



Irish Foster Care Association

Submission to TUSLA

On

Review of National Leaving and After Care Policy 2011

Introduction

The Irish Foster Care Association (IFCA) welcomes the opportunity to contribute to the review of *the National Leaving and After Care Policy (2011)*. IFCA's submission is informed by the experiences of foster carers who have supported young people in foster care to move towards independent living, where possible, or who are currently in the process of supporting young people to moving from foster care to independent living and who are advocating for services on their behalf. Another cohort of foster carers who contributed to this submission are those who have raised children in foster care and who continue to support those young people who remain living in the foster family home beyond the age of leaving care.

The placement of children in alternative care is legislated for in the Child Care Act 1991¹, and also governed by the UN Convention of the Rights of the Child, and ratified by the Irish Government in 1991².

Subsequent government policy, National Children's Strategy (2000)³, Brighter Outcomes Better Futures (2011)⁴, The National Policy Framework for Children and Young People (2014-2020)⁵, National Consultation Policy (2015)⁶, and National Youth Strategy (2015)⁷, informs national objectives and outcomes for *all* children in Ireland and the revised National Leaving and After Care Policy should reflect all of the above named policies, in particular, the age of young people as defined in the National Youth Strategy and being from 10-25 years (DCYA 2015).

The Child Care (Amendment) Act (2015)⁸ provides for the preparation by The Child and Family Agency of aftercare plans and the provision of assistance to young people leaving care, although enacted, the provision for after care have not yet commenced; positions the importance of the needs of young people leaving care on a Statutory footing, and is welcome.

IFCA recommends that the development of the revised National Leaving and After Care Policy reflect the statutory requirements of the 2015 Act, International Conventions and all other government policies and stated outcomes for all children living in Ireland. In particular, IFCA recommends that the National Leaving Care Strategy embed the principles of the UN Convention on the Rights of the Child, and that of the Thirty- First Amendment of the Constitution Act 2012⁹ which locates the rights of the child, and most importantly, Article 3, the "Best Interest", principle.

The importance of having a National Policy to provide guidance to those caring for and working with children in care is welcome. However, it is important to recognise and value the unique needs of each child. Many children in foster care, whilst being categorised by chronological age, function at younger developmental age as a result of the multiplicity and

¹ The Child Care Act (1991) Department of Health

² UN Convention of the Rights of the Child (1989)

³ National Children's Strategy (2000) Department of Children and Youth Affairs.

⁴ Brighter Outcomes Better Futures (2014) Department of Children and Youth Affairs

⁵ The National Policy Framework for Children and Young People (2014), Department of Children and Youth Affairs

⁶ National Consultation Policy (2015) Department of Children and Youth Affairs.

⁷ National Youth Strategy (2015) (DCYA).

⁸ Child Care (Amendment) Act 2015. Department of Children and Youth Affairs.

⁹ Thirty- First Amendment of the Constitution Act 2012, (DCYA).

range of issues which have impacted on their lives. It is therefore necessary to recognise that not all children, by the age of 18 years are actually functioning at that level. Therefore it may be more appropriate for them to remain living within the protected family structure of the foster carer family with extra consideration and support for those with additional needs. This is evidenced by the number of young people who continue to reside with the foster carer family beyond the age of 18 years and the age of 21 as stipulated in the 2011 Policy.

Recommendations

The current Leaving and After Care Services *National Policy and Procedure Document* (2011) sets out a Statement of Purpose which sets out to promote and achieve best outcomes of young people in Care¹⁰. It sets out five stated outcomes for young people moving to after care and identified how this will be achieved.

IFCA recommends the addition of a sixth outcome to include, “other necessary supports, as required and identified for the young person”.

IFCA strongly recommends that the age of support to the young person leaving care to be increased to the age of 25 to reflect the National Youth Strategy (2015).¹¹

IFCA recommends that the stated outcomes be translated into key statements which are measurable and which should be inspected by HIQA.

After Care Plan – Eligible Age

Foster carers who contributed to the formulation of IFCA’s submission to Tusla on the Leaving and After Care Policy consistently referred to the vulnerability of young people in foster care. It is stressed that while children may have reached the chronological age of 18 years, which is traditionally classified as the entry to adulthood, many children in care may not be developmentally functioning at that age. The current leaving care policy (2011)¹² recommends that children in full time education may be entitled to aftercare support to the age of 23 years.

IFCA recommends that supports for young people Leaving Care Age be raised to 25 years, which is consistent with the National Youth Policy.

All young people in alternative care should have the right to an after care service as a right. Services should not be discretionary to those in decision making positions in government departments, dependent on education status, and is not dependent on the discretion of the young person’s social worker.

All young people leaving care should be consulted with, and included in their after- care life plan.

IFCA recommends that young people should be supported to access all forms of continuing education or training, and be financially supported to do so.

¹⁰ Leaving After Care Services. National Policy and Procedure Document, Health Service Executive (2011).

¹¹ National Youth Strategy 2015-2020. Department of Children and Youth Affairs

¹² Leaving & Aftercare Services, National Policy and Procedure Document (2011) Health Service Executive.

Assessment of Need

The current Leaving and After Care Policies and Procedures Policy (2011) recognises that young people achieve transitions from care to independence at varying speeds. It is also recognised that many young people require a range of supports to enable them move seamlessly to independence.

IFCA recommends that a full needs assessment be undertaken of every young person moving from alternative care to independence (where it is appropriate and/or possible for them to do so).

In considering the needs of young people moving to independent living, where possible, both the social and emotional needs should be assessed. Assessments should be appropriate to the young person's needs which may include the Vineland Adaptive Behaviour Scales, Mental Health Scales and other appropriate assessment tools. The identified needs are recorded in the young person's after care plan and that all identified services be offered to the young person *prior* to moving to semi or independent living.

Vulnerability of Children in Alternative Care

Many children living in foster care require additional supports throughout their time during and after placement with the foster family. It is the experience of foster carers that the continued supports for the young adult in moving to independent living are not transitioning with them, leaving the young person more vulnerable and susceptible to an unsuccessful transition to independent living. The UNCRC in its general comment on Children without Parental Care (2006) recognises the important of transitioning from state care to independent living, requiring state parties to facilitate and enhance the child's transition from care to independent living¹³ The Committee on the Rights of the Child response to the Irish states third and fourth combined reports in 2016 commented on the inadequate aftercare services and support provided to children leaving care and recommends that the state;

“Adequately prepare and support young people prior to leaving care, by providing for their early involvement in the planning of the transition and by making assistance available to them following their departure¹⁴

IFCA recommends that:

A comprehensive care planning process is initiated for all young people prior to leaving care by the Child in Care Social Worker, similar to the rigor of that at the entry into care. The initiation of such planning should commence following the junior cert examination cycle or equivalent, or at the age of sixteen, post the junior cert examination being the determining factor for commencement. Recent consultations with young people highlighted their stress with both leaving care and sitting state exams happening simultaneously¹⁵. The leaving care plan should involve all those involved with the child, in particular their foster carers, to identify the current and continued supports to travel with the child and what additional supports are required to enable them transition to independent living successfully. As a result of the Leaving Care Plan, an after care “passport” should be put in place which identifies all

¹³ Committee on the Rights of the Child. Day of General Discussion, Children without Parental Care; (CRC/C/153), pp 9.

