



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Model for the Delivery of Leaving Care and Aftercare Services

in HSE North West Dublin,
North Central Dublin and North Dublin

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**(This document should be read in conjunction with
the Regional Policy on Leaving Care (ERHA, 2004))**

The rates quoted for social welfare allowances (appendix 9) are current. A plastic pocket is attached to the back of this document to facilitate updates in the rates of allowances and other relevant updates.

A CD-ROM is also included with the document to facilitate the downloading of specific templates in the appendices i.e.

- Appendix 5/6 - Needs assessment (1 and 2)
- Appendix 7 - Preparation for leaving care
- Appendix 8 - Aftercare plan
- Appendix 12 - Aftercare financial support plan
- Appendix 15 - Supported lodgings pack

A guide for young persons is also available

Model for the Delivery of Leaving Care and Aftercare Services in HSE North West Dublin, North Central Dublin and North Dublin

Foreword

The *Regional Policy on Leaving Care*, which was developed by a sub-group of the Youth Homelessness Forum and adopted as policy by the Eastern Regional Health Authority in May, 2004, is the key source of direction for the development of this Model for the Delivery of Leaving and Aftercare Services in the HSE North West Dublin, North Central Dublin and North Dublin.

Effective planning for and review of individual young people depend upon the existence of an appropriate policy and practice framework and a model for delivering leaving care services. The model for implementation presented in this document aims to achieve the delivery of appropriate preparation, leaving and aftercare services. It is a comprehensive multi-disciplinary, multi-agency approach, involving the areas of health, welfare, education, training and accommodation, and it will be implemented for young people in care between the age of 16 and 18 years and young people in aftercare.

Following the publication of the regional policy in 2004, the then Northern Area Health Board undertook to develop a model for delivery through the establishment in early 2005 of an Aftercare Action Group. The members of the action group were selected on the basis of their experience and expertise, with a view to ensuring both statutory and voluntary representation. I wish to thank them for their commitment, co-operation and valuable contributions to the development of the model for leaving care and after care services.

The support and co-operation of the Northern Regional Group of Superintendent Community Welfare Officers and of the HSE Area Administrators in working with the social work teams to standardise the development of the aftercare financial support plan for each young person is very much appreciated.

I wish to acknowledge the voluntary residential aftercare providers, i.e. Don Bosco House, Streetline and Focus Ireland, who, on request, undertook to recruit aftercare workers and to increase their bed capacity, with particular reference to creating capacity for young women. As a result, there are now an additional 12 beds available for young women.

In developing a standardised approach to the preparation of young people for leaving care, I wish to acknowledge the significant contribution of the Child Care Training and Development Unit. I also wish to acknowledge the HSE West for facilitating the piloting of their document, "The Right Stuff – Skills for Life", in this HSE area and, going forward, for agreeing to work in partnership to develop the programme as a multi-media product, in consultation with media professionals. The co-operation and support of the Irish Association of Young People in Care, in contributing to the evaluation of the pilot programme, is also acknowledged.

Finally, I wish to acknowledge the former Assistant Chief Executive for Child Care in the Northern Area Health Board and current Local Health Manager in HSE Dublin North, with regional responsibility for childcare services, Pat Dunne, for his vision and commitment to facilitating the development of a leaving and aftercare service for young people in the care of the HSE.

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Model for the Delivery of Leaving Care and Aftercare Services in HSE North West Dublin, North Central Dublin and North Dublin

Background

Children and young people are placed “in care” with the Health Services Executive (HSE) because their parents are unable to care for them for a variety of reasons, ranging from abuse or neglect to their parents being overwhelmed by problems and unable to cope. In 2006, out of a total of 878 children and young people in the care of the HSE North Dublin, North West Dublin and North Central Dublin, there are approximately 126 young people between the ages of 16 and 18 years in foster care, residential care and supported lodgings (appendix 4). These young people will be expected to live independently in the community within the next two years.

Though only limited studies on this issue have been published in recent years, national and international research shows that for those in residential care, “young people leaving care have to cope with the challenges and responsibilities of major changes in their lives, in leaving care and setting up home, in leaving school and entering the world of work or, more likely, being employed and surviving on benefits, and in being parents – at a far younger age than other young people. In short, they have compressed and accelerated transitions to adulthood”. (Stein and Wade, 1997). The research identifies consistent areas of contrast between care leavers and other young people. They leave to live independently much earlier than other young people. They have lower levels of educational attainment and post-16 education participation rates than do other young people. They are more likely to be unemployed than are other young people aged 16 to 19 years of age. They experience a high level of young parenthood. A Queen’s University Belfast study on young people leaving care found that six months after leaving care 20% were unemployed, 75% were living on less than £40 per week and 20% of the young women were or had been pregnant (Pinkerton and McCrea, 1996). In a Focus Ireland study (Kelleher and Kelleher, 1998), the findings were consistent with those from the Northern Ireland research. In addition, the Focus Ireland study found that six months post leaving care 30% of the young people had problems with addiction; and after two years, a very large percentage experienced homelessness. The relationship between leaving care and youth homelessness is recognised in a significant body of research¹.

In a recent study undertaken in Australia on predicting aftercare outcomes, it was found that nearly two-thirds of the young people surveyed who were in foster care were still living with their foster carers three months after leaving care, ten were still there twelve months after leaving care and three were still there or had returned to live there four to five years after they had left care (Cashmore and Paxman, 2006). Research in the Irish context is again limited in this area; however, anecdotally, it is known that young persons in foster care may choose to return home to live with their families, move into independent living or remain living with their foster carers. The latter choice is more common for those who are in long-term care and for whom the foster family is their family of choice. Further research is required in this area.

The government policy document, *Homelessness: An Integrated Strategy* (Department of the Environment and Local Government, 2000), which was reviewed in February 2006, sets out an inter-agency approach to tackling the problems of homelessness in a co-ordinated manner. The strategy recognises that the solution to homelessness is not merely provision of housing and shelter. There is a need for a comprehensive approach involving health, care, welfare, education, training and support, as well as accommodation, to enable homeless persons to reintegrate into society and to prevent others from becoming homeless.

The ‘Report of the Forum on Youth Homelessness’ and the national ‘Youth Homelessness Strategy’ (YHS), launched as government policy in October 2001, both highlight the vulnerability to homelessness of those people who have left the care of the state. The YHS requires that each health board produce an aftercare policy, on the basis that an effective aftercare policy strengthens the position of the young person leaving care, supports his/her transition to independent living and reduces the likelihood of homelessness and social exclusion on leaving care. Objective 4 of the YHS states that “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”. This government policy document clearly states that “Aftercare is an integral part of the care process, it is not an optional extra”. The former Eastern Regional Health Authority’s 2002 *Strategic Plan on Youth Homelessness* further outlined the need for each health board in the eastern region to establish defined aftercare services and policies, noting the requirement that each young person would have a ‘Leaving Care Aftercare Plan’.

¹ In a 1996 paper entitled, *Adolescents Leaving Care or Leaving Home and Child Care Provision in Ireland and the UK – A Critical View*, the author found that 22–40% of young people leaving care became homeless (O’Sullivan, 1996). This finding also emerges in other national research. A study in Limerick (Keane and Crowley, 1990) found that 29% of those leaving care had experienced homelessness, and Kelleher and Kelleher’s 1998 study found that 16% of their sample of care leavers was homeless six months after leaving care. Finally, a study cited in the Southern Health Board’s 1996 Review of Adequacy of Child Care and Family Support Services found that 35% of young people out of home had a history of being in state care.

The point is consistently made that at strategic planning and delivery level there is a need for a comprehensive multi-disciplinary, multi-agency approach involving health, care, welfare, education, training and accommodation. The *Regional Policy on Leaving Care* (ERHA, May 2004 (appendix 2)), which is the basis for this model of service delivery, was developed by a sub-group of the Youth Homelessness Forum. The policy is a response to the requirements outlined above and was developed taking cognisance of best practice in the area of aftercare and continued care structures and delivery. Particular emphasis was paid to research-based practice in order that the optimum outcomes might be achieved for all young people concerned with this area of delivery. Service attributes of choice for young people and all equality issues were also dominant influences on the development of this policy framework.

Effective planning for and review of individual young people depend upon the existence of an appropriate policy and practice framework and a model for delivering leaving care services. The model for implementation presented in this document aims to help achieve the delivery of appropriate preparation, leaving and aftercare services. Evidence suggests that it would be helpful for such a framework to situate leaving care in the context of a continuum of through-care service for young people that links preventative services, services for looked-after young people and aftercare.

It is the policy of the Health Services Executive in North West Dublin, North Central Dublin and North Dublin, to provide a continuum of care within available resources. Preparation for leaving care, leaving and aftercare services to young people in the care of the HSE as outlined in the *Regional Policy on Leaving Care* (ERHA, 2004 (appendix 2)) will be provided through this 'Model for the Delivery of Leaving Care and Aftercare Services' until the young person is at least 21 years of age, or as long as their assessed need indicates continued service provision.

Introduction

Aftercare workers were recruited by the Northern Area Health Board in 2001 to develop aftercare services in the Area's three community care areas. The aftercare workers were assigned to young people on leaving care and they worked to assist them in finding open accommodation and also liaised with HSE staff and other service providers in the statutory and voluntary sector who were providing care and services for young people. Prior to the recruitment of aftercare workers, this service was provided on an ad hoc basis and was dependent on the good will and ongoing commitment of individual social workers, foster carers and residential child care workers.

In the *Action Plan for Residential Care in the former Northern Area Health Board* (2003), objective 5 required that each young person in care be adequately be prepared for leaving care through the provision of individually tailored leaving care plans, and objective 6 required that there be an adequate range of aftercare service provision and that each young person be supported and sustained in their placement.

In 2004, an Aftercare Action Group (see appendix 1), whose membership included aftercare workers and social workers, was established to develop a model for the delivery of leaving care and aftercare services. This group was set up following the publication of the *Regional Policy on Leaving Care* (ERHA, May 2004), which was developed by a sub-group of the Youth Homelessness Forum.

The work of the Aftercare Action Group has involved working in co-operation with different agencies to address the issues that affect young people when they leave care.

- The group developed a needs assessment format and a preparation for leaving care/aftercare plan template, both of which were piloted and evaluated satisfactorily (see appendices 5/6/7/8).
 - Negotiations took place between representatives of the Superintendent Community Welfare Officers and the Area Administrators to develop a template for an aftercare financial support package and access to health services on behalf of young people leaving care (appendix 12).
 - Negotiations were also undertaken with representatives of Dublin City Council and Fingal County Council to agree protocols for young people leaving care to access local authority housing (appendix 14).
 - A pilot programme was agreed between the HSE and Threshold Housing Access Unit, which will source private rented accommodation for young people leaving care.
 - The voluntary organisations were requested and undertook to increase their capacity for residential aftercare programmes, with particular reference to creating capacity for girls (appendix 13).
 - Discussions were undertaken regarding services for non-Irish national young people with the Director of Child and Family Services in the Reception and Integration Agency of the Department of Justice, Equality and Law Reform (appendix 17).
 - A working group was established with representatives of the voluntary/statutory sector to develop a guideline for the delivery of a leaving care and aftercare programme to young people in care who are deemed to come within the range of borderline intellectual disability (appendix 19).
 - A sub-group of the Aftercare Action Group (appendix 1), with representatives from the voluntary sector, worked with the Child Care Training and Development Unit to develop a standardised training programme for key workers in residential care on the preparation of young people for leaving care. A workshop was held in February 2006 to launch the training initiative, with representatives from the statutory and voluntary sector in attendance. The training model was piloted in six residential units before being evaluated and made available to all units. An appropriately adapted model of preparation is being developed in consultation with the Irish Foster Care Association, aimed at foster carers and the young people in their care and those providing supported lodgings.
 - A focus group of young people in care was established to facilitate the evaluation of the pilot programme on the preparation for leaving care by the Irish Association of Young People in Care.
 - Discussions were undertaken with the Principal Social Worker Group and the Local Health Manager for North Dublin with regional responsibility for Child Care Services to review the delivery of leaving care and aftercare services and to consider the role of existing aftercare workers in the context of the limitations currently placed on the HSE with regard to recruitment. These discussions led to an agreement that all preparation for young people leaving care between the ages of 16 and 18 years will be undertaken by the HSE, and aftercare services post 18 years of age will be provided by the voluntary sector in partnership with the HSE. The voluntary sector will be funded on foot of a service level agreement to provide aftercare services to the individual young people, and this agreement will be informed by their aftercare plans. In this context, it was agreed between the Principal Social Worker group and the Local Health Manager that the existing aftercare workers in the HSE will be assigned to work with and support foster carers and young people in foster care to prepare them for leaving care. These workers are now known as fostering aftercare workers. Negotiations were then undertaken with the voluntary sector to recruit and assign aftercare workers to the young people six months prior to their leaving care and ongoing thereafter.
 - Feedback on the draft document was sought from the Child Care Managers, Principal Social Workers and the Alternative Care Managers.
- A presentation on the draft document was delivered at the Preparation for Leaving Care Workshop.
- One of the guiding principles for the model of implementation developed is that the young person has the right to informed, meaningful consultation. The function of the Strategic Aftercare Forum will be to oversee the development of the aftercare support system and to advise Local Health Office management on the allocation of monies for the service. The Strategic Aftercare Forum as outlined in the *Regional Policy on Leaving Care* (ERHA,

May 2004 (appendix 3, p.25)) will facilitate consulting the views of young people in the formulation of leaving care and aftercare plans. The leaving care and aftercare service will be monitored both strategically and operationally (ERHA, May 2004 (appendix 3, p. 26)) through the Aftercare Fora on an ongoing basis from June 2007, and the overall effectiveness of the structure for service delivery will be evaluated, also from that date, by the Director of Care, Children and Families.

A 'Continued Care Register' will be maintained by each Local Health Office to facilitate both the tracking of young people in aftercare and service planning for those young people. It will be the responsibility of each Local Health Manager to further develop the infrastructure for the local delivery of a leaving and aftercare service, and to monitor and strategically develop the service provision.

Guiding Principles

The model is underpinned by the following principles:

- The welfare of the young person is paramount.
- The young person has the right to informed, meaningful consultation.
- Young people will be provided with all relevant information in order to enhance their participation in decision-making regarding their future life plans.
- All young people have the right to be supported in their transition to adulthood. The HSE will strive to ensure that young people in care are provided with the best chances to be confident, positive and successful. The HSE 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.
- Preparation for leaving care will begin on entry into care.
- The HSE 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.
- 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.
- Service development will ensure that contingency planning is an inherent component of local planning.
- The HSE will ensure that each young person in need of support is subject to a detailed, holistic needs assessment. This assessment will inform the care plan, which will be subject to regular review.
- The HSE will collaborate with young people and their families and/or carers.
- Staff will be supported to ensure successful implementation of the policy.

