

Developing a Leaving and Aftercare Policy

Guidelines for Health Boards

Drafted and approved by the YHS Monitoring Committee

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1.1 Introduction

The Youth Homelessness Strategy (YHS), which was launched as Government policy in October 2001, referred to the need for a cross-sectoral approach to implementation. It stated *“At national level, given the cross-sectoral dimensions of youth homelessness, the National Children’s Office will have lead responsibility for driving and co-ordinating the actions necessary to ensure the successful implementation of the Youth Homelessness Strategy”*. The National Children’s Office set up a Youth Homelessness Strategy Monitoring Committee in late 2002. In order to focus clearly on the more important issues within youth homelessness and to help overcome some of the major problems and blockages that exist in this area, the Monitoring Committee established a number of sub-groups, which are coordinated by the National Children’s Office. One of these sub-groups was asked to consider leaving and aftercare. The membership of the sub-group is listed at Appendix I.

The development of a leaving and aftercare policy is required under the Objective 4 of the YHS, which states *“Preparation for leaving care, whether to return to the family home in the case of younger children or to make the successful transition to independent living for older children, is an integral part of the care process. It is an essential element in preventing homelessness among both groups.”*¹ Objective 4 of the strategy also requires each health board, in collaboration with local authorities and other relevant statutory and voluntary agencies to devise a comprehensive strategy for effective leaving and aftercare (See Appendix 2).

Section 45 (1)(a) of the Child Care Act, 1991 provides “where a child leaves the care of a health board, the board may, in accordance with subsection (2), assist him for so long as the board is satisfied as to his need for assistance and, subject to paragraph (b), he has not attained the age of 21 years.”

Section 18 (5)(v) of the Child Care (Placement of Children in Foster Care) Regulations, 1995 state that the health board should consider “in the case of a child who is due to leave the care of the health board within the following two years, the child’s need for assistance in accordance with the provisions of s. 45 of the Act”. A similar provision is contained in Section 18 (5)(v) of the Child Care (Placement of Children with Relatives) Regulations, 1995 and Section 25 (5)(v) of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

The purpose of these guidelines is to assist Health Boards to:

- develop a leaving and aftercare policy;
- quality assure existing relevant documents or policies; and
- develop procedures for the implementation of a policy.

The aftercare policy should be communicated to all relevant staff, service users and agencies.

¹ Objective 4, Youth Homelessness Strategy, Government of Ireland, 2001. Brunswick Press Ltd

1.2 Definition of Leaving and aftercare

For the purposes of these guidelines, the Youth Homelessness Strategy Monitoring Committee has agreed the following definition:

“Leaving care is a through care process, in consultation with the young person, beginning from reception into care and includes comprehensive assessments, care plans and reviews.”

“Aftercare is the follow up and support provided in moving towards independence for all those young people who have been in the care of a health board/agency..”

1.3 Need for Leaving and aftercare policy

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 and social exclusion. The legislative, regulatory and policy framework for the provision of leaving and aftercare services is detailed in Appendix 3.

The need for effective leaving and aftercare programmes has been well documented both nationally and internationally. *“Left out on their own”*, a study of young people leaving care in Ireland found that 32% of children leaving health board care after six months had experienced some form of homelessness.² The Report on the Forum on Youth Homelessness,³ and the Government’s Youth Homelessness Strategy, highlighted the vulnerability to homelessness of those people who have left the care of the state. In addition and very significantly, this research also indicates that in the absence of a supportive family network, those leaving care experience more acutely the transition to independent living. Common problems for young people leaving care include multiple accommodation moves, poor employment and educational opportunities and vulnerability to drug and alcohol addiction. The Social Services Inspectorate has also, in its inspection reports, identified the need for such plans.

The Leaving Care plan is part of the Care Plan and covers those up to 18 years of age. For those young people under 18, who leave care in an unplanned way, the child and family social worker should review and amend the care plan accordingly. **The Aftercare plan outlines the service to be provided on reaching the age of 18.**

² “Left out on their Own – Young people leaving care in Ireland” Dublin, 2000, Focus Ireland and Oak Tree Press.

³ Report on Forum on Youth Homelessness, Northern Area Health Board, 2000, Criterion Press.

