature which reflect the range of ways in which young people can participate.

1.3: Models of participation:

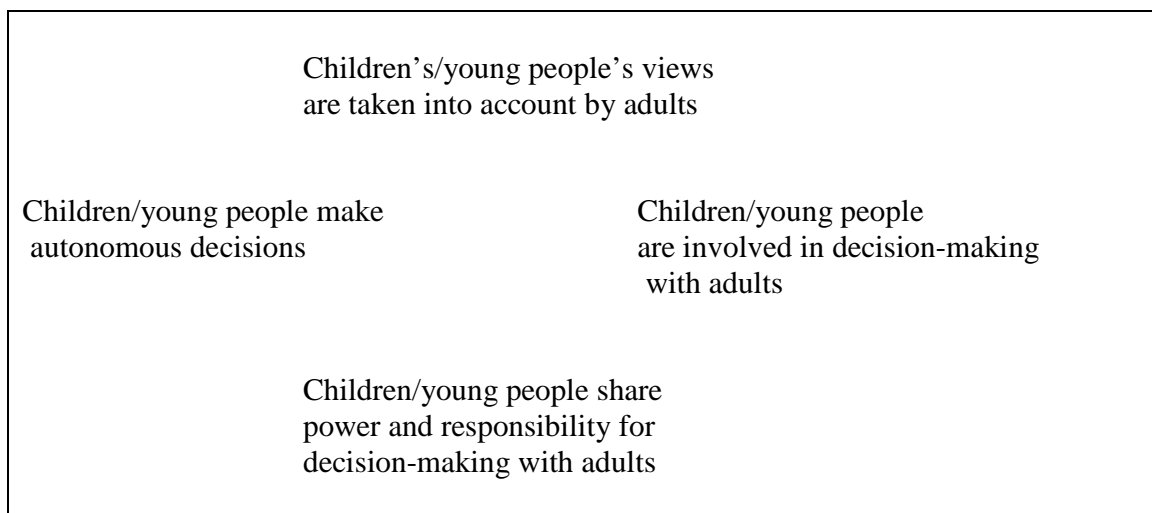
A number of theorists have proposed frameworks or 'typologies' which articulate the degree of participation individuals have in any given project or social endeavour. Manly (2000) states that there may not be opportunities for young people to participate elsewhere in their lives other than those in the public and community arenas.

There are a number of well-known models of participation and empowerment for young people e.g. Hart (1992), Westhorp (1987), Shier, (2001) and Rocha (1997). Each of these models represents a participation continuum ranging from non-participation through to full participation. Graham et al (2006) state that what distinguishes each model is the way that the gradations of participation are conceptualized. In 1992, Hart developed a ladder of participation with eight levels which reflect who drives the development initiative. The first three levels are classified as being non-participatory. Hart argued they serve adult purposes of being seen to consult or involve young people, but in reality they afford no real opportunity to participate. The top five rungs of the ladder represent increasing degrees of participation (See Appendix 1).

Shier, (2001) offered a useful alternative to Hart's ladder of participation. The model consists of five levels of participation. At each level, individuals and organisations have different degrees of commitment to the process of empowerment. The model tries to

clarify this by identifying three stages of commitment at each level - openings, opportunities and obligations (See Appendix 2).

Kirby et al (2003) state that effective participation is the involvement of children or young people in a process that leads to an outcome or change. In its work and publications, the Office of the Minister for Children (2007) uses a non-hierarchical model of participation, which does not assume that one approach is better than another, but that each one may be useful in different situations.



(Building a Culture of Participation, (2003))

Graham et al (2006) state that the development of these models has also contributed to the identification of processes and procedures that potentially contribute to effective and meaningful participation. For example, if we subscribe to children and young people sharing power and responsibility for decision-making with adults, how is evidence of change to be demonstrated, monitored and evaluated?