Acknowledgements

This document was developed through a series of consultations with the voluntary and statutory service providers.

The HSE wishes to acknowledge the role of the voluntary service providers who have taken a lead role in the development of aftercare services, and in particular the work of **Don Bosco House, Belvedere Social Services, Focus Ireland, Threshold and Crosscare**. The HSE also acknowledges the role and commitment of **Foster Carers, the Irish Foster Care Association, the Irish Association of Young People in Care** and staff within the HSE; **Alternative Care Managers, Residential Care Staff, Child Care Managers, Principal Social Workers, Superintendent Community Welfare Officers and Fostering Aftercare Workers**. The co-operation of **Dublin City Council, Fingal County Council** and the **Reception and Integration Agency in the Department of Justice, Equality and Law Reform** is also acknowledged. A special word of thanks is also offered to **The Children's Research Centre, Trinity College, Dublin**.

The HSE acknowledges the information provided by the **Department of Education and Science** and the **Department of Social and Family Affairs**.

The Model

This model has been developed to improve the life chances of young people who are looked after by the HSE as they make their transition to independent living. It is designed to:

- Improve the assessment, preparation and planning for leaving care.
- Provide better personal support for young people leaving care.
- Improve financial arrangements for care leavers.
- Increase the capacity of appropriate accommodation, including family care options.

The model will be a source of information for the young person and a guidance tool for those involved in the delivery of leaving care services, i.e. social workers, social care staff, leaving care service providers, foster carers, local authority personnel, health professionals and educational personnel.

Service delivery to young people who are preparing to leave care and who will be availing of aftercare services will be based on an adaptable specialist model of leaving care, which will feature the following three components: preparation for leaving care, leaving care, and aftercare. The following elements will be incorporated:

Stage 1	Stage 2	Stage 3
Preparation for Leaving Care	→ Leaving Care	→ Aftercare
Assessment of need	Leaving care plan	Aftercare plan
	Assignment of aftercare worker/ Fostering aftercare worker	Accommodation
	Preparation for leaving care	Health services
	Aftercare financial support package	Aftercare fora
	Accommodation	
	Health services	

A 'Leaving Care and Aftercare Action Plan' was developed to support child-care professionals to manage the young person's preparation for leaving care, leaving care and aftercare. It can be summarized as follows:

Stage	Action
Stage 1 — Preparation for leaving care	<ul style="list-style-type: none"> * Assessment of need
Stage 2 — Leaving care	<ul style="list-style-type: none"> * Preparation for leaving care plan. * Monitoring of preparation for leaving care plan. * Notify Aftercare Service Provider. * Notify Area Administrator. * Preparation for leaving residential care. * Preparations for leaving foster care/supported lodgings. * Assignment of Aftercare Worker/Fostering Aftercare Worker. * Preparation of aftercare plan. * Co-planning with Superintendent Community Welfare Officer. * Preparation of HSE aftercare financial support package. * Preparation of overall support plan for each LHO.
Stage 3 — Aftercare	<ul style="list-style-type: none"> * Placement of young person in the HSE funded voluntary residential programmes, supported housing projects, private rented accommodation, local authority accommodation or supported lodgings. * Reunification of young person with family. * Renew young person's medical card. * Preparation of Service Level Agreement with Aftercare Service Provider. * Strategic monitoring to oversee the development of the aftercare support system. * Operational monitoring to oversee the functioning of the aftercare support system. * Evaluation of the overall effectiveness of the preparation for leaving care/aftercare system. * Monitoring of each young person's aftercare plan. * Monitoring of each young person's aftercare financial support package. * Maintenance of Continued Care Register.

The service will be delivered in partnership with the young person, his/her family, the carer, child and family social worker, link worker and other statutory, community and voluntary agencies. Based on projected need in relation to the number of young people leaving care, the child-care professionals and management will work strategically within the HSE and in collaboration with other relevant agencies to ensure adequate resources: staffing, finance and the availability of a range of appropriate accommodation.

In this context, all young people in the care of the HSE North West Dublin, North Central Dublin and North Dublin will, prior to reaching 18 years of age, be prepared for leaving care by the HSE. This preparation will be undertaken through assessing the needs of each young person who has reached the age of 16 years. The needs assessment will inform their preparation programme for leaving care and their aftercare plan. The preparation programme, although it is developed to a standardized format, will allow for individualization of the preparation where appropriate. Preparation for leaving care will be undertaken by the young person's key worker. Fostering aftercare workers will support foster carers and young people in foster care between 16 and 18 years of age in their preparation for leaving care. The young person's aftercare financial support package and access to health services will be planned and agreed in advance of their transition from care. On leaving care at 18 years of age, the young person will have his or her aftercare needs met by the voluntary sector on foot of a service level agreement with the HSE, which will be informed by the young persons' aftercare plan. The service will also include the assignment of an aftercare worker provided by either Focus Ireland or Don Bosco House (appendix 18), who will assist each young person with the implementation

of the aftercare plan and, where appropriate, liaise on behalf of the young person with the various statutory and voluntary service providers.

There will be ongoing monitoring and evaluation, undertaken both on an individual basis by the young person's social worker and at a strategic level by the Director of Care, Children and Families and through the establishment of Aftercare Fora to facilitate operational and strategic monitoring. Such monitoring will incorporate consultation with the voluntary and statutory sectors and young people with care or aftercare experience. The membership of the Strategic Aftercare Forum (*Regional Policy on Leaving Care*, ERHA, May 2004 (appendix 3, p.25)) will include representatives from the statutory and voluntary services and young people with care experience. The Operational Aftercare Forum (ERHA, May 2004 appendix 3, p. 26) will be a sub-group of the Strategic Aftercare Forum.

Eligibility

The leaving care and aftercare programme has been developed to meet the needs of young people who are preparing to leave care and for when they leave care, under the **Child Care Act 1991, sections 3, 4, 5 and 45** (appendix 3).

Section 3 of the Act states that it shall be the function of the HSE to promote the welfare of children in its area who are not receiving adequate care and attention.

Section 4 of the Act states that where it appears to the HSE that a child who resides or is found in its area requires care and protection that he or she is unlikely to receive unless taken into care, it shall be the duty of the HSE under this section of the Act to take that child into its care.

Section 5 of the Act states that where it appears to the HSE that a child in its area is homeless, the HSE shall enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available to that child which he or she can reasonably occupy, then, unless the child is received into the care of the HSE under the provisions of the Act, the HSE shall take such steps as are reasonable to make available suitable accommodation.

Section 45 of the Act sets out the ways in which the HSE may assist the young person:

- Visiting and assisting.
- Arranging for completion of his/her education.
- Contributing towards his/her maintenance while he/she is 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.

The leaving care and aftercare programme also meets the needs of early care leavers and those whose placements end in an unplanned way, as per standard 13.4 of the **National Standards for Foster Care (2003)**.

The young person must be 16 years of age and in care for at least 6 months before an aftercare needs assessment can be undertaken. The service is provided on the basis of the young person's need and his/her request for a service. It is recognised that some young people in care will not require an aftercare service, e.g. a young person may choose to return home, move into independent living or remain living with foster carers.

The upper age limit for aftercare services is informed by the Child Care Act, 1991, section 45, which permits the HSE to assist the person up to the age of 21 years, or where the person is involved "in a course of education" until the person completes the course; and the provision of aftercare services is also informed by the **National Standards for Children's Residential Centres**, which states that "young people up to a minimum age of 21 should be supported, as they request, by the aftercare service" (standard 5.39).

Non-Irish national young people (**appendix 17**):

Non-Irish nationals with refugee status and young people with 'humanitarian leave to remain' who are in the care of the HSE are eligible to access a leaving and aftercare service on the basis of their individual needs assessment. However, young people with 'humanitarian leave to remain' are not eligible to access fee support for higher education.

On reaching 18 years of age, asylum seeking non-Irish nationals are currently unable to access social welfare allowances, further and higher education, employment or accommodation. Young people in this group who have been in the care of the HSE under the Child Care Act, 1991, will be considered on an individual basis by the HSE with a view to meeting the young person's needs in aftercare.

Analysis of Need

Numbers of young people in care between 16 and 18 years of age – 2006.

The numbers of children in alternative care who are 16 years of age and over in 2006 is outlined in appendix 4. There are a total of 126 such young people in care, 66 of whom are male and 60 of whom are female. There are 30 young people in long-term residential care, while 29 are in relative foster care and 24 are in long-term foster care. While not all of the above young people will request an aftercare service, those requiring such a service will be identified on completion of individual needs assessments.

Young persons in foster care may choose to return home to live with their families, move into independent living or remain living with their foster carers. The latter choice is more common for those who are in long-term care and for whom the foster family is their family of choice.

In 2005, the Director of Care, Children and Families evaluated a pilot study that was undertaken to assess the aftercare needs of 30 young people in the care of the HSE North Central Dublin, North West Dublin and North Dublin (residential and foster care). The purpose of the evaluation was to:

- Identify service needs based on the piloted assessment forms and to benchmark this against stated policy.
- Evaluate the effectiveness of the Needs Assessment Forms.

1. Identify service needs based on the piloted assessment forms and benchmark this against stated policy.

The evaluation report found that the areas for assessment were compatible with those set out in the *Regional Policy on Leaving Care* (ERHA, 2004), covering personal details, health, identity and emotional well-being, living skills, education, training, employment and accommodation. The report stated that the assessment of needs attempts to measure the gap between the current situation and a desired situation. For young people preparing for aftercare, they were looking forward to a new home and some training or occupation that matched their interests. All but one young person indicated that they knew what they would like to study or work at. The young people will need help with finding suitable training or employment, and in making informed choices. The report noted that the Policy states that "the service to young people leaving care should be delivered through a dedicated team of staff with an appropriate skill mix...". At the least, the young person will need an identifiable worker to assist him or her in this area.

With regard to accommodation, the report found that the combined preferences of young people and the assessors resulted in an equal demand for supported accommodation, a flat/bed-sit and 'other' kinds of accommodation. The high usage of the 'other' category was explained, in part, by a number of young people expressing a desire to go abroad, while a number of assessors opted for campus accommodation. In no case did family feature as an accommodation option. The report stated that the preference for flats or bed-sits will not have implications for service development, as the young person can be assisted to find these kinds of accommodation on the open market.

The report found, however, that there are implications for service development, as 29% of respondents preferred supported accommodation. If this option were replicated across the whole cohort of care leavers, demand for supported accommodation would far outweigh supply. The report also identified an issue regarding gender equity. One of the principles set out in the policy document is that "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". Yet there are very few 'supported accommodation' options for young women, and this will need to be addressed if the service is to live up to the policy.

Another striking feature in relation to gender was that two of the seventeen respondents in the pilot study were pregnant and a third was an expectant father. If this sample were typical of the whole cohort of care leavers there would be a clear indication that services for parents and babies were required. The report suggested that a separate survey is necessary to gather more factual information on the rate of pregnancy among care leavers. It is noteworthy that the rate of expectant parenthood is relatively high in the survey, despite the fact that all respondents indicated that they had sufficient instruction on sexual health. There may be an issue in this regard concerning the preparation of young people for leaving care.

Another overarching need of care leavers, according to the report, is for ongoing support. As one young person put it, in response to a request to participants to describe their biggest need, "I need people to be there for me when I need them most". In the section of the study on identity and emotional well-being, all young people indicated that they had someone they can go to if they need to talk. They also rated themselves highly in relation to practical and independent living skills. However, it was clear on reading the comments of the respondents that there needs to be a very explicit link between the care leaver and an identified worker who can provide practical help as well as emotional support. It was noticeable how many of the young people do not have family to rely on for support, so this lack of family support needs to be substituted by the aftercare service.

In the section on financial issues, the report found that most young people indicated that they need some help with paying bills, saving, banking and so on. There is clearly a need to include financial management as part of the preparation for leaving care.

In summary, ongoing support, access to accommodation and to training or employment emerge as the biggest needs for young people leaving care. In order to match services to needs there are two main considerations. The first is human resources: the aftercare team needs to have sufficient numbers of staff to cater

for those preparing for, and leaving, care. A ratio of aftercare workers to care leavers will need to be established in order to calculate the ideal number of staff required.

The second issue is in relation to the provision of supported accommodation. Again, there appears to be a service gap; however, the numbers of young people leaving care will need to be established in order to calculate the exact demand for this aftercare option. Consideration should be given to the development of Supported Lodgings as a means of providing supported accommodation. There is a particular deficiency in the provision of supported accommodation for young women.

2. Evaluation of the effectiveness of the Needs Assessment Forms:

Following the findings of the evaluation, both formats for the needs assessment, i.e. the young person's form and the form to be completed a relevant person in their lives, were amended as indicated. (See appendices 5/6)

Leaving Care and Aftercare Action Plan

Local Health Offices—North West Dublin, North Central Dublin and North Dublin

Glossary

ACM = Alternative Care Manager	HP = Health Professionals
AA = Area Administrator	IAYPIC = Irish Association of Young People in Care
AS = Addiction Services	JLO = Juvenile Liaison Officer
ASP = Aftercare Service Provider	KW = Key Worker
AUM = Aftercare Unit Manager	LHO = Local Health Office
AW = Aftercare Worker	Multi-a = Multi-agency
BF = Birth Family	Multi-d = Multi-disciplinary
CC = Crosscare	NEWB = National Education and Welfare Board
CCM = Child Care Manager	PSW = Principal Social Worker
CCRPDC = Child Care Residential Placement/Discharge Committee	RIA = Reception and Integration Agency
CCTDU = Child Care Training and Development Unit	RP = Relevant person in the young person's life, e.g. key worker, foster carer, social worker.
DBH = Don Bosco House	RUS = Residential Unit Staff
DCC = Dublin City Council	SCWO = Superintendent Community Welfare Officer
DCC&F = Director of Care, Children and Families	SL = Streetline
FAS = FAS	SLP = Supported Lodgings Provider
FAW = Fostering Aftercare Worker	SW = Social Worker
FC = Foster Carer	SWTL = Social Work Team Leader
FCC = Fingal County Council	THAU = Threshold Housing Access Unit
FI = Focus Ireland	TSP = Transition Supports Project
F IRL = Failte Ireland	YP = Young Person
FTL = Fostering Team Leader	YR = Youthreach
HAO = Housing Allocations Officer	

The following is an outline of each of the 14 action points in the Leaving Care and Aftercare Action Plan. Each action point may not be applicable to every young person in care; however, the action plan should be regarded as a checklist of items to consider and include in the preparation of leaving care and aftercare plans.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
1.	Assessment of need.	Completed young person's needs assessment in both formats.	SW	YP RP FAW BF RIA Multi-d assistance as required.	16 years of age.	1 month following the young person's 16th birthday

When the young person in care reaches 16 years of age, an assessment of their needs will be undertaken to equip them for independence and adulthood (appendices 5/6). The holistic needs assessment will incorporate the young person's material and psychosocial needs and allows for two years of preparation prior to their 18th birthday.