1.4 Aims of a Leaving and Aftercare Policy

All health board leaving and aftercare policies and procedures should:

- clarify the role of the health board in relation to leaving care and aftercare;
- identify the resources required for the provision of leaving and aftercare support;
- clarify the roles and responsibilities of the designated personnel;
- provide a framework for the needs assessment and the co-ordinated provision of services, in collaboration with other relevant agencies, to meet the diverse needs of young people leaving care;
- Outline the systems necessary to ensure that effective preparation for leaving care, aftercare support, monitoring and review systems are in place for each young person leaving care;
- Outline the communication procedures necessary to ensure that information on leaving and aftercare policies and services are communicated to young people, families, carers, personnel and other agencies;
- Outline evaluation procedures to ensure effective evaluation of the overall services.

1.5 Principles of a Leaving and Aftercare Policy

All health board leaving and aftercare policies and procedures should encompass the following principles:

- The welfare of the young person should be of paramount importance and due consideration should be given to their wishes.
- Preparation for leaving care will begin on entry into care.
- Aftercare support may continue up to the age of 21 in accordance with the Child Care Act, 2001.
- The young person and their parent(s)/carer(s) will be involved in developing the plan.

1.6 Dedicated Leaving and Aftercare Service

The aims and principles set out above would be best achieved through a dedicated service in partnership with the young person, their family, carers, child and family social worker, link workers and other statutory, community and voluntary agencies. This dedicated service should have a specific budget in addition to the young person's entitlements to other financial supports.

Staff will be supported, including training where necessary, to ensure successful implementation of the policy. Leaving and Aftercare services should be monitored and evaluated regularly. Evaluation should include a value for money analysis of key aspects of the policy.

1.7 Participation & Advocacy

Young people who are preparing to leave care should be consulted at all levels within the process. Their participation in all decisions regarding their future should be actively facilitated by all involved. As part of this process, they should be made aware of all the options open to them in order that they can make informed choices about their future. Young people may need a range of supports to engage with this process.

While the optimum is that young people will represent themselves in matters concerning them, the system of rights and entitlements on leaving care is so complex, there may be occasions when they will seek the support of others to advocate on their behalf. These advocates may be from the community, statutory or voluntary service sector. An example of this could be a mentoring scheme.

1.8 Eligibility Criteria

The Health Board policy should include criteria for eligibility and referral to the dedicated service, including duration in care and age. It should also consider agreement on accepting self-referrals after the age of 18 and transfers/referrals from other Health Board areas and other jurisdictions. A common approach to eligibility criteria should be considered by health boards. The extent and expectations arising from self referral should be clarified as far as possible.

The detail outlined below is intended as a framework for the development of policy and services in response to the needs of young people leaving care and should be used by health boards in the formulation of a comprehensive strategy for effective leaving and aftercare.

2.1 Model of Service Provision

The overall approach taken to the development and planning of Leaving and Aftercare Services should take account of the good practice framework – the care continuum. The delivery and development of leaving and aftercare Services should be viewed as an integral aspect of the overall care continuum. This framework points to the importance of continuity and consistency of support during the preparation, throughcare phase and leaving and aftercare being in place as a given, in order to assist young people make a smooth transition from care to adulthood.

Where possible, leaving and aftercare services should be delivered in such a way that the young person can remain in the same area that they were in care, so that they do not have to move away from their social network.

2.2 Preparation for Leaving Care

Good practice would indicate that where a young person needs to be in care, they would remain in their placement until they are ready to leave. Preparation for leaving care should be an integral part of the care placement and should be introduced formally to young people usually at 16 years of age. This preparation, determined by a comprehensive needs assessment as described below, is about targeted and structured support to enable the young person to make a smooth transition from the statutory care of the Board to independent living, where appropriate.