¹⁴ Convention on the Rights of the Child CRC/C/IRL /CO/3-4

¹⁵ Children's Rights Alliance 2015

the required supports for the young person to support their seamless transition to independence which should be reviewed at regular intervals. The review of the after care plan should be initiated by the after care worker. It has been noted that in some instances, that the initiation of a request for support has had to be undertaken by the young person themselves in the absence of a planned transition from care.

Supports for Leaving Care

Most young adults in society have the continued supports and fall back to their family of origin throughout their life. Unfortunately, the same cannot be said for many young people leaving alternative care. However, in a great many instances, foster carers continue to play an important support to young people who have transitioned to independent living. Foster carers continue to support and advocate on behalf of the young people who have transitioned to independent living and who continue to require support.

IFCA recommends that the role played by foster carers who continue to support young adults beyond alternative care be recognised and valued. Where a young person elects to remain living with the foster carer and where the foster carer agrees to continue to provide a home environment for the young person, and where the young person is not in receipt of an income, the foster carer should continue to receive financial aid to provide for such situations.

The “rent a room” tax exemption should be offered to foster carers who continue to care for young people beyond the age of 18 years.

Preparation for Leaving Care

The development of Life Skills for all young people to ensure that they live full and complete lives is crucial, and foster care provides an excellent foundation for this development for children. Life skills are integral to all children growing up, however, children in alternative care are required to develop skills for independence long in advance to natural children who continue to live with parents into their mid-twenties to early thirties in many instances.

IFCA recommends that the importance of and promotion of Life Skills be highlighted for children in foster care with training and information provided to foster carers, to enable young people in their care to prepare for independent living.

IFCA also recommends that the child in care social worker promote the development of Life Skills at child in care reviews in consultation with the child and foster carer, taking into consideration the young person’s developmental and cognitive ability.

Young People with Disability

The UN Convention on the rights of persons with disabilities requires states parties to “recognise the inherent dignity and worth and equal and inalienable rights of all members” and “the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination”¹⁶

Many young people living in alternative care have additional needs and require additional supports and services to enable them participate fully in society. It is essential that in planning for after care that a comprehensive review of the care plan process be undertaken to identify the current, imminent and future needs of the young person to ensure that they are linked in to all the relevant services with a dedicated worker to guide and ensure a seamless transition to support their continued access and participation.

IFCA recommends that a thorough care plan process be undertaken for every young person who is moving from alternative care to ensure that they are linked into the appropriate services.

Tusla should ensure that all young persons who require additional needs and support are linked into the relevant disability adult services and that the transition is planned, executed and signed off by Tusla and the relevant responsible body for the continuing care of the young person.

Where a young person on reaching the age of 18 years who is of limited capacity and is in receipt of disability services, transitions to after care, and where the foster carer continues to care for them in their home, the foster carer should receive a carer’s allowance, (which is non-taxable and non-means tested), to enable them to continue to care for the young person.

Continued Responsibility of the State for Vulnerable persons.

Many young people moving from Alternative Care continue to require additional support and will continue to do so throughout their lives.

IFCA recommends that the particular vulnerability of young people who have grown up in alternative care is recognised, in adulthood and throughout their life, and is prioritised in securing state services if and when required. A protocol agreement should be developed between the relevant key departments, Housing, Health, Education and Social Protection to prioritise the needs of young people and adults who have lived in alternative care. It is also recognised that young adults who have grown up in care, may not wish for their status in childhood be declared. Therefore it should be requested of every young person if they wish for their “care status” be identified in official documentation.

¹⁶ UN Committee on the Rights of the Child; (UNCRC/C/20 PP: 1).

Training and Consistency

All young people transitioning from alternative care should receive a consistent service which is specified in the new revised policy and procedures.

IFCA recommends that after care services should have dedicated after care staff who are trained to support the needs of young people leaving care and transitioning to independent living. An after care handbook to guide and support after care staff should be developed in tandem with the new Leaving and After Care Policy to ensure a consistent delivery and implementation of approach nationwide.

Accommodation

It is essential that no young person becomes homeless as a result of moving from state care to independence. The National Homeless Strategy¹⁷ and Youth Homeless Strategy¹⁸ identifies many pro-active initiatives to prevent young people becoming homeless as a result of growing up in alternative care.

IFCA recommends that all leaving care plans identify the imminent living accommodation for young people leaving the secure base in which they live to adulthood.

The individual after care plan should clearly identify where the young person will reside immediately on leaving care. IFCA recognises that some young people leaving alternative care may be vulnerable in living independently and recommends greater use of supported lodgings, be identified in their leaving care plan. However, Supported Lodgings should not be offered to young people with disabilities on leaving care.

IFCA recommends that where a young person wishes to continue to reside with a foster carer post 18 years of age, and wishes to live semi-independently with the foster carer that the foster carer be supported to provide supported lodgings to the young person. This will enable them to commence the journey to independent living in familiar surroundings and with a network of people who are familiar and supportive to them.

IFCA also recognises that a cohort of experienced foster carers exists and may be available to offer supported lodgings to young people, unknown to them. Specialist training and support should be offered to the foster carers to provide supported lodgings in this instance.

Where a foster carer is willing to provide supported lodgings, a financial grant should be made available to them, similar to that of childminders, to modify their home to provide semi-independent living for the young person.

After Care Allowance

IFCA recognises the importance of the aftercare allowance to promote independence for young people. Experience of foster carers since its introduction is the inconsistency of its implementation nationally. Examples exist of the implementation of the allowance contributing to angst in the placement foster home and in some instances the breakdown of the placement. In other instances young people who moved in with a relative and the payment has ceased.

¹⁷ National Homeless Strategy (2010) Department of the Environment and Local Government

¹⁸ Youth Homeless Strategy (2001) Department of Health and Children.

IFCA recommends that a guidance be developed as to the distribution of the allowance to take into consideration the maturity of the young person, and what is an appropriate allowance for a young person who attends second level education.

It should be made clear to the young person what the allowance is for and the consequences if they return to live with family or extended family.

IFCA strongly recommends that a cost calculator be designed to take into consideration living expenses, and what is appropriate in a range of situations that does not place the foster carer as “broker” in the distribution of the allowance with the young person.

Parental Supports

Where a young person becomes a parent in after care, a wide range of supports are required for them during this vulnerable period. It is the experience of some foster carers that the young person may be reluctant to engage with Tusla, being fearful of excessive scrutiny and concern that their child may be taken into care. These young people do not have the range of natural family supports that other young people have. Therefore their need is greater.

IFCA recommends that such young women be linked in at a very stage by their after care worker to local family support services which are available to other young mums.

IFCA also recommends that suitable accommodation be identified within an area where they have some extended support available to them.

Advocacy

The very status of young people in the care of the state contributes to their unique vulnerability. In addition to an after care service, a specific Advocacy service should be available for them up to the age of 25 years.

