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INTRODUCTION

This policy has been developed to adhere to the Policy on Leaving Care developed by the Leaving Care sub-group of the Youth Homeless Forum on behalf of the former Eastern Regional Health Authority (E.R.H.A.). The Policy on Leaving Care developed by E.R.H.A. has been adopted by the H.S.E. Dublin Mid-Leinster and translated into a policy document owned and delivered upon by the Area.

Within the H.S.E. Dublin Mid-Leinster, Aftercare Services are provided in partnership with Smyly Trust Aftercare Services. Prior to the development of this partnership, Aftercare Services within the Area had developed independently and were delivered by the Area for females and by Smyly’s Aftercare Services for males in accordance with our shared but independent aims and objectives. While the level and quality of both services were more than satisfactory to the Area, it was agreed in early 2004 that the development of a strategic alliance between both services would serve to integrate, clarify and ultimately enhance Aftercare Services within the Area.

This H.S.E. Dublin Mid-Leinster Aftercare Policy remains independent of that partnership however, though it represents the aims and objectives within which the partnership will operate. All procedural elements relating to Aislinn Aftercare / Smyly’s Aftercare Services therefore are contained in an accompanying document ‘Aftercare Procedures’.
DEFINITION AND ELIGIBILITY

The H.S.E. Dublin Mid-Leinster Aftercare policy has been developed to meet the needs of young people who have left or are leaving care, under the Childcare Act 1991, Sections 3, 4, 5 and 45.

Aftercare within the H.S.E. Dublin Mid-Leinster is defined as ‘a process of preparation and support for leaving care and moving to independent living for all those young people who are or have been in the care of the Area or are or have been in receipt of a care service’. Within the H.S.E. Dublin Mid-Leinster, any young person who has been in the care of the Area for more than 6 months is eligible to apply to this service.

Within the terms of the act, pursuant legislation, and regulatory frameworks, aftercare is provided by the provision of advice, guidance and assistance with regard to social and emotional support, accommodation and vocational support required. It is a through-care process in consultation with the young person, beginning from reception into care, which includes comprehensive assessments, care plans and reviews. Where it is the case that a young person needs to be in care, he / she will remain in the placement until ready to leave. Any subsequent preparation for leaving care will form an integral part of the care planning process.

Social Care and Social Work staff working in the H.S.E. Dublin Mid-Leinster will work to ensure that introducing the concept of leaving care is not construed by the young person as a means to a hasty exit from the care system while also acknowledging the particular dynamics and complexities of leaving foster care.
NOTE: * Subsequent to the enactment of the Health Services Act, 2004, legislation, regulations, standards, guidelines and policies referencing the now dissolved Health Boards can be assumed for the purposes of this document, to refer to the Health Services Executive, its Areas and Regions.

The legislative framework for developing the H.S.E. Dublin Mid-Leinster Aftercare Policy and the services detailed therein is provided by the duties and powers given to the health boards in the Child Care Act, 1991. Section 3 sets out the functions of health boards in relation to children and contains principles to be followed in the carrying out of those functions. Each health board is given the duty under section 3(1) to “promote the welfare of children in its area who are not receiving adequate health care and protection”.

Each health board is given the further responsibility under section 3(2)(a) to “take such steps as it considers requisite to identify children who are not receiving adequate care and protection and co-ordinate information from all relevant sources relating to children in its area”.

Furthermore, a health board is required under section 3(3) to “provide child care and other family support services and may provide and maintain premises and make such other provision as it considers necessary or desirable for such purposes”.

Section 5 of the Child Care Act, 1991, provides: “Where it appears to a health board that a child in its area is homeless, the board shall enquire into the child’s circumstances and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him.”

Part IV, section 45 of the 1991 Act specifically deals with aftercare. This is an aspirational rather than regulatory or binding article of legislation, that outlines the manner in which a care leaver “may” be supported upon reaching his/her 18th birthday, having been deemed in need of support by a health board. The section permits boards to assist the person up to the age of 21 or, where the person is involved in a “course of education”, until the person completes the course. It sets out the ways in which health boards may assist the young person:

- Visiting and assisting
- Arranging for completion of his / her education
- Contributing towards his / her maintenance while completing his/her education
- Placing him / her in a suitable trade or work, and paying such fees as are necessary for that purpose
- Arranging a hostel or other accommodation for him / her
- Co-operating with housing authorities in planning accommodation for children leaving care on reaching 18 years of age

Other legislation and policy documents relevant to the development of the H.S.E. Dublin Mid-Leinster Aftercare Policy and the services it provides include:

**The Youth Work Act, 2001**

The Youth Work Act, 2001 devolves statutory responsibility for youth work onto the local vocational education committees. The VECs have responsibility for monitoring and evaluating existing services as well as identifying service gaps and working with local agencies to meet service needs. This can facilitate the local co-ordination of youth services.