2.3 Referral Arrangements

The health board policy should include an outline of the referral procedure and may include the following: -

- A written referral should be made to the leaving and aftercare service at least six months prior to the young person's 16th birthday by the child and family social worker in conjunction with the young person.
- The minutes of the most recent care review and the most recent care plan should be forwarded with the referral information.
- An introductory meeting, co-ordinated and arranged by the child & family social worker, should take place between the young person, primary carers and named leaving and aftercare worker.
- The young person should be given written information on the leaving and aftercare service, which explains the support that they can expect to receive.
- The young person should be informed of the option to self refer at a later stage and be provided with a contact name and number to facilitate future return to the service. Contact should be maintained where appropriate with the young person on a periodic basis, until the young person reaches 21 years, to monitor how they are coping and to facilitate their self-referral should they require.

2.4 Needs Assessment

Preparation for leaving care should formally commence when a young person reaches 16 years of age and should be determined by a comprehensive needs assessment, which should incorporate the young person's material and psycho-social needs. This needs assessment should be completed within three months of referral and should be undertaken in conjunction with the young person, their family, primary carers, child and family social worker and other relevant agencies. Where a young person has additional needs, for example, disability, assistance and input should be sought from appropriate services both within and outside the health board.

The *Needs Assessment* should address the following key areas, as appropriate:

- a) Personal/emotional support (e.g. visiting young people, mentoring support);
- b) Accommodation (e.g. accessing rent allowance, assisting young people locate to private rented accommodation, referring young people to supported lodgings, local authority housing lists);
- c) Education/training (e.g. linking with agencies such as FAS, Youthreach, accessing educational/training grants);
- d) Employment (e.g. assisting in drafting cv, helping to source employment through newspapers, completing job application forms);
- e) Family/social relationships (e.g. maintaining family networks, access/contact arrangements, tracing);
- f) Belonging (where will young person spend Christmas or other festive occasions, Birthdays, when not feeling well);
- g) Practical skills (e.g. washing, cooking, using phone);
- h) Personal documents (e.g. a checklist should be completed including a file of necessary documents such as RSI number, passport, birth certs, medical card);
- i) Social presentation (e.g. communication skills, self-care skills);
- j) Financial support (e.g. budgeting, accessing benefits, grants);
- k) Health needs (e.g. managing medication, arranging medical appointments, offering formal health assessment, contraception and sexual health, providing advice on smoking, drugs);
- l) Contingency planning (e.g. emergency accommodation options, out of hours supports).

2.5 Leaving Care Plan

The needs assessment should inform a written leaving care plan. Transition to other services, such as adult disability services or adult mental health services should be arranged as part of the leaving care process where it is determined, or is likely, that the young person will require access to such services on a short term or long term basis.

The leaving care plan should set out the following:

- key tasks, roles and responsibilities and timescales for the work to be undertaken in preparation for leaving care.
- contingency arrangements in the event of crisis or placement breakdown.

The plan should be agreed in writing by the child and family social worker in consultation with the aftercare worker and should be integrated into the young person's overall Care Plan. Leaving care plans should be revised to reflect changing needs and circumstances of young people.

2.6 Aftercare Plan

At the review immediately before the young person's 18th birthday, the aftercare plan will be agreed. The plan should be informed by the leaving care plan and on-going needs assessment. The aftercare worker will on the young person's 18th birthday or at a point afterwards appropriate to the circumstances of the young person take case responsibility for the young person. The aftercare plan should set out the following:

- key tasks, roles and responsibilities and timescales for the work to be undertaken;
- contingency arrangements in the event of crisis;
- procedures for case closure.

The health board policy should identify the format and frequency for the aftercare review.

2.7 Roles and Responsibilities

The leaving and aftercare service should be delivered through, worker or workers who should have responsibility for supporting the young person's social worker in preparing them for leaving care. They will also have responsibility for the direct provision of after care support to the young person post 18 years of age.

Implementation of the Care Plan rests primarily with the primary carers and the child and family social worker, with specific input and assistance from the leaving and aftercare service on the leaving and aftercare aspects of the plan.

Subsequent reviews should reflect a gradual transition of primary support from the child & family social worker to a leaving and aftercare worker. When the young person turns 18, responsibility is transferred to the aftercare worker. However, it is important to take cognisance of relationships that young people may have built up with previous workers over a long period of time.