Material needs

Personal and health care
Employment
Education
Income support and entitlements
Training
Accommodation

Psychosocial needs

Identity
Self-confidence
Adult support
Social competence
Peer support
Neighbourhood
Belonging

(Aspects of Coping – Adapted from Pinkerton and McCrea, 1996)

The assessment is in two formats and is undertaken separately by:

1. The young person
2. A relevant person in their lives, e.g. key worker, foster carer, social worker, with multi-disciplinary assistance as appropriate.

The needs assessment should identify young people who require being linked to the following services at the earliest opportunity, i.e. Disability Service, Adult Mental Health services, Reception and Integration Agency, Criminal Justice system and the Drugs Aids Service.

See appendix 19 – Guideline on the delivery of a leaving care and aftercare programme to young people in care who are deemed to be within the range of borderline intellectual disability.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
2.	Preparation of leaving care plan.	Completed preparation for leaving care plan based on a holistic assessment of young person's needs.	SW	YP BF KW FAW FC Multi-a / multi-d assistance as required. ASP AA JLO RIA	Immediately following completion of needs assessment at 16 years of age.	18 years of age or until young person leaves care.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
3.	Monitoring of preparation for leaving care plan.	Preparation for leaving care plan is included in the statutory reviews.	SWTL	YP SW KW FAW FC Multi-a / multi-d assistance as required. ASP AA RIA	First statutory review following 16th birthday.	18 years of age or until the young person leaves care.

It will be the responsibility of the social work team leader to review and monitor the implementation of the preparation for leaving care plan through the statutory review process.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
4.	Notify aftercare service provider.	Aftercare service provider/local authorities have scheduled a date for assignment of aftercare worker and allocation of accommodation if required	SW	DBH FI SL CC DCC FCC	On completion of the preparation for leaving care plan.	N/A

The social worker will notify the Aftercare Service Providers/Local Authorities in order to facilitate planning in the assignment of an aftercare worker to each young person leaving care and in the allocation of accommodation.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
4 (a)	Notify Area Administrator.	Area Administrator has projected costs for individual aftercare financial plans.	SW	AA	On completion of the preparation for leaving care plan.	N/A

The social worker will notify the area administrator in the Local Health Office with regard to the preparation for leaving care plan, to facilitate budgetary planning.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
5.	Preparation for leaving residential care.	Young person is prepared for leaving care to a standardised format, while allowing for individualisation of the preparation where appropriate.	KW RUS	CCTDU THAU NEWB YR FAS RIA/TSP F IRL, etc.	16 years of age	18 years of age or until young person leaves care.

Preparation work must be appropriate to the young persons' emotional and developmental stage, and must be understood as preparation for wider independence. Caution must be taken 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, and it is also necessary to acknowledge the particular dynamics and complexities of leaving foster care.

An education programme on preparing young people between the ages of 16 and 18 years for leaving care was developed in partnership with representatives of the voluntary sector, and this programme is being delivered to all statutory and voluntary residential unit staff, aftercare workers, and social workers. The programme is based on models of best practice and on consultation with staff. It incorporates the use of "The Right Stuff – Skills for Life", which was developed by HSE West. This guide is considered to be a comprehensive life skills pack and is designed as a working tool to equip young people with a range of skills for independent living. Staff training is facilitated through the Child Care Training and Development Unit on an annual basis, or as required, based on need.

The Transition Supports Project helps and supports unaccompanied minors and asylum-seeking non-Irish nationals between the ages of 17 and 21 years, helping them in seeking accommodation, building social networks, dealing with health issues, accessing education/training, and involvement in recreational activities (sports, outdoor activities). See appendix 17.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
6.	Preparation for leaving foster care/ supported lodgings.	Young person is prepared for leaving care to a standardised format, while allowing for individualisation of the preparation where appropriate.	SW FC SLP FAW	CCTDU RIA/TSP	16 years of age.	18 years of age or until the young person leaves care.

A programme of preparation for foster carers and those providing supported lodgings is being developed by the Child Care Training and Development Unit, which incorporates the "The Right Stuff – Skills for Life" as appropriate, and with reference to the National Standards for Foster Care (standard 13). The HSE fostering aftercare workers will work with the social work teams to support and facilitate training and preparation of foster carers and young people in foster care between 16 and 18 years of age.

The HSE is committed to providing support to a young person in foster care with special needs e.g. physical, intellectual, psychosocial and psychiatric conditions where the foster carer continues to care for the young person in aftercare. Currently only one young person has been identified in this category and it is not expected that this number will increase significantly. This support will be subject to the appropriate assessment procedures and a yearly review.

The Transition Supports Project helps and supports unaccompanied minors and asylum-seeking non-Irish nationals between the ages of 17 and 21 years, helping them in seeking accommodation, building social networks, dealing with health issues, accessing education/training, and involvement in recreational activities (sports, outdoor activities). See appendix 17.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
7.	Assignment of Aftercare Worker.	Each young person leaving care has an allocated aftercare worker.	ASP	SW KW FC SLP FAW RIA	6 months prior to young person's 18th birthday.	21 years of age or by agreement between social worker and the aftercare service provider.
<p>The voluntary sector (Don Bosco House and Focus Ireland) have recruited aftercare workers to undertake the implementation of the aftercare plan, post leaving care, and to provide the necessary in/outreach services that will be required. See appendix 18 for contact details.</p> <p>The aftercare service provider will assign an aftercare worker to the young person 6 months prior to the expected date of transition from care.</p>						

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8.	Preparation of aftercare plan.	Each young person has an aftercare plan, following a comprehensive review of the preparation for leaving care plan.	SWTL	YP AA ASP AW FAS FAW FC F IRL KW NEWB SLP YR RIA	6 months prior to the young person's 18th birthday or date of leaving care.	Until the young person makes the transition to full independence.
<p>The aftercare service will be provided by the voluntary sector. Timely reviews of the preparation for leaving care plan will deem the young person suitable for a number of accommodation choices, i.e. reunification with family, a pre-leaving care unit, semi-independent unit, supported lodgings, sheltered accommodation or independent living, which may be shared or single.</p> <p>The young person's preparation for leaving care plan will be subject to a comprehensive review by the social work team leader at least 6 months prior to the expected date of transition, resulting in the finalised aftercare plan (appendix 8). This review should consider the following:</p> <ul style="list-style-type: none"> • Whether the original needs assessment and agreed action plans have been implemented in full and remain a valid response to the perceived independence needs of the young person. • Any significant change in the young person's context, circumstances or needs that necessitates significant alteration to the plan. • Whether the agreed contingency plans are in place. • Whether the supports available to the young person continue the work already undertaken to prepare him/her for adult life. • Whether all assessed financial need has been secured and available to support personal development. • How ongoing contacts with the family of origin and previous care setting will be maintained, if desired. • Whether all relevant persons have been consulted in regard to their views. • Whether the young person needs to remain <i>in situ</i> until prepared and ready to leave care. • Whether provided supports are flexible and holistic. 						

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8 (a).	Co-planning with Superintendent Community Welfare Officer.	Entitlement under the Social Welfare Consolidation Acts agreed with the Community Welfare Service.	AW	SCWO SW FAW	3 months prior to the transition date.	As entitled.

A young person, on reaching 18 years of age, has statutory entitlement to a minimum weekly income under the provisions of the Social Welfare Consolidation Acts (with the exception of asylum-seeking non-Irish nationals). He or she may also have entitlement to other discretionary payments under the provisions of those acts (appendix 9). The administration of the Social Welfare Allowance Scheme, under which these payments arise, is the responsibility of the Community Welfare Service.

The Community Welfare Service will give consideration to young people leaving care as meeting the criteria for 'special circumstances' when interpreting section 31 of the Social Welfare Consolidation Act and Circular 06/03, which allows for the Community Welfare Service to pay the rent supplement at a higher rate than the normal fixed rate (appendix 10).

It is the responsibility of the young person's aftercare worker to make contact with the relevant superintendent community welfare officer (appendix 11) at least 3 months in advance of the young person leaving care, for the purposes of discussing the financial arrangements necessary to assist the young person progress to independent living (appendix 12 – Aftercare Financial Support Plan Template).

Non-Irish national young people – see section on **Eligibility** and **appendix 17**.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8 (b).	Preparation of HSE aftercare financial support package	The HSE financial support package for each individual young person–excluding social welfare/ discretionary welfare payments–is agreed on an assessed needs basis. Aftercare service provider is funded for the young person's aftercare service provision.	AW	SW AA FAW	3 months prior to the transition date	Subject to agreement between HSE, aftercare service provider and the young person.

Each young person will have a different set of needs and a different capacity to manage a budget. Some young people may have sources of income of their own, such as a training/welfare allowance or wages from employment. It will be the responsibility of the aftercare worker, in consultation with the social worker and the area administrator, to agree with the young person a financial support package 3 months in advance of transition from care (appendix 12 – Aftercare Financial Support Plan Template). A copy of the financial support package should be forwarded immediately, through the Area Administrator' office, to the voluntary agency providing the aftercare service, in order to facilitate budgetary planning for this service provision. Any subsequent amendments to the financial support plan must be notified to the area administrator immediately. The area administrator, in consultation with the social worker and the aftercare worker, will review the financial support package 6 months after the young person has left care and yearly thereafter, based on an assessment of need. In structuring the financial package the following principles should be adhered to:

- The amount of financial assistance will be needs led, will depend upon the individual circumstances of the young person and will be subject to assessment.
- While the young person is still living in care, carers will take active steps to encourage him/her to practice saving and managing some of his/her own money, in preparation for when he or she leaves care.
- The financial structure should encourage placement stability, promote contact with family, support racial and cultural identity and encourage the pursuit of education, training and employment

The financial support system will have a number of core elements, namely:

- Assistance with daily living expenses and accommodation costs
- Assistance with setting up home
- Assistance with education, training and employment costs
- Access to miscellaneous and emergency payments.

The administrative and financial systems to support young people who have left care need to be flexible and responsive to the needs of young people. There should be clarity about when and how payments will be made and the system must ensure that young people have security and that hardship is not caused.

Non-Irish national young people – see section on **Eligibility** and **appendix 17**.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8 (c)	Preparation of overall aftercare financial support plan for each LHO area.	Each LHO has a cumulative financial plan for their young people leaving care, indicating funding details.	AA	SW	6 months before leaving care.	Ongoing yearly thereafter

It is the responsibility of each area administrator to develop a cumulative financial plan for young people leaving care. The plan should indicate funding details, e.g. welfare/discretionary payments, HSE funding, etc.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8 (d).	Placement in the HSE funded voluntary aftercare residential programmes.	The Child Care Residential Placement/ Discharge Committee has approved the young person's residential aftercare placement.	ACM	YP SW ASP	3 months prior to the expected date of leaving care.	As indicated on the aftercare plan and subject to the placement criteria of the unit.

The aftercare plan will indicate the accommodation needs of the young person on leaving care, e.g. residential/non-residential aftercare programme, supported lodgings, family care options, sheltered accommodation and independent living in private rented accommodation or local authority housing. Appendix 13 outlines the capacity of the residential aftercare programmes provided by the voluntary sector. Refer to appendix 15 for the protocol on supported lodgings.

Applications for residential aftercare programmes provided by Don Bosco House, Belvedere Social Services, Focus Ireland, Crosscare and Streetline, providing high, medium and low support are referred to the Child Care Residential Placement/Discharge Committee, through the alternative care manager, for placement approval. The referral to the Child Care Residential Placement/Discharge Committee is by submission of the aftercare plan. The placement must also be recorded in the Continued Care Register, by the alternative care manager, in order to facilitate tracking of young people in aftercare.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8 (e).	Placement in supported housing projects (direct from leaving care).	The supported housing project has offered a placement to the young person in advance of making the transition.	SW	YP AW FAW AUM	3 months prior to the expected date of leaving care.	Subject to the placement criteria of the unit.

Where a young person is being referred directly to a supported housing project on leaving care, the alternative care manager will present the aftercare plan to the Child Care Residential Placement Committee for noting. The placement must also be recorded in the Continued Care Register by the alternative care manager, to facilitate tracking of young people in aftercare.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8 (f).	Placement in supported housing projects following placement in other residential aftercare programme, unsuccessful return home, etc.	The supported housing project has offered a placement to the young person in advance of making their transition.	AW	YP AUM	3 months prior to the expected date of making their transition.	Subject to the placement criteria of the unit.

The young person is referred directly to the supported housing project. It will not be necessary to present the young person's aftercare plan to the Child Care Residential/ Discharge Placement Committee. The placement must, however, be recorded in the Continued Care Register by the alternative care manager, to facilitate tracking of young people in aftercare

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8 (g).	Sourcing of private rented accommodation (direct from leaving care).	THAU has secured private rented accommodation in advance of the young person leaving care.	AW	YP FAW THAU	3 months prior to the expected date of leaving care.	As required.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8 (h).	Sourcing of private rented accommodation following placement in residential aftercare programme, unsuccessful return home, etc.	Young person has secured private rented accommodation.	AW	YP THAU	As agreed with young person.	As agreed with young person.

Action 8(g) and 8(h)

Threshold's Access Housing Unit operates as an accommodation agency, facilitating contact between landlords and tenants and taking an active role in the creation of new tenancies. The Unit maintains a database of suitable tenants, ensures on-going support when a client is housed, and provides information, advice and advocacy to both landlords and tenants, including mediation in the case of problems that threaten the sustainability of the tenancy.

In a partnership arrangement with the HSE, Threshold will source private rented accommodation for young people who are leaving care or have left the care system and are deemed suitable for independent living. The initiative will include pre-tenancy preparation training, tenancy creation and tenancy sustainment and support. This arrangement is on a pilot basis initially and will be evaluated in the first year of operation. The placement will be recorded in the Continued Care Register by the alternative care manager, to facilitate tracking of young people in aftercare.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8 (i)	Placement in supported lodgings.	The young person has secured a supported lodgings placement.	SW	FTL AW FAW KW	3 months prior to the expected date of transition.	As agreed with young person.