1.4: Current Policy context:

It is increasingly accepted that citizens have a right to be involved in planning services that impact on their health and well-being. Government policies in Ireland, North and South and on a European level are increasingly focused on the need to increase the participation and engagement of children and young people in society. O'Donnell and Hanafin (2007) state that the Government's commitment to participation in decision-

making by children and young people is evident in the National Children's Strategy (2000) and in its ratification of the United Nations Convention on the Rights of the Child. The recently published 'Report of the Taskforce on Active Citizenship' (2007) promotes the need for all citizens, including children and young people, to become involved in social and community life. Participation by children and young people in decision-making does not simply happen, but requires champions, structures, systems and processes at national, local and organisational level.

Additionally, a number of strategies and policies all place young people's right to participation central to Governments' agendas. Participation is a core principle of the Youth Work Act (2001) and the Agenda for Children (2007). A Draft Strategic Plan (2007-2012), 'Promoting Service User and community involvement in the Health Service' is in preparation and will underpin and endorse the recommended approach within this operational policy proposal.

Towards 2016 the Ten Year Framework Social Partnership Agreement for 2006-2015 has as its goal that "Every child and young person will have access to appropriate participation in local and national decision making". The Children's Services Committees are the key planning forum for children's services identified in Towards 2016. These committees are being set up in four pilot sites to test models of best practice which promote integrated locally led, strategic planning for children's services. A model for engaging children in planning needs to be embedded within the context of these multi-agency children's committees, sited under the County Development Board structures. The HSE has the lead role in developing these committees and therefore needs to be to the forefront in ensuring that children are engaged in the process.

With one third of the Irish population under 25, moving from the rhetoric of participation to the reality presents a range of challenges to those involved in health services management and delivery.

1.5: Why involve children and young people in the work of the HSE?

The National Children's Bureau (2004), (U.K.) outlines the fundamental benefits of children and youth participation as follows:

To improve health and well-being outcomes for children and young people through:

- **Upholding children and young people's rights:** Children and young people are citizens and service users and share the same fundamental rights to participate as others.
- **Fulfilling legal responsibilities:** The right of children and young people to be consulted is included in the UN Convention on the Rights of the Child.
- **Improving services:** Consulting with children and developing effective partnerships enables services to be improved and adapted to meet challenging needs that children and young people can help define.
- **Improving decision-making:** Participation leads to more accurate, relevant, transparent decisions, which are better informed and more likely to be implemented and supported in a cross-agency and cross-community way. While many young people feel disenfranchised from the processes of power and their ability to make a difference, they still care deeply about issues relevant to them, such as education, employment, the environment, health and sexuality (Hallett, 1999). Genuine participation in decision-making should deal with issues of most concern to them.
- **Enhancing democratic processes:** Representative democracy can be strengthened as children and young people, agencies and communities gain new opportunities to develop better services for children & young people.
- **Promoting children's protection:** Participation is an important aid to protection. A recurring theme of successive inquiries into abuse has been the failure to listen to children and young people and of agencies working collaboratively.
- **Enhancing children and young people's skills and developing skills in partnership working:** Participation helps in developing skills useful for debate, communication, negotiation, prioritisation and decision-making.

(Ref. National Children's Bureau (2004), U.K., The National Children's Strategy – Our Children - Their Lives (2000), Unicef (1993)).

Thus, engaging children in planning can create opportunities for dialogue which can enable greater understanding and can create change. In addition, there is evidence that engaging children in planning, development, design, delivery and evaluation of services can:

- Benefit adults and children.
- Give children and young people a say about what is important to them.
- Allow children and young people to own decisions that are made about their lives.
- Increase the self confidence and skills of children and young people.
- Help protect children and young people (the failure to listen to children and young people is a recurring theme in many inquiries into abuse).
- Promote positive communication opportunities for children, young people and adults.
- Develop participation as a principle of working across all age groups.
- Improve the quality of decision-making by making it more efficient and effective in meeting needs.
- Promote resilience and well-being (strong connections with schools and communities promote well being in young people).
- Improve effectiveness of services in meeting children's needs.