Appendix I

Membership of Aftercare Sub-Group

Éimear Fisher (Chair)	National Children's Office
Tommy Wilson	National Children's Office
Yvonne O'Neill	Eastern Regional Health Authority
Sally Scott	Mid Western Health Board
Maria MacInnes	North Western Health Board
Christine Tanner	Southern Health Board
Bríd Feeney	Western Health Board
Mary Higgins	Homeless Initiative
Catherine Carty	Irish Association of Young People in Care
Jean Rafter	Focus Ireland
Dilly O'Brien	Department of Health & Children
Stephen Sheeran (Secretary)	National Children's Office

Appendix II (Extract from Youth Homelessness Strategy, pages 26-28)

Objective 4

Aftercare* services for children leaving foster care and residential care, and other services provided by a health board such as supported lodgings and for those leaving centres for young offenders, will be strengthened so that children are supported in making the transition to living independently or returning to their families.

Policy Context

There is clear evidence that young people formerly in the care of the state, in health board or other institutional care are particularly vulnerable to homelessness and other difficulties. *“Left Out On Their Own”*, a study of young people leaving care in Ireland found that 32% of children leaving health board care after six months had experienced some form of homelessness (16% of the children concerned were actually homeless after six months). As well as this older group of young people younger children returning from a residential or foster care placement to the family home may also be vulnerable to homelessness.

While there are no unplanned releases from centres for young offenders the *“Left Out On Their Own”*, study also identified young people leaving these institutions as being vulnerable to homelessness. The Finglas Centre for Young Offenders has developed the Grove Programme which has been in operation since mid-1999 and provides a pre-release/step-down facility which prepares young people for reintegration into family life and independent living. It also provides hostel accommodation for continued voluntary placement, continuing education and supported work placement. Such initiatives are important in preventing homelessness. Similiar pre-release and step-down facilities will be established at the Oberstown and Trinity House Young Offenders Centres.

In the *Report of Findings Relating to Inspection of Children’s Residential Centres* (October 2000) the Social Services Inspectorate summarising the findings of its inspections of a number of health board run residential centres, in relation to aftercare, concluded that there is little *“...evidence of a clear and costed programme in place for the support of young people leaving care. Generally, planning for young people leaving care is being left late and in some cases it is not happening at all. Too often young people are leaving care in an unplanned way, and this is not conducive to promoting their welfare”*. Some steps have been taken in both the health and education sectors on aftercare. Indeed the report of the Social Services Inspectorate cited examples of outreach support and independent living programmes of a high standard being provided for young people. These arrangements need to be formalised, provided in a planned way and provided to all children leaving the care of the state.

Preparation for leaving care, whether to return to the family home in the case of younger children or to make the successful transition to independent living for older children, is an integral part of the care process. It is an essential element in preventing homelessness among both groups. In the case of younger children returning to the family home, this may require a range of family support including social work assistance provided by the health board as well as assistance in relation to school. For older children, whether formally in care or availing of services provided behalf of a health board such as supported lodgings, aftercare services such as transitional housing and support in education/training are required as well as specialist services.

Local authorities also have an important role to play in tackling this problem through the provision of accommodation such as 'scatter flats' which are designated units of accommodation for those who need support in existing housing complexes run by the authority. The *Forum Report* recommended the drawing up of national guidelines on aftercare. The recently published National Standards for Children’s Residential Centres, devised by the Department of Health and Children and the Social Services Inspectorate in conjunction with representatives of the Health Boards, provides useful and constructive guidelines for promoting the quality of care including aftercare in children’s residential centres. As part of the Government's overall strategy for tackling homelessness the Departments of Justice Equality and Law Reform, Education & Science, and Health and Children have drawn up preventative strategies aimed at preventing homelessness amongst high risk groups including children in residential care and in centres for young offenders which are set out in *Homelessness-Preventative Strategy* to be published by the Department of the Environment and Local Government.