See appendix 15 – Supported lodgings pack

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8 (j).	Sourcing of local authority accommodation– Co-planning with Dublin City Council and Fingal County Council.	Local authority accommodation, if required, is identified and allocated by the Housing Allocations Officers.	SW	HAO AW FAW	3 months prior to the expected date of leaving care / aftercare residential programme.	Ongoing.

Dublin City Council:

Where the young person, who is at least 18 years of age, is in an aftercare programme of accommodation in preparation for independent living, or is deemed suitable for moving directly from care to independent accommodation, and the plan is for the young person to seek local authority accommodation with Dublin City Council, the following process should be undertaken:

1. The young person must be ready for independent living.
2. A housing application form should be forwarded by the social worker on behalf of the young person to the Chief Welfare Officer/ Allocations Officer, Dublin City Council, **3 months in advance** of the expected date of leaving the programme/care
3. Include with the housing application a brief report on the young person that will highlight any indicators that might present a difficulty in the community, outline the supports provided to the young person, and indicate any relevant reasons why a particular housing area maybe the preferred choice for the young person.
4. Ensure that the young person will be placed on the homeless list.
5. Nominate contact person in the HSE local area for Allocations Officer to contact.
6. Confirm that HSE nominee for local area will arrange meeting with the Allocations Officer regarding the prioritisation of cases.

Dublin City Council will also consider the nomination of a young person, who has left care and is on the housing list, for accommodation through the voluntary housing committees.

Please refer to appendix 14 for contact details of relevant Dublin City Council personnel.

Fingal County Council:

Fingal County Council has agreed to make available to the HSE, transitional accommodation for use in the provision of aftercare services.

Please refer to appendix 14 for contact details of relevant personnel.

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
8 (k)	Reunification of young person with family	Young person and their family are in agreement with the proposal to return home.	SW	YP BF AW FAW FC KW	As agreed with young person and family.	Ongoing

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
9	Renew young person's medical card.	Medical card is renewed for a 3-year period commencing at 18 years of age.	AW	AA	3 months prior to transition date.	Subject to normal renewal procedures after 21 years of age.
The aftercare worker, in consultation with the area administrator, should renew the young person's medical card three months in advance of the transition date. The renewal period will be for a period of three years. On reaching 21 years of age, the young person's application for a medical card will be subject to normal renewal procedures						

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
10.	Preparation of Service Level Agreement	An overall service level agreement incorporating each young person's aftercare plan is in operation with the aftercare service provider when each young person leaves care.	CCM	SW ACM ASP	6 months prior to the transition date.	As indicated in the aftercare plan and subject to the agreement of the HSE and the aftercare service provider.
The Child Care Manager in the Local Health Office that is funding the aftercare service provider will undertake the preparation of the service level agreement with the aftercare service provider who will provide for the implementation of individual aftercare plans.						

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
11.	Monitoring – strategic.	Aftercare Forum (strategic) is established.	CCM	IAYPIC SW ASP KW AW FAW CCTDU SCWO DCC&F AS NEWB HP	June 2007	Ongoing.
The Child Care Manager will establish an Aftercare Forum, which will have members from the statutory and voluntary services along with young people with care or aftercare experience. The function of the strategic aftercare forum will be to oversee the development of the aftercare support system and advise Local Health Office management on the allocation of monies for the service. The forum should assist in developing a culture of understanding within local areas of care leavers' needs and in supporting easy access to services.						

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
11 (a).	Monitoring – operational.	Aftercare Forum (operational) is established.	CCM	YP SW KW AW FAW ASP	June 2007	Ongoing.
The Child Care Manager will establish a sub-group of the strategic aftercare forum, which will report to the forum. It will have a monitoring function in relation to the aftercare support system and will identify what is working well, where the gaps are and which young people are not receiving a service.						

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
12.	Evaluation.	The overall effectiveness of the structure of the preparation for leaving care / aftercare system has been evaluated.	DCC&F	SW KW AW FAW ASP	June 2007	Ongoing.
The Director of Care, Children and Families will evaluate the overall effectiveness of the structure of the preparation for leaving care and aftercare service provision.						

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
13	Monitoring of aftercare plan (post 18 years of age).	Aftercare plan has been reviewed at least yearly.	SW	AW ASP	At least one year after the young person has left care.	When young person achieves full independence.
It is the responsibility of the social worker, in consultation with the aftercare worker and the aftercare service provider, to monitor the aftercare plan at least once a year after the young person has left care.						

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
13a)	Monitoring of aftercare financial support package.	Area Administrator has reviewed the financial support package.	AA	AW SW	6 months after young person has left care.	Ongoing yearly review thereafter.
The Area Administrator will undertake a review of the aftercare financial support package at least six months after the young person has left care, in consultation with the social worker and the aftercare worker. An ongoing yearly review will be undertaken thereafter.						

Number	Action	Measure	Responsibility	Involvement	Start date	Finish date
14.	Maintenance of Continued Care Register.	The Continued Care Register is maintained in each LHO, to facilitate tracking of young people in aftercare.	ACM	SW ASP AW	When young person leaves care.	When young person achieves full independence.
<p>Each Local Health Office is required to maintain a Continued Care Register of young people in need and in receipt of ongoing support, in order to identify the necessary adequate budgetary provision required to maintain services on a year-to-year basis. Details to be entered on this register include: name of young person, date of birth, current or last known address, previous care placement, date of discharge from care setting, name of allocated social work service and or social worker.</p>						

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Appendix 1:

**Aftercare Action Group Membership
and
Sub-Group on Preparation for Leaving Care Membership**

Appendix 1-

Aftercare Action Group: Membership

Sheila Marshall, Senior Manager, Child Care Services – Chairperson.

Derek Mulcahy, Grade V – Secretary.

Ruth Coakley, Aftercare Worker, LHO North West Dublin.

Paul Dolan, Project Officer, Streetline Residential Unit.

Thomas Dunning, Social Work Team Leader, LHO North West Dublin.

Olive Hanley, Clinical Nurse Manager, LHO North Dublin.

David Holgate, Aftercare Worker, LHO North West Dublin.

Ann McGinn, Aftercare Worker, LHO North West Dublin.

Linda McGuinness, Project Officer, LHO North Dublin.

Clar O'Neill, Aftercare Worker, LHO North West Dublin.

Michelle O'Reilly, Aftercare Worker, LHO North Dublin.

Trena Ratcliffe, Aftercare Worker, LHO North Central Dublin.

Christine White, Fostering Team Leader, LHO North Dublin.

Aftercare Action Group:

Sub-group on Preparation for Leaving Care- Membership

Sheila Marshall, Senior Manager, Child Care Services – Chairperson

Fr. Val Collier, Don Bosco House.

Paul Fitzgibbon, Manager, Child Care Training and Development Unit.

Fr. Peter McVerry, Belvedere Social Services.

Gareth Smith, Don Bosco House- Facilitator

Appendix 2:

Regional Policy on Leaving care

Policy on Leaving Care

Leaving care
Sub-group of
the Youth
Homeless Forum

*Eastern
Regional
Health
Authority*



MAY 2004



*Eastern Regional
Health Authority*

Policy on Leaving Care

*Leaving Care Sub-group of the
Youth Homeless Forum May 2004*

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Executive Summary

Bringing a group together to research and write any policy document will always be a challenging, sometimes contentious exercise. The working group for development of this leaving care policy also struggled with some fundamental issues: ranging from the definition and understanding of leaving care to differentiating between what can or ought to be included in a policy document without straying into implementation decisions. Many lively and interesting debates ensued. Interestingly but perhaps not surprisingly, the wider consultation process for feedback on draft versions of the policy echoed most of these issues; and, therefore, it is hoped that this leaving care policy document will address as far as possible people's and agencies' concerns.

The opening sections set out the context and mandate for the development of policy and services for young people leaving care. These also detail the wider legislative framework for this policy, 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. Following this context setting, a definition is provided: *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 (under section 4 of the Childcare Act 1991) of a health board or agency or are or have been in receipt of care. Aftercare is provided within the terms of the act, pursuant legislation and regulatory frameworks, through 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, and includes comprehensive assessments, care plans and reviews.*

The document particularly stresses that introducing a leaving care policy should never undermine good practice: young people should remain in their placement until they are ready to leave. Preparation for leaving care should be an integral part of their care plan. The policy also acknowledges the dynamics and complexities of leaving foster care.

The policy goes on to provide significant detail on the aims, purposes, principles and characteristics of leaving care services. It is helpful for a policy framework to situate leaving care in the context of a continuum of through-care services for young people, linking preventative services, services for young people in care, and aftercare. A model of service provision is set out: from identification of those young people who may leave care and an assessment of their needs; through all stages from preparation to leaving and aftercare; and the range of services required. It is intended that the range of services described will guide those persons or agencies with responsibility for implementation of this policy, and therefore the policy has attempted not to be prescriptive in relation to design or quantification of services.

The range of services outlined is significant. Provision goes beyond the scope of health and social care. The point is consistently made that at strategic planning and at delivery level there is need for a comprehensive, multidisciplinary, multi-agency approach involving health, care, welfare, education, training and accommodation.

Because of the "may" part of section 45 of the Child Care 1991 Act, individual workers and agencies, statutory and non-statutory, have been attempting to respond to the needs of young people leaving care in an aspirational rather than a regulatory or binding context. It is therefore hoped that the addition of a policy document will improve the mandate for the development of services to meet the needs of young people leaving care.

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Children and young people are placed “in care” with a Health Board because their parents are unable to care for them for a variety of reasons, varying from abuse or neglect to their parents being overwhelmed by problems and unable to cope. At the end of 2003 there were approximately 1900 children in alternative care in the Eastern Regional Health Authority, including foster care, residential care (320), and supported lodgings. In addition, on the basis of research carried out in November 2002, nearly 100 young people aged 16-18 will leave the care of the health boards in the ERHA area, and be expected to live independently in the community in the next two or three years.

Though limited in recent years, national and international research shows that for those in residential care: “young people leaving care have to cope with the challenges and responsibilities of major changes in their lives, in leaving care and setting up home, in leaving school and entering the world of work or, more likely, being unemployed and surviving on benefits, and in being parents – at a far younger age than other young people. In short, they have compressed and accelerated transitions to adulthood.” (Stein and Wade, 1997) The research identifies consistent areas of contrast between care leavers and other young people. They leave to live independently much earlier than other young people. They have lower levels of educational attainment and post-16 education participation rates than other young people do. They are more likely to be unemployed than other young people aged 16-19. They experience a high level of young parenthood. A Queens University Belfast study on young people leaving care found that six months after leaving care 20% were unemployed, 75% were living on less than £40 per week, and 20% of the young women were, or had been, pregnant (Pinkerton and McCrea, 1996). In a Focus Ireland study, the findings were consistent (Kelleher and Kelleher, 1998). In addition, six months post leaving care 30% of the young people had problems with addiction; and after two years, a very large percentage experienced homelessness.

The relationship between leaving care and youth homelessness is recognised in a significant body of research. In a 1996 paper entitled, *Adolescents Leaving Care or Leaving Home and Child Care Provision in Ireland and the UK - A Critical View*, the author found that 22-40% of young people leaving care became homeless (O’Sullivan, 1996). This finding also emerges in other national research. A study in Limerick (Keane and Crowley, 1990) found that 29% of those leaving care had experienced homelessness, and Kelleher and Kelleher’s 1998 study found that 16% of their sample of care leavers was homeless six months after leaving care. Finally, a study cited in the Southern Health Board’s 1996 *Review of Adequacy of Child Care and Family Support Services* found that 35% of young people out of home had a history of being in state care.

The government policy document, *Homelessness: An Integrated Strategy* (Department of the Environment and Local Government, 2000), sets out an inter-agency approach to tackling the problems of homelessness in a co-ordinated manner. The strategy recognises that the solution to homelessness is not merely provision of housing or shelter. There is need for a comprehensive approach involving health, care, welfare, education, training and support, as well as accommodation, to enable homeless persons to reintegrate into society and to prevent others from becoming homeless.

The Report of the Forum on Youth Homelessness and the national Youth Homelessness Strategy (YHS), launched as government policy in October 2001, both highlight the vulnerability to homelessness of those people who have left the care of the state. The YHS requires that each health board produce an aftercare policy on the basis that an effective aftercare policy strengthens the position of the young person leaving care, supports his/her transition to independent living, and reduces the likelihood of homelessness and social exclusion on leaving care. Objective 4 of the YHS states that “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.” This government policy document clearly states that “Aftercare is an integral part of the care process, it is not an optional extra”. The Eastern Regional Health Authority’s 2002 *Strategic Plan on Youth Homelessness* further outlined the need for each health board in the eastern region to establish defined aftercare services and policies, noting the requirement that each young person would have a Leaving Care Aftercare Plan.

This document is the response to these requirements and has been developed taking cognisance of best practice in the area of aftercare and continued care structures and delivery. Particular emphasis has been paid to research-based practice in order that the optimum outcomes may be achieved for all young people concerned with this area of delivery. Service attributes of choice for young people and all equality issues have also been dominant influences on this policy framework.

Effective planning and review for individual young people depend upon the existence of an appropriate policy and practice framework and a model for delivering leaving care services. Evidence also suggests that it is helpful for this framework to situate leaving care in the context of a continuum of through-care services for young people that links preventative services, services for looked after young people, and aftercare. Therefore while this is a leaving care policy, it intrinsically incorporates the following three components: preparation for leaving care, leaving care, and aftercare. The individual sections below set out this framework. Section 8 outlines a model of service provision.

Legislation

The legislative framework for developing leaving care services is provided by the duties and powers given to the health boards contained 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”.

The 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 the 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 relevant to the provision of Leaving Care services 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 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.

Policy

A range of national and strategic policy drivers can inform the development of models of services for young people leaving care. 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.

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.

This policy document 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 is 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 a health board or agency or are or have been in receipt of a care 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.

Best practice would indicate that, where a young person needs to be in care, he/she should remain in the placement until ready to leave, and that preparation for leaving care should be an integral part of the care plan.

Caution needs to be taken 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 and also to acknowledge the particular dynamics and complexities of leaving foster care.

Much of the model of service delivery outlined in this document has been designed and should be implemented from a rights-based perspective, applicable to all those who by definition and eligibility are entitled to such a service. This policy empowers the relevant authorities to assume a parental provisory role in regard to young people leaving care by the inclusion of the concept of the state as a 'good enough parent' as set out in Part IX, section 268 of the Children's Act, 2001.

Aims

The legal and policy framework identified above, as well as the research discussed, leads us to identify the following aims for the Boards.