IFCA recommends that an advocacy service for all young people be established to ensure that they do not fall into the trap of poverty or homelessness.

IFCA recommends that where a young person is recognised as having a disability, they have a dedicated advocacy person within the disability services.

Conclusion

IFCA is available to discuss any aspect of this submission to contribute to the National Leaving and After Care Policy and Procedures by Tusla. IFCA has identified issues and solutions to many of the issues which affect young people leaving care and in particular foster care.

During consultation with foster carers, there was an overwhelming desire to ensure that young people who had grown up with foster families, succeed in the transition to independent living and indeed life.

Foster carers expressed concern that young people would not receive the appropriate services or accommodation to enable them succeed in their transition. They have identified many solutions to ensure that these young people succeed.

The Department of Children and Youth Affairs in its consultation with Children in care of the state in 2011 consulted extensively with children in care.

Respondents said of aftercare that

“They were hugely fearful of what aftercare would entail and if they would have an aftercare service “¹⁹

¹⁹ Listen to our Voices. Hearing Children and Young People Living in the Care of the State. Department of Children and Youth Affairs (2011).

National Policy and Procedure Document for Aftercare Service Provision

SECTION 1

AFTERCARE - CONTEXT, PRINCIPLES AND FRAMEWORK OF SERVICE DELIVERY

MISSION STATEMENT

The Health Service Executive is committed to delivering and implementing a leaving and aftercare service for young people which is responsive and relevant to each young person's circumstances. This will provide a holistic, integrated, caring service to young people to support their changing needs in making the successful transition to living independently. The Leaving and Aftercare Service is an integral part of the continuum of care process we provide.

1.1 : Leaving and Aftercare Policy and Procedures

Aftercare is a process of preparation for leaving care, follow up and support in moving towards independence for all those young people who are eligible. It is a through care process, in consultation with the young person, beginning from reception into care and including comprehensive assessments, care plans and reviews.

1. It is recommended that “young people who are eligible” is broadened to include, “and are capable”. The young person’s developmental and intellectual functioning should inform this criteria.
2. Clear guidelines are required in terms of the minimum age for the commencement of leaving care plans of the identified supports.
3. It is not always the case that leaving and aftercare plans are included from the child’s reception into care. Often foster carers do not experience the preparation for leaving care as “a thorough care process”.

1.2: Leaving Care Policy framework:

It is essential that service delivery works within an agreed, standardised framework, which clearly defines the eligibility of access to the aftercare services, the nature and level of the services available, the terms and conditions for the allocation of financial supports, arrangements for the closing of aftercare

supports, and specific guidelines to cover particular aspects of aftercare -travel needs, college fees, holidays e t c .

This policy seeks to:

- Be comprehensive
- Be informed by young people and their carers (Residential staff and foster carers)
- Be flexible
- Be open to review every three years
- Have a mechanism that ensures that young people's views continue to be taken into account

This aftercare policy framework, as well as paying attention to the practical tasks of living independently and the resources required to do that, will help young people to combat isolation and loneliness. Further, it acknowledges that young people achieve transitions from care to independence at varying speeds, and to varying degrees, and that service provision needs to take account of this.

The policy promotes the encouragement of young people to make decisions for them.

1. The policy framework should include a clear reference to the availability to respite packages.
2. In practice young people stay/return to family members as they transition out of care. Clarity in terms of Tusla/HSE 'duty of care' is required during this time.
3. Many young people choose to walk away from care; the policy framework needs to acknowledge that supports may still be required, the policy should include a system of scaffolding/step-down from care.

1.3 : Rationale

The implementation of an effective Leaving and Aftercare policy strengthens the position of the young person leaving care, supports their transition to independence and reduces the possibility of homelessness, social exclusion and breaks the cycle of care. Due to the current discretionary nature of the legislation, service provision has been fragmentary. The absence of national policies and procedures related to aftercare provision and dedicated resources, has created difficulties in developing services further.

Difficulties associated with the transition of leaving care are well documented. The I.S.S.I., Ryan Report and H.I.Q.A. argue that poor outcomes are typically associated where young people: -

- Have experienced multiple care placements.
- Have had numerous changes of social worker.
- Have experienced unstable and transitory relationships with significant carers.
- Have had their education severely disrupted.
- Have not had issues related to their reception into care addressed

'Youth Homeless Strategy, 2001

- Have not had significant contact with their birth families
- Have received little preparation for leaving care.
- May be given little or no aftercare support.
- May leave care in an unplanned way.
- Have not been adequately consulted about arrangements for their moving on.

The reality for many care leavers is that they may have limited support from their family of origin, and are dependent on H.S.E. support and benefits to enable them make the transition to independent living.

There is a wide body of research on aftercare both nationally and internationally. Through this research we have learned that preparations must occur over a number of years, through a variety of modalities, and be tailored to the needs level, and circumstances of the young person. There is also clear evidence that young care leavers who have experienced critical preparatory work while in care have more positive experiences and stability upon discharge.

Preparation and planning for aftercare must also take into account the lengthy process of transition of adolescence to adulthood, and should reflect the gradual transition of the young person from dependence to independence.

"It should be noted that most young people do not leave home until they are in their mid-20's or they use home as a secure base, yet vulnerable care leavers are expected to live independently at the age of 18." ²

Finally, preparation must include ongoing assessment, planning individual instruction, modeling and practice. As the young person gets closer to leaving care there should be increased opportunities for real-life practice experience that is commensurate with the young person's level of functioning.

Comprehensive planning ensures that supports are formalized, nurtured and not left to chance.

1. It is recommended that the policy references the commitment in "Better Outcome's, Better lives" to strengthening transitions, *"from living in care to independent living, or transitioning from child to adult health services. For some, these transitions can be destabilising and upsetting, and can place vulnerable groups at further risk"*
2. The policy should also consider that the United Nations defines 'youth' as individuals aged between 15 and 24 years and the European Union follows this definition in its White Paper on youth (European Commission, 2001). Ireland's *Youth Work Act 2001* defines a young person as an individual under the age of 25 years. In terms of the upper age limit, it is important to note that youth transitions are becoming more protracted and that there is mounting empirical evidence that young people are delaying forming independent households and remaining in the family home for longer than was previously the case (Arnett, 2004; Jones, 2002; Smith, 2009).
3. Ireland's *Youth Homelessness Strategy* (2001) did not provide a clear definition of 'youth' and, in practice, a large number of the objectives set out in the Strategy were concerned with preventing and responding to homelessness among children and young people under the age of 18 years (Mayock and Corr, 2013). In contrast, most UK commentators engaged in discussions of 'youth homelessness' focus on the housing needs of those aged between 16 and 24 years (Quilgars *et al.*, 2011).

1.4: Statement of Purpose:

The HSE is committed to promoting and achieving the best outcomes for young people in care. In keeping with the role of a "good parent" the HSE is committed to maintaining support to care leavers, through the delivery of programmes, which enable young people to adequately prepare for leaving care, and in ensuring consistency of support to these young people in post care up to 21 years of age. In doing so the HSE seeks to promote better outcomes, which can be measured and defined as:

- The young people leaving care have developed the necessary life and social skills
- Young people have developed a level of resilience to cope with the adversities that many young care leavers face in post care life
- Young people are encouraged and supported in training, employment and continuing in further and higher education
- Young people establish themselves in suitable accommodation which can afford them stability and integration into communities
- Young people have appropriate social networks.