*** The term aftercare is generally used to refer to young people who have by agreement left the care of a Health Board/agency but are still in need of support of different types. This would include young people who leave care on reaching eighteen years of age.**

Actions Required

- Each health board, 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, it is not an optional extra.
- Each health board must ensure that a written policy in relation to aftercare is prepared and communicated to all its staff including those working in residential centres. 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.
- An aftercare support plan will be drawn up as part of the overall care plan for each young person. It must be drawn up well in advance of the young person leaving care and must set out a clear and costed aftercare support programme. The National Standards for Children's Residential Centres states in relation to preparation for leaving care that 'two years prior to a young person reaching the legal age of leaving care the care plan will outline the preparation and support in place for the young person. Included will be the named person who will maintain contact with the young person after they leave the centre, the financial support available to the young person, the living arrangements and support available in times of illness, crisis or seasonal celebration'.
- The aftercare support plan will cover the various issues which are necessary to effect a successful transition to independent living, return to their family or other appropriate arrangement such as;
 - role of keyworker/carers in aftercare including support in times of crisis etc
 - accommodation
 - education /training
 - employment
 - financial support and financial management, (the Department of Social Community and Family Affairs Management Advice and Budgeting Service- MABS- could provide a practical input in this regard)
 - peer group support,
 - other supports e.g. counselling
- The plan may need to be reviewed to take account of specific issues which arise.
- Support will continue until the young person has settled independently or in some other appropriate arrangement.
- The young person and his/her parents or carers as appropriate will be involved in developing the plan.

- Each health board will monitor and evaluate the outcomes of its aftercare provision and report on this in the context of its annual Section 8 Report (Section 8 Child Care Act 1991) .
- The centres for young offenders which are under the aegis of the Department of Education and Science operate on a multi-disciplinary basis and no child or young person is released without:-
 - follow up from a key worker
 - interventions with schools or Youthreach or other centres if the young person wants to pursue further study
 - pre-release programmes with the young person's family
 - placement in a hostel if the young person cannot be accommodated at home
- To strengthen aftercare provision pre-release and step-down units will be established at the Oberstown and Trinity House Centres for Young Offenders as a matter of priority i.e. in line with the steps set out in *Homelessness-Preventative Strategy* to be published by the Department of the Environment and Local Government.
- The National Children's Office will initiate a cross sectoral examination of aftercare in conjunction with the Department of Health and Children, other Departments and relevant agencies in order to review progress. This review will be completed by the end of the two years covered by this strategy.

Appendix III

Legislative, regulatory and policy framework for the provision of leaving and aftercare services

Legislation

The primary sources of legislation relevant to leaving and aftercare are contained in the Child Care Act, 1991.

Section 3 of the Child Care Act, 1991 sets out the functions of health boards in relation to children and contains principles to be followed in the carrying out of those functions. Health boards are given the duty to:

“.....promote the welfare of children in its area who are not receiving adequate health care and protection”. 3 (1).

Health boards are given the further responsibility 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.” 3(2)(a). Furthermore health boards are required 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...” s. 3(3).

Section 45 of the 1991 Act specifically deals with aftercare. There is no requirement on a board to provide for a child once the child leaves the care of the board. However, S45 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. S. 45 sets out the ways in which health boards may assist the young person:

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

Other legislation, which is directly relevant to the aftercare aspects of youth homelessness, includes:

The Youth Work Act, 2001, which 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, which 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 in and to participate fully in school. The Officer can also work to provide alternative schooling for those who cannot be maintained in mainstream education.

Other relevant policies/sources

The following documents should be considered and taken into account when drawing up an aftercare policy:

Regulations and Standards

The Child Care Regulations 1995

- Placement of Children in Residential Care
- Placement of Children in Foster Care
- Placement of Children with Relatives

National Standards for Children's Residential Centres 2001

National Standards for Foster Care 2003

Irish Social Services Inspectorate – Practice Guidelines on Leaving Care and After Care Support

Strategies/Policies

Quality and Fairness (Health Strategy) (2001)

National Children's Strategy (2000)

Youth Homelessness Strategy (2001)

Homeless Preventative Strategy (2002)

Homelessness - An Integrated Strategy (2000)

National Anti-Poverty Strategy

International Good Practice Guidelines

U.K. Children Act 2001 (Leaving Care) Regulations and Guidance

Local Context

Local Health Board Strategies

County and City Development Board Development Plans

Non-statutory provider strategies

First Key Standards in Leaving Care 1996

Helping Care Leavers: Problems and Strategic Responses – Mike Stein & Jim Wade 1999