1. To provide stable placements for young people, either within their family or other looked after options, while young people are in need of care and prior to the transition process.
2. To maintain young people until they are prepared for transition.
3. To involve young people in all assessments, planning, review and decision-making arrangements for leaving care.
4. To maintain relationships with carers and families where possible, when young people are in care or have left care.
5. To prepare young people in a holistic manner, in accordance with their needs and choices.
6. To maximise the education, training, and employment outcomes for young people.

Purpose

The purpose of Leaving Care is to support and empower young people leaving care to develop the necessary skills and resources to achieve independent living. The core challenge to any leaving care policy will be to recognise the diversity of need amongst the leaving and continued care population and to move away from past traditional linear approaches, which governed only the primary need for accommodation. Therefore the corporate parenting role that begins with the health boards must extend across other relevant services and bodies in

partnership. The second essential component of this policy is the recognised need to improve preparation for young people about to commence the transition process. It is important that care leavers feel ready and prepared for independent living, having benefited from a continuous process of personal development while in their care placement. Ideally, this preparation should be gradual and holistic.

Principles

The principles of this Leaving Care 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 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.

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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.

Service delivery to young people who are preparing to leave or who have left care should be based on an adaptable specialist model of leaving care service provision (see diagram below). This will be done in partnership with the young person, his/her family, carer, child and family social worker, link worker, and other statutory, community and voluntary agencies.

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 emphasised
A	Adequately resourced
B	Belongs to people through active participation
L	Links to clear policy
E	Evaluated and reviewed regularly
<i>Source: Coyle (2002)</i>	

Based on projected need in relation to the number of young people leaving care, this specialist service will work strategically within the agency and in collaboration with other relevant agencies to ensure adequate resources: staffing, finance and the availability of a range of appropriate high to low supported accommodation.

The Area Health Boards are 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 area boards 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.

Young people who are in the process of leaving care should be consulted at all levels within the process. Young people's participation in all decisions regarding their future should be actively facilitated by all involved (see Appendix 1). As part of this process, young people should be made aware of all the options open to them so that they can make informed choices about their future. Young people may need multidisciplinary support to engage with this process.

While the optimum is that young people should represent themselves in matters concerning them, the system of rights and entitlements on leaving care is so complex that 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 sectors.

8.1 Assessment of Need

A tracking system needs to be put in place that identifies young people prior to their 16th birthday, so that an assessment of their needs can be undertaken by way of equipping them for independence and adulthood. If a young person has fallen out of the care system or has become homeless, the tracking system needs to be sufficiently robust to be able to include them.

A holistic needs assessment should incorporate a young person's material and psychosocial needs.

Aspects of Coping

Material	Psycho-social
Personal and health care	Identity
Employment	Self-confidence
Education	Adult support
Income support and entitlements	Social competence
Training	Peer support
Accommodation	Neighbourhood
	Belonging

Adapted from Pinkerton and McCrea, 1996

When these needs are identified, they should be fed into and addressed jointly by the child and family social worker and the specialist team, in the preparation for the leaving care process. Objectives for meeting each of the individual needs should be set out in the care plan, with the full participation of the young person concerned.

In the run up to leaving care, the needs should diminish in proportion to the achievement of the objectives in the care plan.

8.2 Preparation for Leaving Care

Preparation for leaving care should be regarded as an integral part of the care placement and not as a self-contained process. If a young person needs to move away from the area of origin, his/her care plan should ensure that this does not cause a disadvantage (e.g. criteria for accessing housing).

Each health board is obliged to design and implement a number of policy and procedural framework initiatives in order to ensure that children are prepared for continued or transitional care services. For children in receipt of residential and foster care services, the framework is set out by the National Standards for Residential Childcare Centres (2001; standard 5, Planning for Children and Young People, criteria 5.33-5.39), and the National Standards for Foster Care (2003; standard 13, Preparation for Leaving Care and Adult Life, criteria 13.1-13.11). These standards form the premise upon which preparation service requirements for all those in need will be developed. The following is the framework.

1. At least two years prior to the age of leaving care (18), a Preparation for Leaving Care Plan (PLCP) will be created to outline the personal and financial support, living and accommodation arrangements, and support in times of crisis or celebration that will be available to the young person. This will be carried out jointly by the child and family social worker and the aftercare team. In the case of those in receipt of foster or residential care, this may be incorporated into the statutory care planning process prior to the young person's 16th birthday. In the case of early care leavers, those whose placements have ended in an unplanned way, or those who are known to the care and social services, a Transitional Plan (TP) will be created as soon as practical. Special consideration needs to be afforded to those leaving high support or special care services. All plans will be subject to a systematic and regular review.

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2. Young people, their carer, family, and all those significant to them will be involved and consulted in the development of the PLCP or TP.
 3. Preparation work must be based on a thorough needs assessment as detailed above. This assessment should inform the content of the planning process.
 4. Preparation work needs to be supported by thorough investigation of all aspects of support, entitlement and service information available to the young person at the time of planning. Such information will be updated as new services are developed. Appropriate referrals should be made to support services and other relevant statutory services.
 5. Preparation work needs to be appropriate to the young person's emotional and developmental stage, and to be understood as preparation for wider independence, not merely tailored to an available accommodation or service resource.
 6. Preparation for leaving care planning for young people with a disability or other specific need must involve consultation with the appropriate adult or community services.
 7. Those already in receipt of specialist services should be placed in relative proximity to ensure consistency and continuation of service.
 8. Preparation planning should not be gender or culturally biased, unless to do so would be in the best interest of the young person.
 9. Young people should be unambiguous in their knowledge of the service provision and plans being made available to them.
 10. Preparation must support young people to access the full range of education, training, and employment opportunities where appropriate.
 11. Where specific risks have been identified, the plan should account for the inclusion of risk management and reduction strategies, as well as providing support to young people in the management of their own presenting difficulties.

8.3 Leaving and Aftercare

8.3.1 Leaving Care

A Leaving Care Plan (LCP) replaces the Preparation for Leaving Care Plan (PLCP) as the primary guidance tool in this next stage of the process. This Leaving Care Plan should be completed at the leaving care review stage. Its goal is to tailor individual supports specific to each young person in transition and will largely follow the subject matter of the needs assessment strategy outlined earlier. It essentially marks the discharge of the young person from the care services.

Like all good plans, the LCP will need to be flexible to the ever-changing circumstances of young people. It serves to identify the specific roles and responsibilities, the categories of support deemed necessary during the transition phases and beyond, and the person or agencies named to provide this support. It should be clear and specific about matters such as out-of-hours support and contingency arrangements.

Young people's Leaving Care Plans shall be subject to comprehensive review at least three months prior to the expected date of transition. This review should consider the following:

1. Whether the original needs assessment and agreed action plans have been implemented in full and remain a valid response to the perceived independence needs of the young person.
2. Any significant change in the young person's context, circumstances or needs that necessitates significant alteration to the plan.
3. Whether the agreed contingency plans are in place.
4. Whether the supports available to the young person continue the work already undertaken to prepare him/her for adult life.

5. Whether all assessed financial need has been secured and available to support personal development. This will be in addition to primary spending needs and accounts for initial transitional costs, e.g. furniture and crockery. Whether educational funding where appropriate has been clearly secured and the manner of access is explicit.
6. How ongoing contacts with the family of origin and previous care setting will be maintained, if desired.
7. Whether all relevant persons have been consulted in regard to their views.
8. Whether the young person needs to remain in situ until prepared and ready to leave care.
9. Whether provided supports are flexible and holistic.
10. What practical assistance will be required by the young person during the move, e.g. van hire.

It is accepted that young people may find themselves out of home or care provision in an emergency, or may have arrived in the state to seek asylum. In such cases the three-month time frame will not be appropriate. Points 5, 6, 7, and 9 may become the primary objectives.

8.3.2 Aftercare

Once the young person has moved, he/she will be subject to a progress review to be carried out by the aftercare worker, young person, and/or social worker as appropriate. At this review stage the Leaving Care Plan will be replaced by the Aftercare Plan. This review should take place at three months or earlier after the young person has left care. The Aftercare Plan will be devised at the progress review and will ascertain the following:

- The progress of the young person in placement or transition
- Any additional supports required by the young person, their nature and method of delivery
- The young person's particular concerns and interventions required to address these

- The particular concerns of any professionals involved
- Outcomes of a systematic review of the young person's support plan
- The appropriateness of previously agreed contingency planning

8.4 Roles and Responsibilities

The service to young people leaving care should be delivered through a dedicated team of staff with an appropriate skill mix, who will have responsibility for supporting the social worker in preparing the young person for leaving care. This team will also have responsibility for the direct provision of aftercare support to the young person post 18 years of age. Appendix 2 outlines the key considerations that should be given to resourcing a leaving care team.

Every young person in care should have an allocated leaving care resource assigned before he/she turns 18. Ideally this should happen as close as possible to the 16th birthday.

8.5 Range of Services

The development of services for young people leaving care must always recognise their needs. Young people should be consulted and facilitated to participate in all phases of the development of service provision pre and post leaving care, in order that proficient needs assessment takes place. Young people's views and wishes should be given due weight and consideration.

This model of service builds on the previous sections in relation to the preparation for leaving care and aftercare. It also dovetails with the accommodation section. It will endeavour to provide some level of choice to the young people concerned.

In order to plan and deliver a focused and dedicated leaving care service, an overarching leaving care structure needs to be developed. This structure will be able to encompass already existing services while developing new and innovative ones.

In designing a focused and dedicated leaving care support system, cognisance must be given to the 'whole child' perspective, which attempts to meet all of the young person's needs. This will involve many players from the statutory and voluntary sector. The support system will have some level of preference for the young people. Appendix 3 details an example of a possible implementation model of this dedicated overarching leaving care structure. It should consider encompassing the following components:

- Leaving care forum – strategic
- Leaving care forum – operational
- Leaving care hub – incorporating accommodation and a one-stop-shop
- Outreach workers
- Semi-independent accommodation – step-down
- Supported lodgings
- Private rented 3-4 bed houses
- Satellite council flats and houses
- Foster placements
- Community care leaving care teams
- Voluntary leaving care teams

The above range of services relies significantly on financial provision, accommodation and education and training.

8.6 Financial Provision

Each Area Health Board should ensure that it has adequate and equitable financial resources available to support any young person leaving foster or residential care. Young people should be supported to access pathways to financial entitlements or continued access to existing financial entitlements (e.g. foster care allowance) including a leaving care grant. This could be delivered through direct support, advocacy or mentoring schemes.

An outline of financial assistance, supports and payments to which young people leaving care may be entitled is found in Appendix 4.

8.7 Accommodation

In developing accommodation services for care leavers a number of factors must be kept in mind.

Young people must be consulted in the development of aftercare accommodation services. If they are to have ownership in the leaving care process, young people should be able to maximise the level of choice in the accommodation on offer to them.

Accommodation provision must take account of the diverse needs of care leavers. Factors such as sexuality, ethnicity, disability, addiction, physical or mental illness will influence the accommodation needs of young people. Accommodation provision should offer a range of options from high to low support.

Data collection systems should be in place to forecast need in relation to service development. Service development should be based on an audit of local need and involve all relevant service providers in consultation with young people.

Each health board should have its own Leaving Care Forum. Membership of this group should include care leavers, statutory and voluntary providers of leaving care services, policy makers, planners of services, and locally based representatives from social welfare, health, training and education, and addiction services. This forum should feed into service planning and development. It should assist in developing a culture of understanding within local areas of care leavers' needs, reducing stigma and supporting easy access to services. This group should also have a monitoring and evaluation function.

Care leavers will need support from both statutory and voluntary agencies. It is essential that linkages be formed on the ground between these agencies at local and regional level to ensure the highest possible standard of service provision to care leavers. These linkages should include social work, after-care, social welfare, education, training, accommodation providers, health, counselling, drug and alcohol services. Participating agencies should develop protocols outlining roles and responsibilities.

Access to accommodation should be facilitated for care leavers who have not engaged previously or have disengaged from services. Drop-in advice centres will facilitate access to services for these young people.

A broad range of accommodation types and options should be made available, provided both directly by accommodation providers and in partnership with the health boards. Appendix 5 outlines the range of accommodation types on offer and what they should include.

8.8 Education, Training and Employment

The establishment of the Education Welfare Board appears to offer an opportunity to address the challenges of educational attainment for young people in care and leaving care. The education plans from the Education Welfare Board could form part of the leaving care process.

The Social Services Inspectorate reported that those statutory residential units inspected up to 2002 indicated an excellent record of maintaining children in education. Inspections found that 92% of school-aged children were in school placements.

In developing educational supports for care leavers, this policy recognises the need to establish information with regard to the young person's educational attainment. According to research, consideration needs to be given as to how best to support young people between 16 and 25 who are, or have been, in care. Review plans should be cognisant of the

young person's educational plans and aspirations throughout his/her period in care. Practical and emotional support while undertaking third-level education should not be the sole responsibility of the young person (Emond, 2002).

Smith (1994) advises the following with regard to education, training and employment:

- Keep records of the young person's achievements and potential
- Carefully assess the young person's capabilities with regard to employment
- Work in creative ways with the young person to increase his/her employability before taking on the demands of education, training and employment
- Ensure that employment initiatives are flexible
- Look at creative ways of opening up employment opportunities for young people
- Provide adequate emotional and financial support for young people who take part in education, training and employment
- Raise the awareness of relevant government departments regarding the needs of young people in the employment field.

Acting in loco parentis, the area health boards will take due cognisance of the Education (Welfare) Act, 2000, section 29 (5). Educational Welfare Officers have a significant role in preparing a plan to assist the child or young person to avail of education and training opportunities.

8.9 Monitoring and Evaluation

Each health board region will be required to maintain a Continued Care Register of young people in need and receipt of ongoing support, in order to identify the necessary adequate budgetary provision required to maintain services on a year-to-year basis. Details to be entered on this register are as follows:

- Name of young person
- Date of birth
- Current or last known address
- Previous care placement
- Date of discharge from care setting
- Name of allocated social work service and or social worker

It will be the responsibility of each area health board to participate in the monitoring and evaluation of this policy and practice delivery framework.

The health boards will be required initially to develop good information and data collection systems as per the Eastern Regional Health Authority's *Strategic Plan on Youth Homelessness* (2002, p 23), in order to track all young people leaving care or in need of continued support.