It is recommended that post care age is extended to 25 years not 21 years of age.

1. It should be stated that "consistency of support" includes those caring for young people. The role and value of foster carers and those caring for young people should be acknowledged up to 23 years of age.
2. The statement should include a commitment to access a range of identified supports (psychological, emotional, addiction services).

² Report of the Commission to Inquire into Child Abuse, 2009, Implementation Plan [Ryan Report].

How this will be achieved:

The HSE will achieve these outcomes by:

- I. The delivery of preparation and leaving and aftercare support for each young person aged 16 upwards, based on assessment of their needs and underpinned by a written leaving care plan, which will be reviewed regularly.
2. The appointment of designated leaving and aftercare personnel who will coordinate the assessment, planning, review process and monitor progress and outcomes for young people.
3. By working in partnership with statutory, voluntary and community agencies to meet the assessed needs of these young people.

4. Maximise support available to each young person and to preserve significant attachments.

5.

- 1 IFCA recommends consistency in the training requirements for all aftercare personnel be reinforced throughout the revised policy.
- 2 The policy should include a commitment to working with foster carers to achieve these outcomes for young people in foster care.
3. It is recommended that in order to maximise participation levels of Young people that appropriate training is provided to those consulting with young people and it is conducted in in participation with them.

What these policies and procedures will enable:

- National standardised practices
- Planned interventions in accordance with agreed processes
- Consistency of support and continuum of care
- Better outcomes

5.

1. Processes and Procedures for accountability and transparency should be clearly outlined and included in the policy.
2. It is recommended that HIQA should play a role in ensuring that the policy is implemented and its standards are translated into practice.

1.5: Legislation

The legislative framework for developing leaving care services is provided by the duties and powers given to the H.S.E. contained in the Childcare Act 1991, specifically (Part IV) Section 45.

Section 45 outlines how a care leaver may be supported upon reaching his /her 18th birthday. Section 45 permits the H.S.E. To support the young person up to the age of 21 or where the person is involved in a course of education until the young person completes the course.

Section 45 of the Childcare Act 1991 places a statutory duty on the HSE to form a view in relation to each person leaving care as to whether there is a "need for assistance" and if it forms such a view to provide services in accordance with the section and subject to resources

The H.S.E. may assist a person under Section 45 in one or more of the following ways:

- a) By causing him to be assisted or visited;
- b) By arranging for the completion of his education and by contributing towards his maintenance while he is completing his education;
- c) By placing him in a suitable trade, calling or business and paying such fee or sum as may be requisite for that purpose;
- d) By arranging hostel or other forms of accommodation for him;
- e) By co-operating with housing authorities in planning accommodation for children leaving care on reaching the age of 18 years.

The following documents have informed this policy:

The Youth Homelessness Strategy, 2001 provides the following protocol for Aftercare Provision:

Each Local Health Office in collaboration with the local authorities and other relevant statutory and voluntary agencies, as part of its two year plan to address youth homelessness will devise a comprehensive strategy for effective aftercare having regard to the following protocol. This will involve identifying the range of measures in relation to accommodation, education, training and other supports, which are needed for effective aftercare, and the resources required by the agencies involved.

An underlying objective of this approach is to ensure that the young person does not become homeless as an adult.

Aftercare Protocol: -

- Aftercare is an integral part of the care process.

- Each health board must ensure that a written policy in relation to aftercare is prepared and communicated to its entire staff including those working in residential centers. This statement outlines all aspects of support and entitlement for the young person concerned.
- Staff will be familiarised with this policy and will be supported to ensure that it is implemented.
- A specific budget will be set aside for Aftercare support.
- A designated person will be appointed to provide aftercare support for each young person leaving care, including those leaving foster care or availing of other services provided by or on behalf of a health board such as supported lodgings.
- In residential care the key worker appointed for each child has specific responsibility to support the transition of the young person leaving the centre.
- Every residential centre will appoint an aftercare support officer so that policy on aftercare is adhered to and to ensure that an aftercare support plan is in place for each young person leaving care.
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1. It is recommended that a National policy governing aftercare is essential to achieve uniformity and consistency.
2. It is recommended that Fosters Carers are also familiarised with this policy.
3. Residential centre policies should be consistent with National Policy

The Report of the Commission to Inquire into Child Abuse, 2009, [Ryan Report] Implementation Plan:

Recommendation 16 states: Children who have been in State care should have access to support services.

Aftercare services should be provided to give young adults a support structure they can rely on. In a similar way to families, child care services should continue contact with young people after they have left care as minors. The provision of aftercare by the HSE should form an integral part of care delivery for children who have been in the care of the State. It should not be seen as a discretionary service or as a once- off event that occurs on a young person's 18th birthday, but rather a service that he or she may avail of up to the age of 21.

Actions to be taken:

64. The HSE will ensure the provision of aftercare services for children leaving care in all instances where the professional judgment of the allocated social worker determines it is required. [by November 2009]
65. The HSE will, with their consent, conduct a longitudinal study to follow young people who leave care for 10 years, to map their transition to adulthood. [Starting in 2010].
66. The HSE and the Department of the Environment, Heritage and Local

Government will review the approach to prioritizing identified 'at risk' young people leaving care and requiring local authority housing. [by December 2010]

67. The HSE will ensure that care plans include aftercare planning for all young people of 16 years and older. [by June 2010]
68. The HSE will ensure that aftercare planning identifies key workers in other health services to which a young person is referred, for example, disability and mental health services. [by June 2010]
69. The OMCYA, in conjunction with the HSE, will consider how best to provide necessary once-off supports for care leavers to gain practical lifelong skills.[by June2010]

1. It is recommended that post care age is extended to 25 years not 21 years of age.
2. IFCA recommends that Action 64 needs to be revised on the basis that aftercare as a right – not based on “*professional judgment of the allocated social worker*”
3. Action 65 – Has the longitudinal study been conducted, and if it has can the outcomes be published?
4. Recommendation: to adhere and reinforce actions 67, 68 & 69

Draft National Quality Standards for Residential and Foster Care Services for Children and Young People, 2010:

Standard 13: Preparation for adult life and aftercare support

"Each child and young person is helped to prepare for adult living assisted to manage the transition from care and supported to attain independence."

Outcome:

Each young person experiences the transition to aftercare and adulthood as a series of graduated steps that are negotiated with assistance from trusted adults, timed in accordance with his/her wishes and abilities, with additional time for adjustment at various stages if required.

Criteria:

13.1 Each child and young person is helped to prepare for adulthood and has opportunities to learn life skills, take developmentally appropriate risks and assume increasing levels of responsibility as he/she grows older.