1.6: Principles for engaging children and young people in planning, design, development, delivery and evaluation of services:

There are a number of principles enunciated in the OMC 'Young Voices: Guidelines on how to involve children and young people in your work' (2004) outlined below, to help ensure that young people's involvement in decision-making is real and meaningful and that it is not simply a token gesture. The HSE would sign up to the following core principles:

1.6.1: Visibility:

The HSE visibly commits to the principle and practice of involving children and young people as a core value. This needs to be matched by a detailed action plan.

1.6.2: Recognising Diversity:

The HSE recognizes that children and young people are not a homogenous group and that each young person experiences and interprets their social reality from a range of multiple and intersecting positions involving aspects of their identity such as class, gender, ethnicity and disability.

1.6.3: Equality:

The HSE recognize the importance of ensuring that all children and young people have the opportunity to be involved in service and policy development and planning and that an inclusive approach needs to be adopted to ensure that hard to reach children and young people are not left out e.g. children with learning disabilities, Traveller Children or very young children.

1.6.4: Honesty, Transparency, Accountability:

Children and young people must be treated honestly. They should be made aware of the purpose of the work and why they are being involved.

- They should be involved in ways that re appropriate to their age and stage of development;
- They should know what level of influence they have;
- There should be a real possibility of influencing what is planned;
- The contributions of the children and young people should be taken seriously;
- They should get feedback that lets them know the impact of their views.

1.6.5: Building Capacity:

The commitment to participation means being prepared in building the capacity and readiness of both children and adults to engage together. It is important to provide resources for participation and support its implementation.

1.6.6: Empowerment:

The ways in which children and young people are involved should be empowering and should increase their sense of self-esteem and confidence. The methods of participation should promote skills such as decision-making, problem-solving and negotiation.

1.6.7: Choice:

Children and young people should 'opt in' to being involved and should know they have the right to choose when, how and whether to be involved.

1.6.8: Safe Practice:

The safety and well-being of children and young people is a new venture for many organisations. It is importance to develop mechanisms for monitoring and evaluating activities and progress.

1.6.9: High Quality:

Arrangements for involving children and young people must be of a high quality, otherwise they may, at best, be tokenistic or, at worst, make for a bad experience for adults and children / young people.

1.6.10: Respect and Partnership:

In participatory work, children / young people and the adults should work in partnership with each other, in a way that is respectful to both partners.

1.7: Examples of opportunities where engaging with children and young people has made a difference:

These examples range from local 'on-the-ground' practice examples to regional and national examples of children and youth participation in planning, design, development, delivery and evaluation of services. An example of involvement of children and families in decision-making in the Hospital setting is listed from Australia. Additionally, the RKW High Level Framework Brief for the National Paediatric Hospital Final Report

(2007, P. 239) recommends ‘full engagement of children and their families in the next stages. Interest Groups and Voluntary Groups should also be involved’.

These examples are outlined in Appendix 3.

2.0 Scope of the Operational Policy:

This HSE operational policy on engaging children in planning, design, development, delivery and evaluation of services aims to ensure that every child and young person has access to appropriate participation in decision making relating to their health and wellbeing, including their use of services.

- If this commitment is to be achieved effectively it needs to be an incremental process, changing organisational culture where needed and building on existing expertise. There is considerable experience also within the voluntary and community sector which should be drawn upon in progressing this policy. Positive engagement with children in planning will involve collaboration with a wide range of agencies.

3.0: Objectives of the Operational Policy:

In order to ensure that, within the HSE, children and young people are actively engaged in planning, design, development, delivery and evaluation of services, the following Objectives will need to be agreed and an Action Plan developed to ensure their implementation:

3.1: Create the conditions for children and young people to participate appropriately in decision making relating to their health and wellbeing, including their use of services:

An Action Plan will need to address the development of :

- Systems, strategies and structures to enable giving children a voice at different levels within the HSE, at national, regional and local level.

3.2: Create the conditions for staff in the HSE to work effectively with children and young people in encouraging their participation in decision making relating to their health and wellbeing, including their use of services.