Each health board will have a management structure in place to oversee policy, practice, and protocol matters in the implementation of this policy, to include the following:

- Working in co-ordination with the board's monitoring officers to ensure that each young person has a leaving care plan in accordance with the relevant aspects of the model of service delivery
- Ensuring that the appropriate transitional arrangements are in place where young people seek preferential placements in geographical areas not their place of origin
- Forecasting and projecting future needs within the leaving and continued care population in order to provide appropriate services

- Maintaining partnership links with other appropriate local government, voluntary, and statutory services in order to meet the objectives of this policy
- Monitoring its service delivery with particular attention paid to the participation of service user

Young people who are in receipt of Leaving Care services while under the age of 18 are and remain subject to the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995. Health boards must ensure that such young people are paid particular attention in this regard, and must note that such cases are subject to monitoring and evaluation by the childcare inspectorates and health board monitoring officers.

It will be the responsibility of each board to ensure the relevant inspectorate office and area monitoring officer are notified of all young people under the age of 18 in receipt of a residential leaving care service in their operational area.

When engaging non-statutory leaving care service providers, each health board must ensure a service level agreement has been drawn up with clear expectations of each party, and with careful attention paid to service quality and monitoring arrangements.

Each board will be required to ensure a comprehensive evaluation of its leaving and continued care services has taken place at three yearly intervals.

Each board should ensure that any leaving care process which is implemented be audited regularly.

1. The six key strategic goals - a summary

Strategic Goal 1: Impact assessment

- Develop indicators of process and impact (with children)
- Map out your current services' practice on participation
- Develop a strategy for demonstrating impact and informing policy
 - link with academia and research
 - global comparative study (qualitative and quantitative, various regions, thematic areas)
- Support capacity building in monitoring practice of staff and children

Strategic Goal 2: Capacity building

- Include capacity building in the planning process
- Develop and adjust training materials, guidelines, and minimum standards
- Document and exchange experiences and information on child participation (within and between departments and regions)
- Create a pool of resources and expertise

Strategic Goal 3: Child-led organisations

- Support children's gatherings in each county, region or inter-region
- Strengthen partnerships with existing children's organisations and support them to link up to each other
- Offer support to existing organisations that involve children and young people in the decision-making, so that they can reach out to support smaller organisations and include more children at grassroots level

Strategic Goal 4: Involving children in internal decision-making

- Agree on principles for involving children in decision-making
- Plan for gradual involvement of children in decision-making
- Develop mechanisms for accountability (both ways)

- Link with children's organisations, networks, and community liaison officers to engage with them as a constituency/members
- Document and learn from experiences of partners

Strategic Goal 5: Framework, guidelines, ethical standards and agreed directions on child participation

- Develop framework and guidelines that build on existing resources (policies and standards) and practices, based on consultation with partners and children
- Integrate principles into planning, implementation, and evaluation
- Build capacity of staff and management on the principles and guidelines

Strategic Goal 6: Information sharing, communication, documentation and consolidation of knowledge

- Develop internal communication guidelines
- Create and maintain a child participation website or newsletter within your organisation to create a database of child participation practices and resources

Practice standards in child participation

Standard 1: An ethical approach: transparency and honesty

Standard 2: Children's participation is appropriate and relevant

Standard 3: A child friendly, enabling environment

Standard 4: Equality of opportunity

Standard 5: Staff are effective and confident

Standard 6: Participation promotes the safety and protection of children

Standard 7: Follow up and evaluation

Appendix 2 - Leaving Care Team

In resourcing these teams, the following should be considered.

- Each community care area should have its own designated leaving care team. The size of the team will depend on the local need in relation to young people in care.
- The team should include people from different disciplines, including social work, social care, youth work and addiction.
- The team should be able to respond to the young people's needs. To ensure effective service delivery, there must be flexibility in both hours of working and location.
- The team should have close working relationships with social welfare, public health nurses, voluntary service providers, and other community-based services with which care leavers come in contact.
- The team should promote the rights of care leavers and actively develop awareness and a culture within community-based services that can respond to the particular needs of this group.
- Aftercare teams from different community care areas should work together where necessary.
- These teams must be properly resourced with both personnel and finance to enable them to carry out their duties in relation to young care leavers.

Leaving Care Hub

A dedicated leaving care hub would operate on two levels, providing accommodation and a one-stop-shop.

Accommodation

The accommodation will be on the first floor with possibly 8 self-contained flats. There will be a further two respite or emergency flats. A multidisciplinary team - comprising backgrounds in social care, social work, youth work, psychology, and counselling - will staff the accommodation. These staff will work upstairs during the morning and evening and will co-ordinate the one-stop-shop during the day. Young people will live in the flats in the hub for an agreed period of time and will be encouraged to be in employment or further education. They will move on to linked supported accommodation. The respite or emergency flats will be for young people who have moved on from the hub, but who have experienced difficulties and need an added level of support. These respite beds may also be for young people who leave care in a crisis and who need immediate support. These young people will later move into the hub's 8 leaving care flats or into other linked supported accommodation.

One-stop-shop

This will be a service that young people and professionals can access daily on a drop-in or appointment basis. The service will be delivered in an informal way through communal meeting areas in addition to one-to-one meeting rooms. Leaving care workers based in community care teams or in the voluntary services will be able to use this service to make links and conduct meetings with the relevant professionals prior to the young person leaving care. Young people could register with the hub at age 16. Workers from the accommodation service upstairs will staff it. Other professionals who provide clinics on linked services will support them in this work. Some of the services that should be considered for availability in the one-stop-shop include:

- Social work service
- Legal advice
- Housing information
- Educational advice and funding information for 3rd level
- Job scheme information and advice
- Payments
- Rights information and advocacy
- Counselling - addiction, relationship or personal
- Mentoring scheme
- Health information
- Provision of links into primary care services, including access to GPs or dentists
- Pregnancy information and/or antenatal clinic
- Cooking skills
- Courses in alternative therapies and hobbies
- Meeting rooms for pre-leaving care meetings and need assessment
- Information booklets – attractive, accessible and young people friendly format
- Web-site
- Free-phone help line
- Health promotion units

Outreach workers

Outreach workers attached to the hub will provide support to the young person once he/she has left the hub to live in the linked support accommodation. If a young person does not have a designated social or aftercare worker, they may provide outreach support to the young person prior to leaving care.

Aftercare forum – strategic

This forum will have members from the statutory and voluntary services along with young people with care or aftercare experience. The function of this strategic aftercare forum will be to oversee the development of the aftercare support system, including the hub, and to work closely with governing bodies including health boards in relation to the allocation of monies for such a service.

Aftercare forum – operational

This forum will be a sub-group of the strategic aftercare forum and report to it. It will have a monitoring function in relation to the aftercare support system and will identify what is working well, where the gaps are, and which young people are not receiving a service. It will work extremely closely with the hub and other linked services.

Semi-independent accommodation – step-down

This accommodation will form part of the linked supported accommodation for young people following their time accommodated in the hub, or if appropriate without spending time at the hub. This accommodation will provide low support to young people in the form of flats in an agency, with workers on hand should they have difficulties. Workers here will not have as great a presence as those will in the hub. Outreach workers from the hub will further support the residents, who will be encouraged to maintain strong links with the hub.

Supported lodgings

Supported lodgings will be instead of or as well as the semi-independent accommodation. Young people will live in a family situation with decreased input from the family enabling increased levels of independence.

Private rented 3-4 bed houses

This accommodation will be in the form of privately rented houses in housing estates. It will possibly suit young people who have lived in residential care for long periods of time, have become very used to living with other people, and may prefer not to live on their own in a self-contained flat. An outreach worker from the hub will stay in close contact with them to offer support and advice when needed. Young people in this type of accommodation will be encouraged to maintain links with the hub through the drop-in facility or attendance at courses run there.

This type of accommodation could become the young person's permanent accommodation with his or her own tenancy agreements. Young people could be on the local authority's housing list from their initial registration at the hub. They will be supported by the outreach workers and will be linked into community-based services.

Foster placements

The outreach workers will support young people already in foster placements, in the absence of their own social or aftercare worker. They will support the existing placement and encourage the young person to attend the hub's activities.

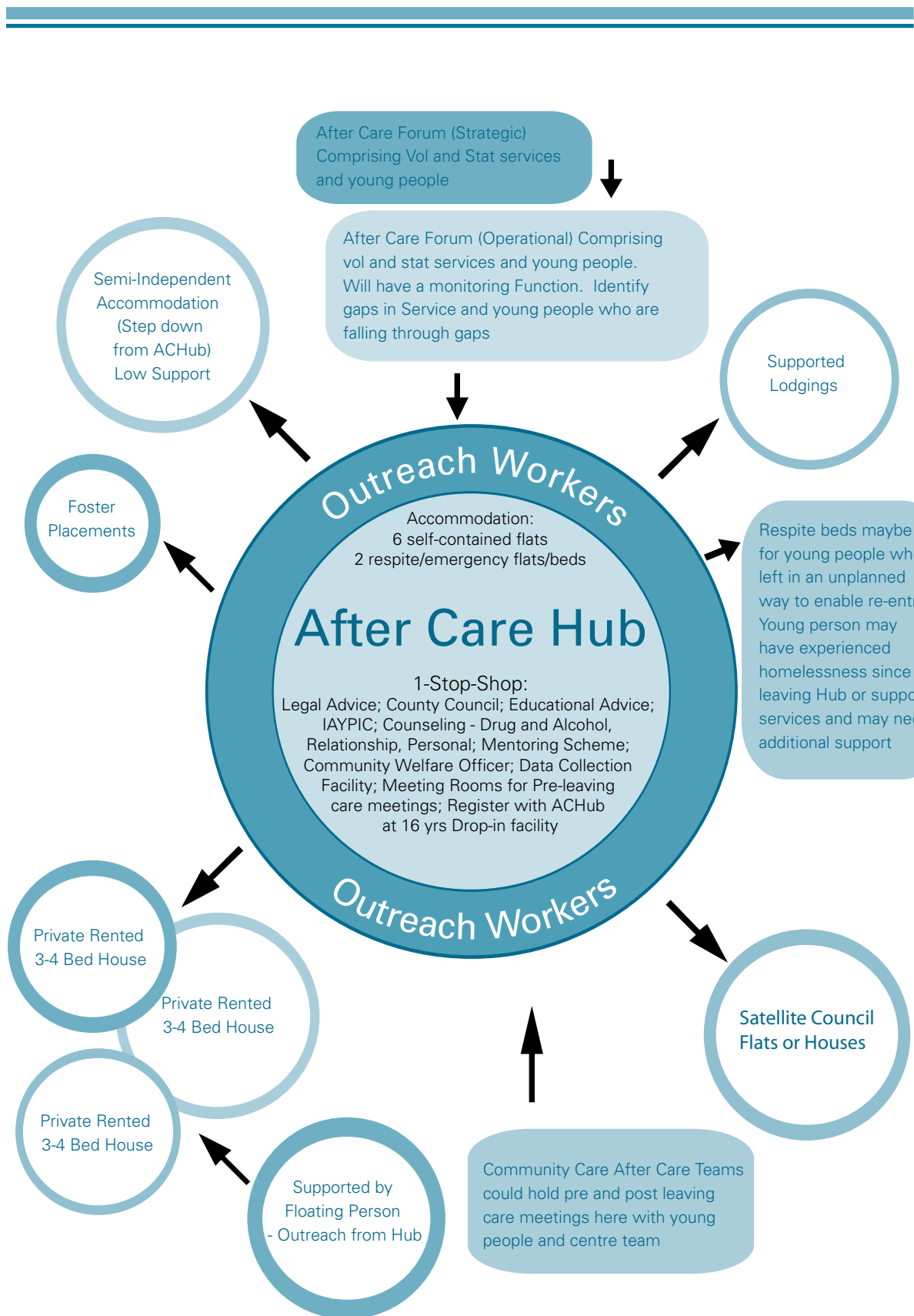
Community care aftercare teams

Workers in health board community care teams will have very regular contact with the hub and will link into it all the young people with whom they work pre and post leaving care. Care reviews, leaving care planning, and all pre-leaving care meetings for young people could be held here.

Voluntary aftercare teams

Voluntary care providers who have aftercare teams will be in very regular contact with the hub. Their service might be one of the providers of the semi-independent accommodation. Like the community aftercare teams, the voluntary aftercare teams will be able to access the hub for all types of information and advice for the young people with whom they work.

A health board or a voluntary provider could supply the above model of services. Many of the services referred to already exist.



There are four primary categories of payment to which young persons may be entitled under Social Welfare Assistance:

- Basic payments
- Supplements
- Exceptional needs payments (ENPs)
- Urgent needs payments (UNPs)

The assessment procedure is governed by primary social welfare legislation and by regulations in the form of statutory instruments. Various circulars from the Department of Social Community and Family Affairs (DSCFA) offer guidelines on interpreting the legislation and regulations.

Basic payments

Where the person leaving care has no primary income from employment or DSCFA entitlement, he/she may qualify for a basic social welfare payment, subject to a means assessment. The financial assessment will be undertaken with regard to his/her means under the following headings:

All cash income with the exception of:

- Income from work of a rehabilitative nature, up to a set amount (Social Welfare Act, 1993)
- Child benefit (Social Welfare Act, 1993)
- Fostering allowance (Social Welfare Act, 1993)
- Domiciliary care allowance (Social Welfare Act, 1993)
- Income or money obtained from charitable organisations (Social Welfare Act, 1993)
- Supplementary welfare allowance (supplementary and exceptional needs payments) (Supplementary Welfare Allowance Act, 1993)
- Blind welfare allowance (Social Welfare Act, Regulations, 1995)
- Rehabilitation training allowance (Social Welfare Regulations, 1995)
- Mobility allowance - circular 12/91 (Social Welfare Regulations, 1995)
- Higher education maintenance grant - circular 2/97 (Social Welfare Regulations, 1995)
- Compensation for persons with Hepatitis C (Social Welfare Regulations, 1995)

- Free fuel allowance (administrative scheme operated by circular)
- Haemophilia/HIV trust awards - circular 8/91 (Social Welfare Act, 1993)
- Compensation for thalidomide (Social Welfare Regulations, 1997)

Income from investment and savings is dealt with as follows. These items are added together and a standard formula applied:

- Cash value of investments and property (other than family home)
- Money in a saving account
- Cash-in-hand or in a current bank account

Formula for assessment of capital (Social Welfare Act 2001):

<i>Capital</i>	<i>Weekly means assessed</i>
Up to €12,697	Nil
€12,697 to €25,395	€1.27 per €1,270
€25,395 to €38,092	€2.54 per €1,270
Over €38,092	€5.10 per €1,270

Supplements

Those who are accommodated in the private rented sector may be entitled to rent supplement. There are clear criteria for assessing such applications. Other forms of supplement include travel, diet, and heating.