13.2 Each young person who ceases to be in the care of the HSE on attaining the age of 18 continues to live in his/her placement unless his/her care plan indicates otherwise. Each young person who moves to independent accommodation has opportunities to return to his/her placement for seasonal celebrations, special occasions or when a break from the responsibilities of adulthood is required. Foster parents are given the support necessary to provide this service.

1. It is the experience of IFCA Foster carers that this is not implemented.

13.3 Each child and young person who leaves his/her placement is prepared for this in ways that are appropriate to his/her age, stage of development, understanding and maturity. The preparation reflects whether the plan is for him/her to return to his/her family, to live independently or to move to another placement.

13.4 Young people preparing for independent living are helped to acquire essential skills, such as, budgeting and routine home maintenance.

13.5 The management of transitions, such as leaving care or moving to a new placement, forms part of the overall care plan for each child and young person. The plan identifies:

- The skills the young person needs and how he/she is to acquire them.
- A person to assist the child or young person in preparing to move and to provide support after the child or young person has left care and/or his/her current placement.

- The informal networks that the child or young person can draw on for support after he/she has left care. As appropriate, the child or young person is assisted to re-establish contact with extended family and friends.

13.6 The plan for each young person leaving care identifies:

- The young person's primary place of residence.
- The health, medical, financial, housing and any specialist services that will be required and how these are to be accessed.
- The assistance available in the event of an emergency.

13.7 The aftercare plan for a young parent identifies the supports to be provided to address the needs of the young person, and the additional supports to be provided to help him/her care for his/her children.

13.8 The aftercare plans for young people with learning difficulties, mental health and/or addiction problems identify the services to be provided to them and the arrangements to be made for management of their medication.

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| <ol style="list-style-type: none">1. 13.8 should include young people with physical disabilities, social and emotional need |
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13.9 Each young person leaving care is given encouragement and financial assistance to access education or vocational training.

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| <ol style="list-style-type: none">1. 13.9 should be revised to include “and other course as appropriate”. |
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13.10 The supports and assistance to young people leaving are available until the age of 23 or longer, as appropriate to the individual's needs and circumstances. The supports continue to be available if the young person declines to engage with the services for a period of time.

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| <ol style="list-style-type: none">1. 13.10, the young person's right to re-engage in the service should be reinforced throughout the policy. |
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Other legislation relevant to Leaving and Aftercare Services include:

- 1) The Youth Work Act 2001
- 2) The Education Welfare Act 2000
- 3) National Children's Strategy 2000
- 4) Social Services Inspectorate Annual reports
- 5) H.I.Q.A Draft National Quality Standards for Residential and Foster Care Services for Children and Young People 2010
- 6) National Health Strategy 2001
- 7) National Adult Homeless Strategy

The relevant regulatory documents include:

- Childcare (Placement of Children in Foster Care) Regulations 1995
- Childcare (Placement of Children in Residential Care) Regulations 1995
- Childcare (Placement of Children with Relatives) regulations 1995

Each of these documents states that the H.S.E. is required to have a care plan for every child in care, and that it is required to give consideration to the aftercare needs of young people due to leave care.

With the introduction of the National Standards for Children's Residential Service (D.O.H.C., 2001) and the National Standards for Foster Care (D.O.H.C, 2003) the

H.S.E. are required to introduce and implement leaving care policies to support young people to a minimum of 21 years.

Best practice, supported by the Child Care Regulations 1995, the National Standards in Residential Care and the National Standards in Foster Care, and indicates that preparation for leaving care should begin at least two years before the young person's 18 birthday.

1.6: Principles

The principles of this Leaving and Aftercare Policy are detailed below. The Child Care Act 1991 provides the underpinning guiding principle: the welfare of the child is the first and paramount consideration, having regard to the rights and duties of parents, the child's wishes, and the principle that children are generally better off when brought up in their own family.

1. The welfare of the young person is paramount.
2. The young person has the right to informed, meaningful consultation.
3. Young people will be provided with all relevant information in order to enhance their participation in decision making regarding their future life plans.
4. All young people have the right to be supported in their transition to adulthood. The Health Service Executive will strive to ensure that young people in care are provided with the best chances to be confident, positive and successful. The Health Service Executive will endeavor to expedite this right on behalf of young people who are unable to access support within their own community or family of origin.
5. Preparation for leaving care will begin on entry into care, and support will be given and continue until the young person has made the transition to independence, or is in some other appropriate arrangement.

1. Principle 5 - It is suggested that this point is revised to include:

“Preparation for leaving The Care SYSTEM will begin on entry into care, and support will be given and continue until the young person has made the transition to independence, or is in some other appropriate arrangement.

2. What constitutes as an appropriate arrangement needs to be clarified.

6. Preparation and planning is essential to achieving positive outcomes for care leavers, with young people engaged in this process. Their views about when they feel ready to move on will be listened to with care and consideration.
7. The HSE will seek to enable young people leaving care to reach their full potential as independent adults.
8. Stability and continuity are important prerequisites to achieving positive outcomes for care leavers. The option of staying on in a care placement beyond conventional leaving care ages will not be dismissed lightly. Many young people will have formed significant emotional and psychological ties. These should not be severed as a consequence of the young people leaving care at 18yrs.³
9. The Health Service Executive will endeavor to work in a collaborative manner to achieve a wide network of support for young people. Strong

partnerships will be developed with a range of other statutory and voluntary services.

10. Service development will reflect the diverse characteristics of the various populations of young people in need of support, enshrining the concepts of gender and cultural equity.

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| <ol style="list-style-type: none">1. Principle 10 - it is suggested that this point is revised: Service development will reflect the diverse characteristics of the various populations with individual young people in need of support, enshrining the concepts of gender and cultural equity. |
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11. Service development will ensure that contingency planning is an inherent component of local planning.

12. The Health Service Executive will ensure that each young person in need of support is subject of a detailed holistic needs assessment. This assessment will be subject to regular review or more frequently in consultation with the young person.

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| <ol style="list-style-type: none">1. Principle 12 should be revised to include:
“Tusla will ensure that each young person in need of Support is subject of a detailed holistic needs assessment. This assessment will be subject to a regular review or more frequently in consultation with the young person “and foster carer and significant key people”. |
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13. The Health Service Executive will collaborate with young people and their families and/or carers. Process participation is seen as not an event but an ongoing integral element of individual planning.

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| <ol style="list-style-type: none">1. Principle 13 is regarded as significant <u>and</u> should be reinforced throughout the policy document |
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14. The Aftercare Service is a voluntary service. Young people have the right as adults to decide if they want to engage with the Aftercare Service or not. Young people can re-engage with the service at any point up to the age of 21yrs.

1. Principle 14 – this does not reflect the imminent legal situation/National Standards
2. After Care should be “a right” for the young person
3. The age limit should be raised to 25 years

15. The after care process will incorporate contingency plans, as a back up for supporting young people, in the event of initial leaving care arrangements breaking down, including arrangements for respite care.

16. Staff will be supported to ensure successful implementation of the policy.

1. Principle 16 – should include foster carers and former foster carers

17. Leaving and Aftercare services will be monitored and evaluated on a regular basis to ensure quality and inform service development.