An Action Plan will need to address the development of :

- an awareness programme within the HSE for key decision-makers on the benefits of involving children and young people in decision-making
- a mapping exercise to identify the aspects of the work of the HSE in which children and young people should participate, and
- systems to enable giving children a voice at the different levels identified through the mapping process.
- an adequate budget for engaging with children in planning. There are a range of costs which include basics such as transport, food etc. There is also need for initiatives such as ‘carrot money’ in the form of a grants scheme which could fulfil the dual function of encouraging service providers to engage with children and also act as a means to share good practice across professions and across directorates.

Training is central to this policy as it provides a context and framework for implementation and a means to change culture. Through training across all levels of the organisation, understanding of key issues among management and staff can be progressed. Training is central to quality assurance and performance management. There is a variety and complexity of ways of providing training to HSE staff. A training plan is needed that maps out an incremental process of capacity building in the health system.

This should include:

1. Identification of core competencies.
2. Identification of training needs.
3. Matching pre-service and ongoing professional development training opportunities to meet these needs.

3.3: Ensure quality and outcomes from participation:

The Action Plan needs to incorporate how to build up an evidence base on engaging with children in an Irish context. This must include:

- Knowledge translation from international experience to national and local practice.
- A research framework to capture and evaluate models of good practice locally and nationally.
- Involvement in research networks in Ireland and abroad.

Equally, outcome measurement of engaging children and young people in decision-making needs to incorporate the following:

- The development of a performance indicator around engaging with children and young people.
- Methodologies to monitor business plans to ensure there is an element of engagement with children and processes for measuring impact/ showing evidence of change.
- Methodologies to require voluntary organizations funded by the HSE to engage with children in planning e.g. service level agreements
- Ensuring communications campaigns targeting children are evidence based and are based on engagement with children themselves.
- Ensuring that the HSE complaints system is child friendly.
- Ensuring that information on services is child friendly.

3.4: Ensure safe practice in participation:

The OMC (2004) 'Guidelines on how to involve children and young people in your work' state that the safety and well-being of children and young people must be a top priority for adults in all activities. Child protection protocols must be observed at all times. Good practice guidelines for safe practice in participation with children and young people need to be clearly established in a HSE context.

3.5: Develop guidelines on children and youth participation, including guidelines on working with hard to reach young people:

Guidelines, (building on existing expertise), need to be developed for HSE staff engaging with children and young people, particularly in the following priority areas:

1. Participating in dialogue with children.
2. Involving children in a range of initiatives including
 - a. planning new capital developments and services.
 - b. planning and reviewing existing services and developments therein.
 - c. steering/advisory committees.
 - d. involving children in conferences.
3. Consulting with children as service users including how to demonstrate evidence of change.
4. Monitoring and evaluation and demonstrating evidence of change.
5. Methods of engaging with children at a range of age and cognitive levels and in ways relevant to their needs and interests.
6. Proofing how we engage with children.

3.6: To monitor and evaluate the quality and impact of participation:

The HSE needs to develop a quality assurance system for how children are engaged in planning, design, development, delivery and evaluation of services. A quality mark should be investigated drawing on experience such as that of the Investing in Children membership scheme in the UK. The Investing In Children membership scheme recognises and celebrates examples of imaginative and inclusive practice. Investing In Children members are those services that can demonstrate a commitment to dialogue with young people that leads to change (Cairns and Brannen(2005)).

Also standards and benchmarks for participation need to be identified and monitored.

3.7: To involve children and young people in staff recruitment:

The OMC (2004) 'Guidelines on how to involve children and young people in your work' state that the involvement of children and young people in recruitment is based on

the principle that they have a right to say in the recruitment of those who will make decisions affecting their lives, and that they have valuable insights to offer about the skills required for such work. It is essential that their involvement is properly planned and resourced. An Action Plan on Children and Youth participation for HSE staff needs to consider how children & young people will be involved in recruitment in a HSE context, the objectives for such involvement, the training and support they will be given, the detailed protocols for their involvement and arrangements for review etc. Practical guidance and help may be available from good practice examples of involving children and young people in staff recruitment in relation to the appointment of the Ombudsman for Children (Ireland) and in relation to the recruitment of a Project Officer and Worker for the Youth Participation Cross-Border Project.