Exceptional Needs Payments

Exceptional needs payments are once-off payments that may be used to assist a person setting up home for the first time, particularly in local authority or unfurnished accommodation. There are guidelines on the process of assessing exceptional needs payments and on relevant amounts.

Urgent Needs Payments

Urgent needs payments are paid in cases of urgent need. Although the process of assessment is the same for each individual, there is a requirement to assess each case on its merits.

The range of appropriate accommodation for care leavers is wide.

- Small units (not more than eight self-contained units) with high staff support for young people with high support needs
- Bed-sitting rooms or flats attached to residential units with limited staff support
- Shared housing with no direct staff support, where young people have their own tenancy
- Respite units within staffed projects to accommodate young people who are experiencing a crisis
- Agreements with local authorities to provide long-term accommodation for care leavers who wish to live independently, where assessment supports this as realistic
- Agreements with private landlords to provide accommodation to care leavers
- Supported lodgings particularly geared to the needs of young care leavers.

Floating support should be available to all young people in independent accommodation to meet their needs particularly during stressful times or major life events, i.e. bereavement, birth or marriage.

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www.acwa.asn.au

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Irish Social Services Inspectorate, *Guidance Notes for Leaving Care and Aftercare Support*: www.issi.ie

New South Wales Interagency Guidelines for Child Protection Intervention: www.text.nsw.gov.au

Swedish CUS Programme for Child and Adolescent Welfare: www.sos.se/socialtj/cus

Web-sites

ACWAL (Association of Children's Welfare Agencies),



EASTERN REGIONAL HEALTH AUTHORITY

Údarás Réigiúnda Sláinte an Oirthir

Appendix 3:

Legislation

Appendix 3: Legislation

The legislative framework for developing leaving care services is provided by the duties and powers given to the HSE under the **Child Care Act, 1991**. Section 3 of that Act sets out the functions of the HSE in relation to children and contains principles to be followed in the carrying out of those functions. The HSE 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".

The HSE 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, the HSE 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..."; and according to section 4, where it appears to the HSE "...that a child who resides in its area requires care or protection that he is unlikely to receive unless he is taken into its care, it shall be the duty of the health board to take him into its care...".

Section 5 of the Child Care Act, 1991 states: "Where it appears to the 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 a regulatory or binding article of legislation that outlines the manner in which a care leaver "may" be supported upon reaching his/her 18th birthday, and having been deemed to be in need of support by the HSE. The section permits the HSE to assist the person up to the age of 21 years or, where the person is involved in a "course of education", until the person completes the course. It sets out the ways in which the HSE may assist the young person:

- Visiting & Assisting
- Arranging for completion of his/her education
- Contributing towards his/her maintenance while he/she is 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, relevant to the provision of Leaving Care services, 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 for 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 and participate fully in school. The officers can also work to provide alternative schooling for those who cannot be maintained in mainstream education.

• **Social Welfare (Consolidation) Act, 1993**

- No. 27/1993– chapter 11
- S.I. 382/1995 – section 31
- S.I. 527/2002
- Circular 06/03 Department of Social and Family Affairs

(See attached).

Regulation:

The relevant regulatory documents in terms of the provision of leaving care and aftercare services 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 regulations states that the HSE 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.

National Standards

Following the introduction of the **National Standards for Children's Residential Services, (DOHC, 2001; cf Standard 5, Criteria 5.39)** and the **National Standards for Foster Care, (DOHC, 2003; cf Standard 13)**, the HSE is required to introduce and implement leaving care policies to support young people up to a minimum age of 21 years.

No. 27/1993

Social Welfare (Consolidation) Act, 1993

Chapter 11 Supplementary Welfare Allowance

Interpretation.

170. - In this Chapter -

“the Act of 1939” means the Public Assistance Act, 1939 ;

“adult dependant” means -

(a) the spouse of the beneficiary who is being wholly or mainly maintained by him, or

(b) a person over the age of 16 years being wholly or mainly maintained by the beneficiary and having the care of one or more than one qualified child who normally resides with the beneficiary where the beneficiary is -

(i) a single person,

(ii) a widow,

(iii) a widower, or

(iv) a married person who is not living with and is neither wholly nor mainly maintaining, nor being wholly or mainly maintained by, such married person's spouse;

“child dependant” means, in relation to a beneficiary any child, not being an adult dependant, who has not attained the age of 18 years and who is dependent on that beneficiary for support;

“home assistance” means home assistance within the meaning of the Act of 1939;

“public assistance authority” means a public assistance authority within the meaning of section 8 of the Act of 1939, as extended by section 7 of the Health Authorities Act, 1960 , and section 84 of the Health Act, 1970;

“supplementary welfare allowance” means an allowance in cash or in kind granted under this Chapter.

Entitlement to supplementary welfare allowance.

171. - Subject to this 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.

Exclusion of persons receiving full-time education.

172.

(1) A person shall not be entitled to receive supplementary welfare allowance while attending a course of study within the meaning of section 126.

(2) Subsection (1) is without prejudice to the entitlement of any person to receive supplementary welfare allowance in respect of a person referred to in that subsection who is his adult or child dependant.

3) Notwithstanding subsection (1), supplementary welfare allowance may, in a case in which there are exceptional circumstances, be granted to a person who would be entitled to receive supplementary welfare allowance but for that subsection.

Exclusion of persons in full-time employment.

173.

(1) Subject to subsections (2) and (3), a person shall not be entitled to supplementary welfare allowance in relation to any period during which he is engaged in remunerative full-time work.

(2) The Minister may by regulations provide for the postponement of the operation of subsection (1) in respect of any class of persons becoming engaged in remunerative full-time work until such period after the commencement of the engagement as may be specified in the regulations.

(3) Subsection (1) shall not apply in the case of any person engaged in remunerative full-time work where the earning power of such person is, by reason of any physical or mental disability, substantially reduced in comparison with the earning power of other persons engaged in similar work.

Persons affected by trade disputes.

174.

(1) In any case where, by reason of a stoppage of work due to a trade dispute at his place of employment, a person is without employment for any period during which the stoppage continues, and such person has not, during that stoppage, become bona fide employed elsewhere in the occupation which he usually follows, or has not become regularly engaged in some other occupation, his needs for that period shall be disregarded for the purpose of ascertaining his entitlement to supplementary welfare allowance except in so far as such needs include the need to provide for his adult or child dependants.

(2) Subsection (1) shall not apply to any person who is not participating in or directly interested in the trade dispute which caused the stoppage of work.

(3) In this section, “place of employment” in relation to any person, means the factory, workshop, farm or other premises or place at which he was employed, but, where separate branches of work which are commonly carried on as separate businesses in separate premises or at separate places are in any case carried on in separate departments on the same premises or at the same place, each of those departments shall, for the purposes of this section, be deemed to be a separate factory or workshop or farm or separate premises or a separate place, as the case may be.

Administration.

175.

- (1) Subject to the general direction and control of the Minister, each health board shall, in respect of its functional area, be responsible for the administration of the functions relating to supplementary welfare allowance and other functions performable under this Chapter.
- (2) Every health board shall grant to every person in its functional area who is eligible therefor such supplementary welfare allowance as is determined, in accordance with this Chapter, to be due to such person.
- (3) Any doubt or dispute as to which health board shall be responsible for the provision of supplementary welfare allowance to a particular person or to persons of a particular class shall be decided by the Minister.

Conditions for grant of supplementary welfare allowance.

176. - A health board may, subject to regulations made by the Minister under section 188, determine that a person shall not be entitled to supplementary welfare allowance unless -

- (a) he is registered for employment in such manner as the Minister may prescribe, and
- (b) he makes application for any statutory or other benefits or assistance to which he may be entitled including such benefits or assistance from countries other than the State.

Calculation of supplementary welfare allowance.

177.

- (1) The amount of supplementary welfare allowance to which a person is entitled shall be the amount by which his means fall short of his needs, and for the purpose of ascertaining that amount -
 - (a) the weekly needs of a person shall, subject to any payment pursuant to section 179, be taken to be -
 - (i) in the case of a person who has no means, the amount calculated in accordance with section 178, or
 - (ii) in the case of a person who has means, the amount calculated in accordance with section 178 which would be appropriate in his case if he had no means, reduced by 5p per week for every 5p or part of 5p of his weekly means,
 - (b) the weekly means of any person for the purpose of ascertaining his entitlement to supplementary welfare allowance shall be calculated in accordance with the Rules contained in Part III of the Third Schedule,

- (2) In calculating the amount of supplementary welfare allowance payable to any person, the following provisions shall apply -

- (a) where -
 - (i) a husband and wife, or
 - (ii) a man and woman who are not married to each other but are cohabiting as husband and wife, are members of the same household, their needs and means shall be aggregated and shall be regarded as the needs and means of the claimant;
- (b) in the case of a person with a child dependant his needs shall be taken to include the needs of that child dependant;
- (c) where the needs of any person are taken into account in determining the entitlement of any other person to supplementary welfare allowance, only such other person shall be entitled to an allowance.

Weekly amounts of supplementary welfare allowance for persons of no means.

178.

- (1) In the case of a person who has no means as determined by this Chapter and subject to any payment pursuant to section 179, the weekly amount of supplementary welfare allowance payable shall be as set out in column (2) of Part I of the Fourth Schedule, increased by -

- (a) the amount set out in column (3) of that Part for any period during which the beneficiary has an adult dependant, and
- (b) the appropriate amount set out in column (4) of that Part in respect of each child dependant.

- (2) For the purposes of this section, the definition of adult dependant in section 170 and column (4) of Part I of the Fourth Schedule shall be construed as if "child dependant" were substituted for "qualified child".

Additions to weekly amount of supplementary welfare allowance and other income.

179.

- (1) Where the weekly amount of supplementary welfare allowance, if any, payable to a person pursuant to section 177, and any other income, including any payment under this Act or under any other statute, of that person, is not sufficient to meet his needs, then -
 - (a) in any case where that person is in receipt of supplementary welfare allowance, the weekly amount of such allowance payable to that person may, subject to this section, be increased, or
 - (b) in any other case, a weekly payment of supplementary welfare allowance may be made, subject to this section, to supplement that person's other income.

(2) The Minister may prescribe -

- (a) the circumstances under which a payment may be made to any person pursuant to subsection (1), and
- (b) the amounts of payments to be made either generally or in relation to a particular class of persons.

(3) Regulations under subsection (2) may provide for the granting of allowances in kind in relation to specified needs and for all matters ancillary to and consequent on the provision of such allowances.

Allowances in kind.

180.

- (1) Whenever it appears to a health board that by reason of exceptional circumstances the needs of a person can best be met by the provision of goods or services instead of the whole or part of any payment to which he would otherwise be entitled under this Chapter, the health board may determine that such goods or services be provided for him under arrangements made by the board.
- (2) In making a determination under this section to meet sudden and urgent need, the health board may dispense with inquiry into means or other circumstances and with compliance with any regulations made under this Chapter.
- (3) In relation to any goods or services provided by a health board pursuant to subsection (1), references in this Chapter to the amount of supplementary welfare allowance shall be deemed to be references to the value of the goods or services so provided.

Power to make single payment for exceptional need.

181. - A health board may, in any case where it considers it reasonable, having regard to all the circumstances of the case, so to do, determine that supplementary welfare allowance shall be paid to a person by way of a single payment to meet an exceptional need.

Grant of supplementary welfare allowance in cases of urgency.

182.

- (1) Nothing in section 172, 173 or 174 shall prevent the payment of supplementary welfare allowance in an urgent case and, in determining whether an allowance is payable by virtue of this section and the amount or nature of the allowance, the health board shall not be bound by anything contained in sections 176 to 179 and Part III of the Third Schedule or in any regulations made under this Chapter which appears to it inappropriate in the circumstances of the case.
- (2) Where pursuant to subsection (1) supplementary welfare allowance is paid to a person who is engaged in remunerative full-time work, a health board may, if it is satisfied that in all the circumstances of the case it would be equitable so to do, determine that the whole or part of the allowance so paid shall be recoverable from the person to whom it is paid.

Supplementary welfare allowance granted to persons

in receipt of certain health board payments.

183. - Where -

- (a) in respect of any period a health board has granted supplementary welfare allowance to or in respect of a person and disabled person's maintenance allowance or infectious diseases maintenance allowance, including any increase thereof, subsequently becomes payable to or in respect of that person in respect of the period (or part thereof) for which supplementary welfare allowance was paid, and
- (b) such supplementary welfare allowance is in excess of the amount which would have been granted to or in respect of such person if either of the said allowances, including any increase thereof, had been paid during such period, such excess supplementary welfare allowance shall be treated as payment on account of the said allowances.

Recoupment of supplementary welfare allowance.

184. - Where -

- (a) in respect of any period a health board has granted supplementary welfare allowance to or in respect of a person who, though entitled to any other benefit, pension, assistance, allowance or supplement under this Act (in this section referred to as "relevant payment"), is not in receipt of such relevant payment, and
- (b) such supplementary welfare allowance is in excess of the amount which would have been granted to that person if he had been in receipt of such relevant payment, and
- (c) the health board has certified to the Minister the amount (in this section referred to as "the excess") so paid in excess in respect of the said period by such health board,

the Minister may reduce any such benefit, pension, assistance, allowance or supplement, which is or may become payable to such person during the relevant continuous period of entitlement to the said benefit, pension, assistance, allowance or supplement, by the amount of the excess and such amount shall be treated as having been paid on account of the relevant payment.

Arrangements for burials.

185.

(1) A health board may provide for the burial of any of the following persons -

(a) a person who died within the functional area of the health board and in respect of whose burial suitable arrangements are not otherwise being made,

(b) a person who has been drowned and cast ashore within its functional area or who has otherwise perished and been found dead within that area and (in either case) whose body has not been claimed for burial.

(2) A health board may, in any case in which it thinks proper, bring into and bury in its functional area the body of a person eligible for supplementary welfare allowance who has died outside such functional area.

(3) A health board may defray all expenses necessarily incurred in the burial under this section of a person or in the bringing of the body of a person into its functional area for burial.

(4) Where a health board incurs under this section expenses in relation to the body of a deceased person, it may obtain repayment of such expenses from the estate of the deceased person or from any person who was liable to maintain the deceased person immediately before his death.

Estimates of income and expenditure in respect of supplementary welfare allowance.

186. - A health board shall submit estimates of income and expenditure in respect of supplementary welfare allowance to the Minister in such form, at such times and in relation to such periods as the Minister, with the consent of the Minister for Health, may direct and shall also furnish the Minister with any information he requires in relation to such estimates.

Financing of health board expenditure.

187.