1. IFCA recommends that special provision is made for regular respite for children with disabilities
2. Individualised care plan for adulthood where Special needs and additional supports are identified.

³ Draft National Quality Standards for Residential and Foster Care Services for Children and Young People, 2010, HIQA

SECTION 2

SERVICE DELIVERY - PRACTICES AND PROCEDURES.

Introduction:

This section seeks to set out clearly the procedures, which will govern the delivery of aftercare services, and supports to young care leavers.

1. Recommendation: “Leaving care – change to “Individualised Care plan for adulthood, where special needs and additional needs”

2.1: Eligibility for Services

As noted in Section 1, the basis for the delivery of services to young people leaving care derives from Section 45 of the Child Care Act, which outlines the nature and extent of services that may be delivered when a young person leaves the care of the HSE.

Section 45 of the Childcare Act 1991 places a statutory duty on the HSE to form a view in relation to each person leaving care as to whether there is a "need for assistance" and if it forms such a view to provide services in accordance with the section and subject to resources.

All young people who have had a care history with the HSE are entitled to an Aftercare Service. The extent as to what is provided is based on assessment of need, age and the length of time the young person was in care.

It is emphasized that the most important requirements for young people leaving care are for secure, suitable accommodation as well as further education, employment or training. These core requirements will be prioritized in the provision of aftercare services.

1. Recommended that “These core requirements will be prioritized in the provision of aftercare services” and further assessment of needs.

Within this section there are some defined parameters within which such services may be delivered:

- Where a child leaves the care of the HSE, - indicating that the provision of aftercare relates to those young people currently in care and are of an age where leaving is indicated;

- The HSE may "assist him/her for so long as the board is satisfied as to his/her need for assistance – requiring that there must be an assessment (ongoing) of need for aftercare assistance;
- "He/she has not attained the age of 21 years" meaning that the service is only open to those under 21 at the start of the provision of service;
- And, where "that person attains the age of 21 years, the board may continue to provide such assistance until the completion of the course of education in which he/she is engaged" which extends a person's eligibility for support beyond 21yrs up to the age of 23yrs.

1. Recommended: age eligibility for support should be extended to 25 years and should be consistent throughout policy.

From this legislative framework, as well as best practice and current processes, the following primary eligibility criteria pertain:

1. 18yrs and up to 21yrs -is the core eligible age range for aftercare.
2. Where a young person has been in the statutory care of the Health Service Executive for a minimum period of 12 consecutive months on their 16th birthday.
3. Where a young person is in the statutory care of the Health Service Executive after their 16th birthday, they must be in care for a minimum period of 12 consecutive months prior to their 18th birthday. [Community Welfare Requirements]

1. IFCA recommends that this is removed, this is an unnecessary restriction, what if the young person has been in care for 11 months

4. Aftercare is available to all those eligible irrespective of which care sector they have been in, foster care, residential care and high support respectively.
5. The length of time for receiving aftercare support is dictated by an ongoing needs assessment, up to 21yrs (unless they are in education in which case the HSE can support until 23yrs)

1. IFCA recommends that the age of eligibility be raised to 25 years in keeping with the National Youth Policy (2015)

6. Up until the young person reaches the age of 18yrs they are still considered a minor (Child Care Act 1991) and any issues pertaining to their welfare and risk are matters for the social work child protection and welfare teams.
7. On occasions, a young person may continue to be in care up until their 18th birthday, but they may reside at their family home, as part of their aftercare plan. These young people may remain eligible for aftercare advice and guidance up to the age of 21yrs if they meet the above criteria.

1. Clarification in need in respect of status of care if residing at family home.
2. Consistency in respect age eligibility

It is emphasized that Aftercare Services are provided on the basis of an individual holistic needs assessment. It is accepted that there may be circumstances in which services are provided where a young person has been in care for less than a minimum period of 12 consecutive months prior to their 18th birthday, but have had extensive experience of care and ongoing intensive social work intervention throughout their childhood and teenage years.

1. Recommend: All government departments should develop policies which recognise the uniqueness of the young person in care, leaving and aftercare.

2.2: Referrals to Leaving / After care services

Who can make a referral?

Referrals can be made by:

- Allocated social worker
- Young people themselves over 18yrs
- An agency with or on behalf of a young person

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| <ol style="list-style-type: none">1. Foster carers should be included in this list of potential referrers |
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Self-referral

These are young people who leave care at 18yrs and who elect not to engage in the aftercare services but decide at a later point to seek assistance from the HSE.

- Where applicable, cases should be left open in aftercare services up to the age of 21yrs
- Where a young person self refers post leaving care, they may be eligible for aftercare support. However, they must fulfil the eligibility criteria for aftercare.

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| <ol style="list-style-type: none">1. IFCA recommends that Aftercare should not rely on a referral.2. After care should be a right. |
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Where young people have not engaged with Aftercare Services at 18yrs, Aftercare personnel will attempt to contact these young people at three month intervals to facilitate self-referral within their first year of leaving care.

When to refer?

Referral to the Leaving and Aftercare service should be made as part of the young person's Care Plan. The earlier the referral, the better the ability of the service to engage and work more effectively with the young person.

It is essential that young people be referred at 16 years of age to assist in the development of supportive relationships with the Leaving and Aftercare service staff. Prior to referral to the Leaving and Aftercare service the allocated social worker should inform the young person of what leaving and aftercare services provide preferably with a member of staff from the Aftercare Service. The Aftercare Service supports the care planning process for young people aged 16-18yrs in preparation for leaving care.

How to make a referral

A formal, written referral must be submitted to the Leaving and Aftercare Service. Social work referrers must use the Planning for Leaving Care Referral Form. [See Appendix 1]

Provision of accurate and detailed information on the referral form will facilitate a thorough assessment. Inclusion of the young person in the referral process is crucial to the aftercare process. It is also important to have the young person's consent to the referral. It is important that workers ensure that the leaving and aftercare process is broached in a sensitive manner with young people so as not to invoke feelings of anxiety, insecurity and rejection. The Leaving and Aftercare process must be child centred and their full participation is paramount in the development of a plan for their future.

The referrer must consider any cultural and ethnicity issues that may have an impact on the referral, assessment and service delivery. Only completed referrals will be considered. All referrals must include the following documentation:

- Planning for Leaving Care form including Referral Form, Social History, Pathways to and in Care, and Model Genogram
- Previous Child in Care Review Minutes
- Care Plan
- Placement Plan if applicable
- Birth Certificate

Comprehensive sharing of information is critical to the successful planning and implementation of leaving and aftercare services.

2.3: Roles and Responsibilities:

Of necessity and in keeping with preparation of young people for leaving the statutory care of the HSE, a number of workers will be involved in working with young people from the age of 16yrs in preparing them for the transition from statutory care. These will include the allocated social worker, residential staff, and aftercare workers and foster carers. It is important to note that preparation for leaving care should commence from when a child comes into the care of the HSE and should be addressed as a principle of good practice in the child's Care Plan. It is essential that everyone involved is clear about their respective roles and responsibilities in the leaving and aftercare process.