**The Education Welfare Act, 2000**

The Education Welfare Act, 2000, provides for the establishment of the Education Welfare Board and the appointment of education welfare officers to work with all relevant parties to encourage children and young people to remain and participate fully in school. The officers can also work to provide alternative schooling for those who cannot be maintained in mainstream education.
**Regulation**

The relevant regulatory documents here include the Childcare (Placement of Children in Foster Care) Regulations, 1995; the Child Care (Placement of Children in Residential Care) Regulations, 1995; and the Child Care (Placement of Children with Relatives) Regulations 1995. Each of these states that the health board is required to have a care plan for each child in care, and that it is required to give consideration to the aftercare needs of children due to leave care.

Following the introduction of the National Standards for Children’s Residential Services, (DOHC, 2001; c.f. standard 5, criteria 5.39) and the National Standards for Foster Care, (DOHC, 2003; c.f. standard 13, criteria 13.1), all health boards were required to introduce and implement leaving care policies to support young people up to a minimum age of 21.

**Child Care (Placement of Children in Foster Care) Regulations, 1995**

- The Board is required to have a care plan for each child in care (Article 11 (1)).
- Reviews are required to be conducted at intervals dependent on the child’s circumstances and the length of time that they are in care, however, reviews have to be undertaken not less than once in twelve months (Article 18 (1)).
- The Board is required to give consideration to the aftercare needs of children due to leave care within the following two years during these reviews (Article 18 (5)). *(See Appendix 3.)*

**Child Care (Placement of Children in Residential Care) Regulations 1995**

- The Board is required to have a care plan for each child in care. The board is obliged to prepare the care plan in consultation with the manager of the residential unit, the guardian in law of the child and the child prior to placing a child in residential care. If it is not possible to draw up the care plan in advance of admission to care, the care plan is to be drawn up as soon as possible after admission to care (Article 23).
- Reviews are required to be conducted at intervals dependent on the child’s circumstances and the length of time that they are in care, however, reviews have to be undertaken not less than once in twelve months (Article 25 (1)).
- The Board is required to give consideration to the aftercare needs of children due to leave care within the following two years during these reviews (Article 25 (5) (e) (v)). *(See Appendix 4.)*

**Child Care (Placement of Children with Relatives) Regulations 1995**

- The Board is required to have a care plan for each child in care. The board is obliged to prepare the care plan in consultation with the relatives concerned, the guardian of the child and the child prior to placing a child in relative foster care. If it is not possible to draw up the care plan in advance of admission to care, the care plan is to be drawn up as soon as possible after admission to care (Article 11 (1) & (2)).
- Reviews are required to be conducted at intervals dependent on the child’s circumstances and the length of time that they are in care however, reviews have to be undertaken not less than once in twelve months (Article 18 (1)).
- The Board is required to give consideration to the aftercare needs of children due to leave care within the following two years during these reviews. Article 18 (5) (i). *(See Appendix 5.)*

**Supplementary Welfare Allowance Scheme**


**Entitlement to Supplementary Welfare Allowance**

- Under Section 171 of the Act, every person in the State whose means are insufficient to meet his needs and the needs of any adult or child dependant of his shall be entitled to Supplementary Welfare Allowance.
- Basic Supplementary Welfare Allowance is a weekly means tested payment paid to persons whose means are insufficient to meet their needs and those of their dependents.
- Under Section 179, additional payments may be paid to supplement a person's income where that person's is unable to meet basic needs such as rent, mortgage interest, heat and diet.
- Under Section 181, an Exceptional needs payment may be paid at the discretion of the Health board to help prevent hardship by providing for essential, once–off exceptional expenditure which could not reasonably be expected to be met from a person's weekly income.

**International Perspective**

The United Nations' Convention on the Rights of the Child also provides a framework for the development of appropriate services responding to the wide range of needs of children. Key relevant articles include Articles 3, 9, 12, 20, 23 and 34. These cover issues ranging from the best interests of the child being the primary consideration of any action by any institution or public body to the obligation of the state to provide appropriate accommodation to a child who cannot reside in his / her home.