4.0: Guidelines and Procedures to assist policy development:

Guidelines: Proposed next steps:

- Agree to adopt this policy proposal, based on the OMC (2004), 'Young Voices: Guidelines on How to involve children and young people in your work', as Operational Policy for the HSE.
- Establish a Working Group, to be lead out on by the Office of the Assistant National Director for Children's Services, Office of the CEO, across all directorates within the HSE and with external partners, such as the Office of the Minister for Children, the Office of the Ombudsman for Children etc., who are currently involved in policy and practice development in this area, to develop an action plan (within an agreed timeframe) based on the Objectives outlined in 3.1 to 3.7. This Action Plan will need to be ratified by the Expert Advisory Group for Children.
- The EAG can sponsor development in this arena by commissioning a Conference on Children & Youth Participation nationally (Autumn 2008), to which each of the Directorates and Voluntary & Community sector will be invited to send identified key Children's Service staff from each of the LHO areas, who will be tasked with championing and raising this agenda in their work areas.

- Children and young people should have direct opportunities to influence the work of the EAG. For this to work effectively, processes need to be established to formally link key agencies representing children and young people with the EAG structure in a way that facilitates bi-annual face to face communication between children and young people and the EAG. This can be facilitated through utilizing already existing youth fora established under the auspices of the Office of the Minister for Children.

Procedures:

- The Working Group should be lead out on by the Office of the Assistant National Director for Children’s Services, Office of the CEO, and should draw its membership from the National Hospital’s Office, Office of the CEO: Children’s Services, Population Health, PCCC, Consumer Affairs, Communications, Human Resources, the Voluntary Sector, the Office of the Minister for Children, the Ombudsman’s Office, Children’s Services Committees, Young People, Practitioners, NUIG (and or other academics).
- The Conference Committee could be a sub-group of this Working Group.
- The Working Group will facilitate a process of communication between children and young people and the EAG.

5.0 Communications Plan:

A detailed communications plan will need to be outlined as part of the development of an overall Action Plan to inform the HSE about this policy proposal.