While the young person is in statutory care and is less than 18yrs, all statutory responsibility remains with the young person's allocated social worker. During the

process of formal preparation for leaving care, the aftercare worker plays a secondary and supportive role whilst holding primary responsibility for ensuring a needs assessment for preparation for leaving care is carried out in collaboration with significant others i.e. allocated social worker, residential staff, foster carers, family and other professional agencies who may be involved in the young person's life.

Once a young person has reached 18yrs and is therefore no longer in statutory care the Aftercare Service assumes primary responsibility. Young people who leave care under the age of 18yrs remain the responsibility of the child protection and welfare social work service and may receive support from the aftercare service where appropriate.

The Health Service Executive has primary responsibility for the delivery of Aftercare Services to young people up to the age of 21yrs. Under service level agreements the Voluntary organisations and private providers in partnership with the Health Service Executive provide an essential and valuable service to young care leavers. As a model of good practice for reviewing care plans and tracking young people who have left HSE care three monthly update reports will be provided to the HSE Leaving and Aftercare Service.

Child Protection and Welfare Social Work Service

- The social worker is responsible for completing a written referral to the Aftercare Service six months prior to the young person's 16th birthday.
- The allocated social worker is responsible for all statutory requirements arising under legislation and relevant regulations whilst the young person remains subject to care arrangements.
- Where a young person leaves care before their 18th birthday and is no longer subject to care arrangements, the allocated social worker is responsible for ensuring that arrangements are put in place for the transfer of the young person to the Aftercare Service, if they meet the eligibility criteria.
- The role of the allocated social worker is to work in conjunction with the named aftercare worker in assessment and planning for preparation for leaving care and for delivery of aspects of the young person's leaving care plan.
- The allocated social worker's role is usually completed when the young person reaches 18yrs and is no longer deemed to be in statutory care of the HSE. However it may well be appropriate that the allocated social worker would continue to support the young person, particularly if they have a significant relationship with the young person or if it is assessed that a professional social work service is deemed necessary. In such instances primary responsibility rests with the Aftercare Service.

Aftercare Service

- The Aftercare Service is responsible for the appointment of a named worker to the young person on his/her 16th birthday and following referral to the service.
- The Aftercare worker is responsible for ensuring a leaving care life skills assessment is carried out in conjunction with the allocated social worker, residential staff, foster carers and family. This should be completed within three to six months of referral to the Aftercare Service taking into account the needs of each young person.
- The aftercare worker is responsible for ensuring the completion of a written assessment report and developing a leaving care plan which in conjunction with the allocated social worker, is integrated into the young person's overall care plan.
- The aftercare worker is responsible for supporting the implementation of this plan through engaging with primary carers, key workers and relevant others in the delivery of core areas of work as determined by the care plan.
- The aftercare worker is responsible for undertaking an assessment with the young person prior to his/her 18th birthday in order to inform the aftercare plan.
- The Aftercare Service is responsible for providing ongoing support and assessment of need for young people in aftercare.
- The Aftercare Service is responsible for supporting those who are directly supporting young people in aftercare and for working in close collaboration with *all* who are making a contribution to meeting the needs of young people in aftercare.
- The Aftercare Service plays a key role advocating on the behalf of young people leaving care with other agencies with particular regard to housing, social welfare, education and training, community resources and counselling services.
- Adolescents with complex needs require intense, strategic planning for when they leave care.

2.4: Model of Aftercare service delivery:

Characteristics:

Aftercare Services provided within the H.S.E. to young people who are preparing to leave or who have left the care of the H.S.E. will be based on an adaptable specialist model of leaving care service provision and delivered in partnership with the young person, his/her family, carer, child and family social worker, link worker, and other statutory, community and voluntary agencies.

The core essence of Leaving and Aftercare provision incorporates advice, guidance and support. An individual holistic needs assessment identifies a young person's need for accommodation, financial support, social network support and training and education. One of the key features of Aftercare support is to advocate on behalf of each young person to promote their development as a

fulfilled adult in their community.

H.S.E. Leaving and Aftercare services should be designed to reflect the following characteristics of the

Ideal model:

A Accessible to all care leavers

D Different options for young people:
continuity/specialist A Address the full range of material
and psycho-social needs P Partnership with other
statutory and voluntary providers

T Through-care model
emphasized A Adequately
resourced

B Belongs to people through active
participation L Links to clear policy

E Evaluated and reviewed
regularly Source: First Key (2002)

Stages of Preparation for Leaving Care and Aftercare

The HSE is committed to providing a model of service that is appropriate to the number and diversity of young people in need of continued care and to the geographical area within which they are situated. Diverse need will be recognised and individually assessed in order to tailor personal specific support for care leavers.

241 : Stage 1 — Preparation for Leaving Care

- Planning for Leaving Care form including Referral Form, Social History, Ecomap, and Pathways to and in Care, Genogram, recent Medical report and Psychological Assessment.
- Allocation of Aftercare Worker

1. Recommend that relevant assessment be used to identify need
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242 : Stage 2 —Leaving care

- Leaving Care Consultation Document for Young Person
- Monitoring and review of preparation for leaving care plan.
- Preparation of HSE Individual Aftercare Financial Support Plan.

243 : Stage 3 -Aftercare

- Development of the Aftercare Plan.
- Monitoring of the implementation of the Aftercare Plan.
- The Aftercare Plan should be reviewed annually with the young person.

2:5 Transfer of Young People to other HSE LHO'S:

Aftercare Service provision is co-ordinated from the LHO of origin. Support offered may be advice and guidance and/or financial. The Aftercare Plan will outline the supports required for each young person. Some young people move to a different LHO area for a variety of reasons including training and employment opportunities, to attend college or to be closer to family members.

When a young person moves to live in another LHO area advice and guidance support will be provided from this new area. If a young person moves to another LHO area to attend college or further education post 18yrs, any financial support required for education must be requested from the LHO of origin.

Core financial support will be provided by the LHO of origin while advice, guidance and support will be offered from the area of residence.

IFCA recommends that any process of transition from one LHO area to another is seamless with all necessary documentation and information travelling with the young person.
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2.6: Payment and Financial Considerations

The HSE is committed to enabling young people in its care to reach their full potential in life. The HSE aims to provide young people with the opportunities and skills to develop their independence and make decisions for their future in an informed way.

We also value the achievements that each young person makes and recognize the emotional and financial commitment involved in supporting young people during this time. The emotional and financial commitment involved is a shared responsibility between all parties i.e. HSE, Foster Carers, the Young Person and their families.

The Health Service Executive will provide financial support in the context of the legislation primarily Section 45, Child Care Act 1991 and HSE national protocols. As far as can be outlined all financial considerations should be outlined in the Planning for Leaving Care Plan and identified on the Individual Financial Support Plan.

Section 3

Special Considerations

3.1: Intellectual Disability and Physical and Sensory Disability

For young people with special needs it is important to note that their needs will not suddenly change when they leave care. Young people with disabilities may well face more barriers than other young people who are being cared for or leaving care, and may also have needs specifically related to impairment. It is essential to ensure that these needs are met when preparing these young people for leaving care and subsequently, providing aftercare. At the same time, care must be taken to ensure that these young people do not fail to achieve their full potential as a result of under expectation on the part of those caring for them.