**Policy**

A range of national and strategic policy drivers can inform the development of services for young people leaving the care of the H.S.E. Dublin Mid-Leinster. In addition to those mentioned above, these include the National Health Strategy, National Children’s Strategy, Adult Homeless Strategy, Homeless Preventative Strategy, and Children First. Specifically in the eastern region, there is also the Regional Childcare Framework, which forms the basis for the strategic development of all services to children and families in the region.

This policy is informed by and is mindful of a range of national and local strategic and policy initiatives, including

- National Homeless Preventative Strategy
- National Children’s Strategy
- Youth Homelessness Strategy - National
- Adult Homeless Strategy – National
- Children First
- National Standards for Children in Residential Care
- National Standards for Children in Foster Care
- Report of the Working Group on Foster Care 2001
- The National Standards in Foster Care 2003
AIMS, PURPOSE AND PRINCIPLES

Aims

The aims of the H.S.E. Dublin Mid-Leinster Aftercare Services are as follows:

1. To maintain young people until they are prepared for transition.
2. To involve young people in all assessments, planning, review and decision-making arrangements for leaving care.
3. To maintain relationships with carers and families where possible, when young people are in care or have left care.
4. To prepare young people in a holistic manner, in accordance with their needs and choices.
5. To maximise the education, training, and employment outcomes for young people.

Purpose

The purpose of the H.S.E. Dublin Mid-Leinster Aftercare Services is to support and empower young people leaving care to develop the necessary skills and resources to achieve independent living. Our services recognise the diversity of need amongst the leaving and continued care population and move away from past traditional linear approaches, which governed only the primary need for accommodation. The second essential component of this policy is the recognised need to improve preparation for young people about to commence the transition process from care to aftercare. As such, it is important that care leavers feel ready and prepared for independent living, having benefited from a continuous, gradual process of personal development while in their care placement.

Principles

The principles of the H.S.E. Dublin Mid-Leinster Aftercare Policy are detailed below. The Child Care Act 1991 provides the underpinning guiding principle i.e. that 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 board will strive to ensure that young people in care are provided with the best chances to be confident, positive and successful. The health board will endeavour 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.
6. The health board will endeavour 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.
7. 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.
8. Service development will ensure that contingency planning is an inherent component of local planning.
9. The health board will ensure that each young person in need of support is subject to a detailed holistic needs assessment. This assessment will inform a transitional care plan, which will be subject to regular review.
10. The health board 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.
11. Staff will be supported to ensure successful implementation of the policy.
POLICY STATEMENT AND VALUES

The H.S.E. Dublin Mid-Leinster 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.

- Carers and staff will act in a responsible, accountable and supportive manner.
- Carers and staff will communicate with young people in an open and honest manner.
- Young people have a right to privacy.
- Young people will be treated with courtesy and respect.
- Supports will be positive and affirming, building on existing strengths.
- Young people have the right to choose whether or not to participate.
- Young people’s views and opinions will be respected.
- Young people’s independence will be encouraged.

In order to achieve the above, the H.S.E. Dublin Mid-Leinster will endeavour to do the following:

- Provide a range of accommodation, which is necessary to facilitate choice and to recognise the diverse needs of young people in need of transitional support, including those in special circumstances, e.g. young mothers.
- Ensure gender equity in service provision
- Work in partnership with other relevant statutory and voluntary organisations in order to meet these responsibilities. Ensure that young people in transition are clearly identified to the appropriate services. Where possible, facilitate and advocate for positive discrimination in favour of young people leaving care or in need of support in the transition to adulthood.
- Facilitate the extension of corporate parenting across all local authorities, statutory agencies, and relevant voluntary service initiatives.
- Support residential and foster care services in the provision of a wide range of preparation for transition packages.
- Ensure access to ongoing education and training. For those in transition to adulthood, this is of paramount importance.
- Ensure continued care policy and procedural frameworks are subject to ongoing systematic review, with due regard to the views of service users.
CHARACTERISTICS

Aftercare Services provided within the H.S.E. Dublin Mid-Leinster to young people who are preparing to leave or who have left our care will be based on an adaptable specialist model of leaving care service provision (see below) 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.

H.S.E. Dublin Mid-Leinster Aftercare services have been 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: Coyle (2002)

Specific details relating to the procedural elements of our Aftercare services i.e. how we actually deliver Aftercare services are detailed in the accompanying document H.S.E. Dublin Mid-Leinster, Aislinn Aftercare / Smyly Trust Aftercare Service Procedures’.