6.0 Ratification Details:

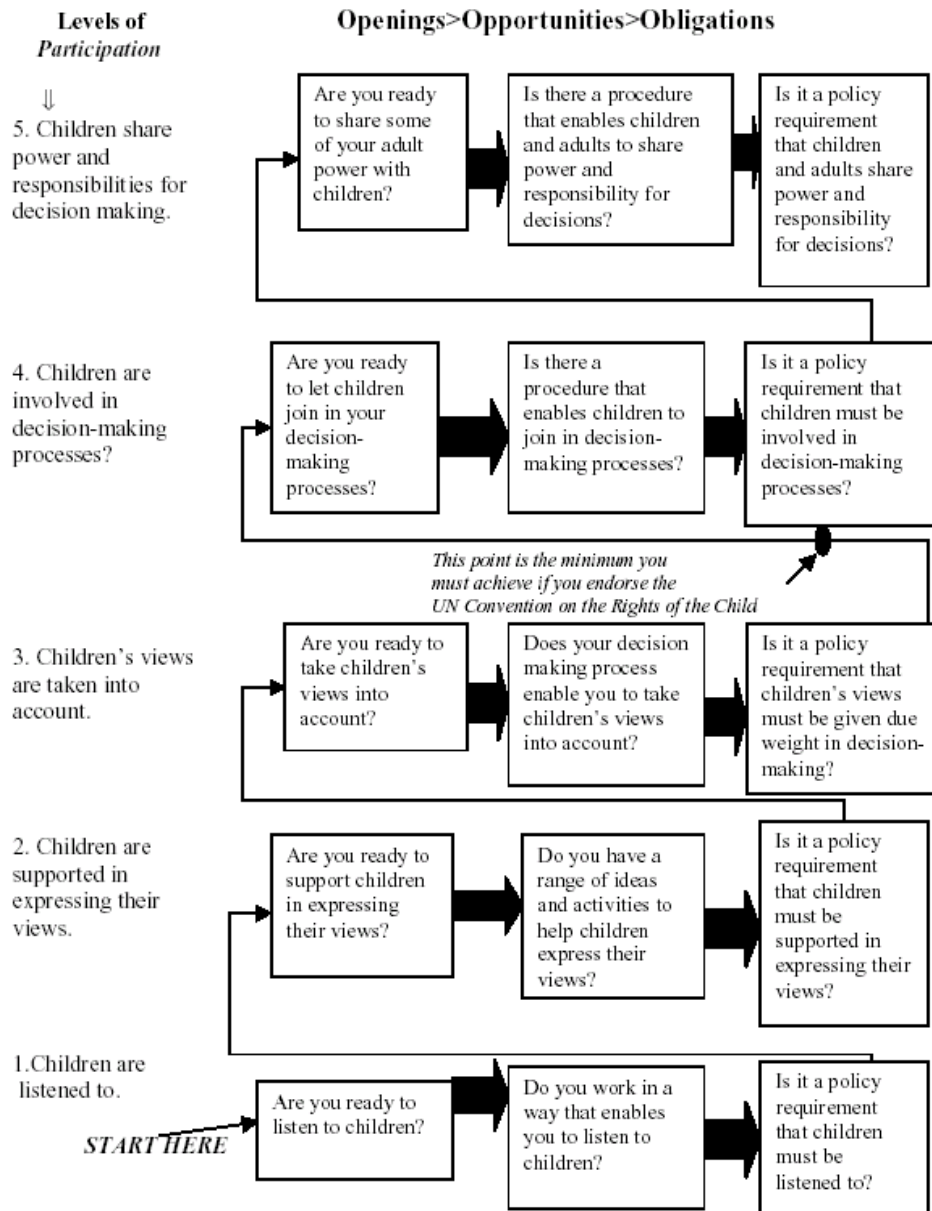
This operational policy is proposed for acceptance by the Healthy Childhood Working Group of the Expert Advisory Group for Children to the Expert Advisory Group in February 2008.

7.0: Appendices:

Appendix 1: Hart's (1992) Ladder of Participation

<p>8. Youth-initiated, shared decisions with adults</p> <p>7. Youth-initiated and directed</p> <p>6. Adult-initiated, shared decisions with youth</p> <p>5. Consulted and informed</p> <p>4. Assigned but informed</p>	<p>Degrees of Participation</p>
<p>3. Tokenism</p> <p>2. Decoration</p> <p>1. Manipulation</p>	<p>NON-participation</p>

Appendix 2 : Shier's (2001) Pathways to Participation:



Appendix 3: Examples of opportunities where engaging with children and young people has made a difference:

These examples range from local ‘on-the-ground’ practice examples to regional and national examples of children and youth participation in planning, design, development, delivery and evaluation of services. An example of involvement of children and families in decision-making in the Hospital setting is listed from Australia. Additionally, the RKW High Level Framework Brief for the National Paediatric Hospital Final Report (2007, P. 239) recommends ‘full engagement of children and their families in the next stages. Interest Groups and Voluntary Groups should also be involved’.

Examples of Children & Young People’s engagement:
<p>Name of Project/Service: Involvement of children and young people in Family Welfare Conferences:</p> <p>Short Description: Children and young people are actively involved in decisions with regard to their own welfare.</p> <p>Evidence of impact of Children and Young People’s engagement In county Mayo, the Family Welfare conference model has been successfully utilized to engage children and young people in the process of developing plans to assist them in resolving family difficulties. A central component and core ethos of the model is the need to involve and engage children and young people in the process. In this regard the views and opinions of children and young people are actively sought by the Family Welfare Conference Co-Ordinator. Children and young people are advised that the Family Welfare Conference is their meeting and that their views and opinions are central. Children and young people can decide who they want at the meeting - they can even write-out the invites themselves. They also decide the time and place where the meeting is to take place. Children and young people can bring a friend or have an advocate, of their choice, to be at the meeting or to articulate their views. Feedback from children and young people, obtained from a formal evaluation of the service in county Mayo has been very positive with children and young people feeling listened to and involved.</p>
<p>Name of Project/Service: Consumer Panels for Young People in Care:</p> <p>Short Description: In 2004, 10 young people in foster care, aged 12-14 years from County Limerick took part in a consumer panel. An independent facilitator was employed. Meetings were held in a safe and friendly environment. Transport was provided. There was a commitment to a formal evaluation process.</p> <p>Evidence of Impact of Children's Engagement: Meetings held with senior managers. Need for court orders changed for travel abroad. A fairer and consistent sleep over policy was adopted.</p>