Co-operation between the various agencies involved in providing services for young people with an intellectual, physical or sensory disability is crucial. Good care and placement planning, and review processes, should ensure that the relevant agencies are involved at an early stage of such children's placement, hence ensuring that the transfer of lead agency support is as seamless as possible.

The move to autonomy might be delayed or the level of dependence on services may be greater, but the transition from "childcare services" to "community/adult services" must recognise the rights of these young people to be adults.

Ensure that the wishes of the young person are fully considered, and the ways in which these can be met. This may require the use of skilled communicators to enable better communication to take place.

32 : Substance Misuse

Historically it has been widely noted that young people who have grown up in state care are particularly vulnerable to developing or having substance misuse problems. Where drug use may have become established while living in care, risky drug using patterns of behaviour may develop as a young person exits from the system having to manage difficult challenges and responsibilities. Substance misuse at this life stage could place care leavers at increased risk of movement into more problematic drug use in ensuing years. Therefore special attention needs to be given to developing drug services that meet the specific needs of care leavers. A holistic approach to drug intervention should be positively pursued by agencies working with these young people. Specialist provision for care leavers with ongoing problematic drug use would be particularly useful.

Those involved with the commissioning of drug services for care leavers should investigate ways to ensure that appropriate services are developed in their local areas.

33 : Mental Health

It is very important that positive mental health and wellbeing is promoted for young people in Aftercare. Evidence illustrates that young people in care experience greater levels of emotional and mental health difficulties than the general population. The role of Aftercare is essential in ensuring that young people have access to a range of appropriate specialist's supports. As part of the needs assessment process with the young person at 16yrs while still in care it is essential that appropriate assessments and interventions are put in place for the young person prior to leaving care. There must be a multidisciplinary approach in the development of the young person's aftercare plan which incorporates the wishes of the young person.

The Aftercare Plan should include a clear and comprehensive strategy for the management and support of a young person with mental health difficulties, which outlines the roles and responsibilities of the agencies involved in supporting them when they leave care.

34 : Parent and Child

Care Leavers who are parents will be provided with aftercare support. A general parenting package in addition to an aftercare life skills programme will be offered to the care leaver with a child or children.

If there are special concerns regarding a young person's care of her/his child, a referral may be made to the social work department. In such circumstances the aftercare worker will focus on the needs of the care leaver and the social work department will address the needs of the child. Care leavers with children will be referred to relevant parenting agencies for extra supports.

35 : Vulnerable Young People with complex needs

There are many young people in the care of the HSE who present with complex needs and who fall between services. These young people largely are difficult to engage in care and may chose not to engage with services post 18 years. It is vital that these young people are identified in care at an early stage so that early preparation and planning takes place and that the assessment is comprehensive. It is imperative that an assessment is multidisciplinary to ensure that appropriate personnel are involved and supports and resources are identified and in place. The assessment may include input from Psychology Services, Disability Services, Education/Training Services, Mental Health, Housing, Community Welfare etc.

36 :Asylum Seeking Young People Leaving Care.

Non- Irish national young people may be in the care of the HSE because they are separated from their parent or guardian or come into care from their family of origin due to child protection concerns.

These young people, who have been in the care of the HSE as minors, will be eligible to access a Leaving and Aftercare service on the basis of their individual needs assessment.

From this assessment an Aftercare Plan will be developed with each young person outlining their needs and requirements as with indigenous young people leaving the care of the HSE.

As with all young people, including Irish nationals, there is no entitlement to third level education. Accordingly, they can access state support with refugee status and with certain types of Leave to Remain statuses.

On discharge from the HSE at 18yrs, young people in the Asylum process are entitled to reside in Direct Provision accommodation should they wish to access basic state supports, such as a medical cards, funding for clothes etc.

Young people in the Asylum process are not entitled to work and /or receive full social welfare benefits. Nonetheless, Asylum seekers who have been in the care of the HSE under the Child Care Act 1991 will have their specific complex needs and requirements addressed in their Aftercare Plan.

Support for accommodation etc. will be provided by the relevant agency with responsibility in line with other government policy.

37 :Homelessness

A high correlation exists between State care housing instability, transience and homelessness. Homelessness among care leavers can take many forms the most obvious being 'street homelessness' this constitutes the narrowest definition of homelessness as this represents only a minority that are known as the 'visible homeless' The other end of the continuum includes care leavers who are in inadequate/insecure accommodation such as those living in emergency and temporary accommodation, night shelters, hostels, refuges, as well as those staying with friends or relatives, squatting, those who experience overcrowding or live in substandard accommodation. These are referred to as the 'hidden homeless'. The group in the middle are those who are 'at risk' of homelessness. Those who currently have housing but are likely to become homeless due to economic difficulties, have too high a rent burden, have insecure tenure or health difficulties Care leavers ability to access stable housing, particularly in the private rental sector can be reduced further by educational deficits, mental illness, alcohol and substance abuse and the combined impact which these issues have upon the capacity to access and maintain meaningful employment. It seems evident that the available support

after leaving care can play a vital role in minimizing the impact of negative experiences and enhancing care leavers housing outcomes.

38 : Non-Engagement

Given that aftercare is voluntary, and involves the participation of adults (over 18yrs) there is always the option for the young person to:

- Refuse to participate in an aftercare plan or
- Engage in the plan but thereafter elect to remove themselves from the support and assistance being offered.

The Aftercare service respects the right of the young person to make these decisions, but also recognises that the young person may need support to ensure that it is an informed one.

The Health Service Executive is aware that some young people leaving care are particularly vulnerable and despite making an informed decision to disengage, it may not be the correct one. This decision to disengage may increase their vulnerability. In cases where a young person disengages post 18yrs the Aftercare Service will monitor them for a minimum of 12 months.

All young people can reengage with the Aftercare Service up to the age of 21yrs. The HSE will offer an Aftercare Drop in Service in each LHO area. This service will be a resource offered to enable care leavers to reengage should they choose to and it will be a means for a young person to obtain information/advice in times they require it. The Drop in Service will not be age restricted and will enable any person with a care history with the HSE, to access advice, guidance or support.

Section 4

4.1 Monitoring and Evaluation

An essential element in the development of a comprehensive Aftercare service is the need for a proper system of independent and professional monitoring and evaluation. To this end Aftercare services recognise the value of the Health Information and Quality Authority's role in the monitoring and evaluation of the service. Monitoring and evaluation should focus on the processes used and clarify specific outcomes of the participants of the programme. Evaluation will assess the effectiveness of methods and approaches undertaken and make recommendations to the service in order to plan for further developments.

Action 65 from the Ryan Report Implementation Plan requires the HSE to conduct a longitudinal study to follow young people who leave care for 10 years, to map their transition to adulthood. The HSE will develop an Aftercare Database which will enable the HSE to track young people in Aftercare.

Section 5

5.1: Complaints and Grievances

The Health Service Executive has a specific policy for Comments and Complaints, 'Your Service, Your Say'. This policy and leaflets are available in all LHO premises.

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