<p>Name of Project/Service: Road Safety Awareness Training in Carlow in 2006, under the auspices of the County Development Board.</p> <p>Short Description: Road Safety was identified as an issue through the County Development Board in Carlow in 2006. A peer-education partnership project was identified by the Carlow Regional Youth Service and Carlow County Council. Talks and presentations were given by young people in all Post Primary Schools in the County at first and second levels.</p> <p>Evidence of Impact of Children's Engagement: Increased awareness amongst people of key issues in relation to road safety.</p>
<p>Name of Project: Youth Participation Project, Northwest.</p> <p>Short Description: The Youth Participation Project (YPP), a cross-border initiative of the HSE West and the Western Health and Social Services Board, is facilitating youth participation and real change in the planning and design of health and social care services. The YPP works with local youth groups and service providers to create genuine dialogue and real change.</p> <p>Evidence of Impact of Children's Engagement:</p> <ul style="list-style-type: none"> • Working in partnership with service providers in the development of mental health promotion strategy. The young people also developed a number of emotional well being resources targeted at young people, adults and service providers. • Working in partnership with service providers in the development of sexual health promotion strategy. Through this partnership, young people participated in the development of sexual education training and resources for parents and teachers, and also contributed to the debate on sexual health planning and policy at local, regional and national levels. • Participating in the redesign of advertising tools for the Alcohol and Drugs service and Child Psychology service, so as to improve young people's access to these services. • Co-facilitating service provider training on youth participation. • Young people are active members of the Youth and Tobacco steering group.
<p>Name of Project/Service: Young people involved in the design and development of a youth facility in Dundalk.</p> <p>Short Description: Young people involved with Louth Local authority to develop a Youth Drop-In Centre in Dundalk.</p> <p>Evidence of impact of children's engagement: Youth Drop-In Centre established.</p>
<p>Name of Project/Service: A Student Council Working Group (2003-2005) was established by the then National Children's Office, now the Office of the Minister for Children. This was chaired and managed by the former NCO, in co-operation with the Department of Education and Science, to promote the establishment of democratic student councils in second-level schools. All the partners in education nominated representatives to become members of the Working Group. Eleven second-level students,</p>

aged between 13 and 17 years, were members of this Government Working Group, marking a milestone in public policy-making.

Short Description:

During its lifetime, the Group commissioned and published research into the enablers and barriers to effective student councils (Keogh and Whyte, 2005), produced a resource pack for schools and submitted a series of recommendations in a final report to the Minister for Children (National Children's Office, 2005b). The Minister for Children sought the support of the Minister for Education and Science in implementing its recommendations.

Effective student councils in second-level schools, is cited in *Towards 2016*, as a key innovative Government measure.

Evidence of impact of children's engagement: The establishment of a student council support service was the major recommendation of the final report of the Group. This support service was established, as part of the Second Level Support Service, in September 2007 and the OMC is collaborating with DES in overseeing the running of the new service.

In a related initiative, the OMC has collaborated with the Curriculum Development Unit in funding the development of a Civic Social and Political Education (CSPE) teaching/learning resource entitled *Giving Young People a Voice* (Office of the Minister for Children, 2007a). The resource promotes the rights of children and young people to a voice in matters that affect their lives, under the National Children's Strategy and the UN Convention on the Rights of the Child. It incorporates information about Dáil na nÓg and Comhairle na Óg and their potential links with student councils.

The involvement of young people in the Working Group provided adult policy-makers with information, recommendations and insights, which informed all aspects of the initiatives, publications and services outlined above. Without their involvement, the highly effective resources and the new support service might never have happened and most certainly would not have been as relevant and effective as they have proved to be.

Name of Project/Service: Under Goal 2 of the National Children's Strategy a commitment was given to the development of a set of child well-being indicators which would provide the basis for the production of a bi-annual report to be known as the 'State of the Nation's Children'. The purpose of this report is to:

- Describe the lives of children in Ireland
- Track changes over time; and
- Benchmark progress in Ireland relative to other countries

Short Description The set of indicators chosen to represent children's lives was therefore considered

<p>to be of critical importance and the inclusion of multiple stakeholders in the development was essential. Children were identified as being a key stakeholder and their participation led to a number of important enhancements to the indicator set. This included a recognition of the importance of representing the breadth of their lives; the centrality of inter-personal relationships with family and friends (including school friends); the importance of pets and animals in their lives and the value of activities or things to do. Since the category ‘pets and animals’ had never been used as an indicator area of children’s well-being prior to this, it was not possible to select an indicator that would meet the criteria set out for inclusion. In 2006, however, data on this area was collected through the Irish Health Behaviour in School-going children survey.</p> <p>Evidence of Impact of Children's Engagement: The findings will be available in the second State of the Nation’s Children Report and the survey question, now validated for use with children, will be available to the wider international research community.</p>
<p>Name of Project/Service: Health in Ireland: An Unequal State – The Youth Edition</p> <p>Short Description: In 2006, young people were invited to write a youth version of a document written for the Public Health Alliance of Ireland. In partnership with the HSE Children and Young People’s Team, a group of young people researched and reworked the document and produced the youth edition.</p> <p>Evidence of Impact of Children's Engagement: The Youth Edition was launched in 2006 by Fergus Finlay from Barnardos and is a much more accessible version of the original document. It is being used in a variety of settings as a learning resource for both young people and adults.</p>
<p>Name of Project/Service: Growing Up in Ireland Children’s Advisory Forum</p> <p>Short Description: Growing Up in Ireland is a Government study that aims to paint a full picture of children in Ireland and how they are developing in the current social, economic and cultural environment.. The <u>Department of Health & Children</u> is funding it through the <u>Office of the Minister for Children</u> in association with the <u>Department of Social & Family Affairs</u> and the <u>Central Statistics Office</u>. The Office of the Minister for Children is overseeing and managing the study of children, for children and with children. To this end the Children’s Advisory Forum (CAF) has been set up to make sure the voices of children are heard within the study.</p> <p>Evidence of Impact of Children's Engagement: The CAF is made up of 84 children who sit on 12 committees in schools across Ireland. Seven boys and girls sit on each committee. The schools in which these committees sit are spread across several regions including Limerick, Cork, Westmeath, Dublin and Wicklow. These regions were chosen in order to represent all types of schools and communities. The CAF has advised the researchers on study logo, information leaflets and questionnaire design.</p>
<p>Name of Project/Service: Discovering cultural needs of children in a Hospital setting.</p> <p>Short Description: In the Summer of 2007, The Royal Children’s Hospital, Victoria, Australia’s, Cultural Diversity Committee conducted a pilot survey of children, young people and families from</p>

non-English speaking backgrounds. The results showed that children and young people were happy with the information that they received about their child's care and that their cultural needs were respected, but 30% did not know where to go if they had a concern and 23% had difficulty finding their way around the hospital.

Evidence of Impact of Children's Engagement: The RCH plan to repeat the survey on a larger scale, validate the responses and consider further actions.

Name of Project/Service: Development of the New National Tertiary Paediatric Hospital in Ireland: RKW Report (2007).

Short Description: The RKW High Level Framework Brief for the National Paediatric Hospital Final Report (2007, P. 239) recommends 'full engagement of children and their families in the next stages. Interest Groups and Voluntary Groups should also be involved'.

Evidence of Impact of Children's Engagement: Will need to be evidenced.

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