(1) Every local authority which, immediately before the 1st day of July, 1977, was a public assistance authority shall pay to the health board in whose functional area the functional area of the local authority is included in respect of each year a sum representing -

(a) the total expenditure by such local authority on home assistance in the year ending on the 31st day of December, 1975, and

(b) a proportion of 40 per cent. of the amount by which the total expenditure by all health boards on supplementary welfare allowance in the year for which payment is due exceeds the total expenditure by all local authorities on home assistance in the year ending on the 31st day of December, 1975, the said proportion of 40 per cent. payable by such authority being that which the total expenditure on home assistance by that authority in the year ending on the 31st day of December, 1975, bears to the total expenditure by all local authorities on such assistance in that year.

(2) In determining the amount of expenditure on home assistance and supplementary welfare allowance for the purposes of subsection (1), the costs of administration shall be excluded.

(3) The expenditure of a health board on the administration of supplementary welfare allowance shall be paid by the local authorities which, immediately before the 1st day of July, 1977, were public assistance authorities having their functional areas in the functional area of the health board.

(4) Section 32 of the Health Act, 1970, which relates to the agreement or, in the absence of agreement, the determination of the manner of the sharing of contributions between local authorities, shall with any necessary modifications apply to payments under subsection (3) in like manner as it applies to contributions under the said section 32.

(5) The Minister may by regulations specify the manner in which and the times at which payments shall be made by local authorities to health boards under subsection (1) and, where appropriate, any such regulations may provide for interim payments calculated in accordance with estimates furnished by a health board pursuant to section 186.

(6) (a) Where any sum is due and payable under this Chapter to a health board by a local authority, the amount of that sum may be deducted from any money payable to that local authority from funds provided by the Oireachtas for any purpose whatsoever.

(b) Every amount deducted pursuant to paragraph (a) shall be paid to the health board concerned and shall be credited in the accounts of that health board as a payment by the local authority concerned of the sum in respect of which the amount was so deducted.

(7) References to supplementary welfare allowance in this section shall be construed as including reference to the cost of burials pursuant to section 185.

(8) The Minister shall, out of moneys provided by the Oireachtas, make grants to health boards to defray so much of their expenditure on supplementary welfare allowance and costs of administration of that allowance as is not met by income under this section.

(9) Notwithstanding any other provision of this section -

- (a) the total amount to be paid under subsection (1) by all local authorities referred to in that subsection in respect of each of the years ending on the 31st day of December, 1981, the 31st day of December, 1982, the 31st day of December, 1983, the 31st day of December, 1984, and the 31st day of December, 1985, and in respect of no other year, shall be such amount as may be prescribed for each such year by the Minister, after consultation with the Minister for the Environment, and the proportion of those amounts payable by each such local authority in respect of each such year shall be that which the total expenditure on home assistance in the year ending on the 31st day of December, 1975, bears to the total expenditure by all local authorities referred to in subsection (1) on home assistance in that year;
- (b) the amount payable under subsection (3) by a local authority referred to in that subsection in respect of each of the years ending on the 31st day of December, 1982, the 31st day of December, 1983, the 31st day of December, 1984, and the 31st day of December, 1985, and in respect of no other year shall not exceed such amount as may be prescribed for that year by the Minister, after consultation with the Minister for the Environment and with the consent of the Minister for Finance.

(10) The Minister shall, out of moneys provided by the Oireachtas, make grants to health boards to defray all expenditure (including the costs of administration) of those boards on supplementary welfare allowance in the year ending on the 31st day of December, 1986, and in each year thereafter, and, accordingly, so much of the preceding subsections of this section, other than subsection (9), as refer to the financing of health board expenditure on supplementary welfare allowance shall, on or after the 27th day of March, 1986, cease to have effect.

Regulations.

188.

- (1) The Minister may make regulations for any purpose in relation to which regulations are provided for by any of the provisions of this Chapter.
- (2) Without prejudice to any specific provision in this Chapter, any regulations made under this Chapter may contain such incidental or supplementary provisions as may appear to the Minister to be expedient for the purposes of the regulations.

Transfer of certain property.

189.

- (1) All property transferred by section 22 of the Social Welfare (Supplementary Welfare Allowances) Act, 1975 , to a health board and which, immediately before the 1st day of July, 1977, was standing in the book of any bank or was registered in the books of any bank, corporation or company in the name of a public assistance authority shall, on the request of the health board, be transferred in the books by the bank, corporation or company into the name of the health board.
- (2) Every chose-in-action transferred by the said section 22 to a health board may be sued on, recovered or enforced by the health board in its own name and it shall not be necessary for the board to give notice to the person bound by the chose-in-action of the transfer effected by that section.
- (3) Every bond, guarantee or other security of a continuing character made or given by a public assistance authority in pursuance of its functions under the Act of 1939 to another person, or by any person to a public assistance authority in connection with those functions, which was in force immediately before the 1st day of July, 1977, and every contract or agreement in writing in connection with the said functions made between a public assistance authority and another person which was not fully executed and completed before that date shall be construed and have effect as if the name of the health board in whose functional area the functional area of the public assistance authority is included were substituted therein for the name of the public assistance authority, and the security, contract or agreement shall be enforceable by or against the health board accordingly.

Transfer of certain officers and enforceability of contracts.

190.

- (1) Any question arising as to whether a particular officer or officers of a particular class of a public assistance authority was or were transferred to a health board pursuant to section 23 of the Social Welfare (Supplementary Welfare Allowances) Act, 1975 , shall be referred to and decided by the Minister after consultation with the Minister for Health or the Minister for the Environment, whichever is appropriate, and, if it is decided that any such officer was so transferred, then, for the purpose of any enactment relating to superannuation, his office under the public assistance authority shall be deemed not to have been abolished.
- (2) Every contract of service, express or implied, which -
 - (a) was made between a public assistance authority and any person who was not an officer of that authority but was a person to be transferred to a health board pursuant to the said section 23, and

(b) was continued in force by subsection (6) of that section and was in force immediately before the 24th day of February, 1981,

shall continue in force and shall continue to be construed and have effect as if the health board were substituted therein for the public assistance authority, and every such contract shall be enforceable by or against the health board accordingly.

- (3) Any question arising in relation to subsection (2) as to whether a particular person or persons of a particular class was or were a person or persons to be transferred pursuant to the said section 23 shall be referred to and decided by the Minister after consultation with the Minister for Health or the Minister for the Environment, whichever is appropriate.

Transitional provisions.

191.

- (1) The Minister may by regulations make, in respect of any statute, order or regulation in force on the 1st day of July, 1977, and relating to any matter or thing dealt with or affected by this Chapter, any adaptation or modification which appears to him to be necessary to enable such statute, order or regulation to have effect in conformity with this Chapter.
- (2) Any proceedings for the recovery of a sum which, if the Social Welfare (Supplementary Welfare Allowances) Act, 1975 , had not been passed, could have been taken by a public assistance authority may be taken by the health board in whose functional area the functional area of the public assistance authority was included immediately before the 1st day of July, 1977.
- (3) Any proceedings for the enforcement, variation or revocation of an order under section 29 of the Act of 1939 for the payment of money which by virtue of section 189 is payable to a health board may be brought and maintained by the health board.

S.I. No. 382/1995

Social Welfare (Consolidated Supplementary Welfare Allowance) Regulations, 1995.

The Minister for Social Welfare, in exercise of the powers conferred on him by sections 4, 172 (as amended by section 24 of the Social Welfare Act, 1994 (No. 4 of 1994)), 173 (as amended by section 25 of the Social Welfare Act, 1994), 179 (as amended by paragraph 3 of the Sixth Schedule) 188, 205, 206, 207, 213 and 243 of the Social Welfare (Consolidation) Act, 1993 (No. 27 of 1993), hereby makes the following Regulations:

PART I. Preliminary.

Citation.

1. These Regulations may be cited as the Social Welfare (Consolidated Supplementary Welfare Allowance) Regulations, 1995.

Commencement.

2. These Regulations shall come into operation on the 1st day of January, 1996.

Definitions.

3. In these Regulations, save where the context otherwise requires -

“bank” means the holder of a licence under section 9 of the Central Bank Act, 1971, or a trustee savings bank certified under the Trustee Savings Banks Acts, 1863 to 1979;

“beneficiary” means a person who is entitled to supplementary welfare allowance;

“building society” means a building society within the meaning of the Building Societies Acts, 1876 to 1989;

“claimant” means a person who has made a claim for supplementary welfare allowance;

“credit union” means a society which is registered as a credit union under the Industrial and Provident Societies Acts, 1893 to 1978, by virtue of the Credit Union Act, 1966;

“hospital consultant” means a registered medical practitioner in hospital practice who, by reason of his training, skill and experience in a designated speciality, is consulted by other registered medical practitioners and undertakes full clinical responsibility for patients in his care on which he has been consulted, without supervision in professional matters by any other person;

“housing authority” has the meaning assigned to it by section 23 of the Housing (Miscellaneous Provisions) Act, 1992 (No. 18 of 1992);

“institution” means a hospital, convalescent home or home for persons suffering from physical or mental disability or accommodation ancillary thereto and any other similar establishment providing residence, maintenance or care for the persons therein;

“loan” means any loan or advance or any other arrangement by virtue of which interest is paid or payable to a bank, building society, credit union or the Housing Finance Agency plc;

“mortgage interest” means such proportion of a loan as is for the time being attributable to interest, other than interest payable by virtue of a delay or default in making a repayment under the loan agreement, entered into by the claimant for the purpose of defraying money employed in the purchase, repair or improvement of a residence or in paying off another loan used for such purpose;

“qualified dietitian” means a member of, or a person who holds a qualification that is recognised by, the Irish Nutrition and Dietetic Institute;

“rent” includes any periodical payment in the nature of rent made in return for a special possession of a dwelling or for the use, occupation or enjoyment of a dwelling, but does not include so much of any rent or payment as -

- (a) relates to the provision of goods or services,
- (b) is paid or made to defray the cost of maintenance of, or repairs to, a dwelling for which in the absence of agreement to the contrary the tenant would be liable, or
- (c) relates to any right or benefit other than the bare right to use, occupy and enjoy the dwelling as a residence;

“residence” means a residential premises, other than an institution, that is used as the sole or main residence of the claimant;

“residential premises” means a building or part of a building, used or suitable for use, as a dwelling and any land which the occupier of a building or part of a building used as a dwelling has for his own occupation and enjoyment with the said building or part thereof as its garden;

“supplement” means a supplement payable by virtue of article 9, 10, 15 or 31, as the case may be;

“supplementary welfare allowance” means an allowance in cash or in kind granted under Chapter 11 of Part III of the Principal Act;

“the Principal Act” means the Social Welfare (Consolidation) Act, 1993.

Interpretation.

4. In these Regulations, save where the context otherwise requires -

- (a) a reference to a Part is to a Part of these Regulations,
- (b) a reference to an article is to an article of these Regulations, and
- (c) a reference to a sub-article is to a sub-article of the article in which the reference occurs.

Revocations.

5. The Regulations specified in Schedule A to these Regulations are hereby revoked.

PART II General Provisions.

Persons in fulltime work.

6. (1) Section 173 (1) of the Principal Act shall not apply to a person on becoming engaged in remunerative full-time work until the expiration of a period of 30 days after the commencement of the engagement or the date on which the claimant first receives remuneration, whichever is the earlier.

(2) A person shall not be disqualified for receiving supplementary welfare allowance while engaged in remunerative full-time work where that person is participating in -

- (a) a scheme, known as the Area Allowance Enterprise Scheme, approved by a company, known as an Area Partnership, in consultation with the Minister,
- (b) a scheme, administered by An Foras Áiseanna Saothair and known as Community Employment, or
- (c) a scheme administered by the Minister and known as the Back to Work Allowance Scheme.

(3) A person shall be regarded as being engaged in remunerative full-time work where he is so engaged for not less than 30 hours a week.

Persons in full-time education.

7. A person shall not be disqualified for receiving supplementary welfare allowance while attending a course of study within the meaning of section 126 of the Principal Act where that person is participating in -

- (i) a scheme administered by the Minister for Education and known as the Vocational Training Opportunities Scheme,
- (ii) a scheme administered by the Minister and known as -
 - (I) the Second Level Initiative,
 - (II) the Third Level Allowance,
 - (III) the Part-time Education Initiative, or
- (iii) such other course of education as the Minister may, from time to time, approve.

Registration for employment.

8. (1) The provisions of section 176 (a) of the Principal Act which enable a health board to determine that a person shall not be entitled to supplementary welfare allowance unless he is registered for employment shall not apply to a person who satisfies the health board that he is incapable of work by reason of some specific disease or bodily or mental disablement.

(2) Where a health board determines under section 176 (a) of the Principal Act that the entitlement of any person to supplementary welfare allowance shall be subject to the condition that he is registered for employment he shall be required to prove unemployment in accordance with Regulations made under section 120 (1) (b) of the Principal Act.

PART III. Rent and Mortgage Supplements.

Entitlement to rent supplement.

9. (1) Subject to these Regulations, a person shall be entitled to a supplement towards the amount of rent payable by him in respect of his residence.

(2) It shall be a condition of any claimant's entitlement to a supplement under sub-article (1) that -

- (a) he is a bona fide tenant;
- (b) he has made application, on being so required by the health board, to a housing authority to be assessed for a housing need under section 9 of the Housing Act, 1988 (No. 28 of 1988);
- (c) his name has not been excluded from an assessment made by a housing authority pursuant to section 9 of the Housing Act, 1988 by reason of his failure to accept an offer of accommodation or if his name has been so excluded, the health board is satisfied that there was valid reason for his failure to accept such offer;
- (d) he has not vacated accommodation provided by a housing authority or if he has vacated such accommodation the health board is satisfied that he had good cause for so doing;
- (e) he is not in receipt of, or entitled to, an allowance in accordance with regulations made under section 23 of the Housing (Private Rented Dwellings) Act, 1982 (No. 6 of 1982);
- (f) the person beneficially entitled to the rent payable under the tenancy is not:
 - (i) a housing authority,
 - (ii) a health board,
 - (iii) a body which provides services on behalf of, or similar or ancillary to, a health board using residential care staff and which receives a subvention from the Minister for Health in respect of the claimant, or

- (iv) a voluntary housing body which receives a subsidy under the scheme, known as the “rental subsidy scheme”, administered by housing authorities under section 7 of the Housing (Miscellaneous Provisions) Act, 1992 (No. 18 of 1992);

(g) the health board is satisfied that -

- (i) the claimant is in need of accommodation and is unable to provide for it from his own resources,
- (ii) the residence is reasonably suited to the residential and other needs of the claimant, and
- (iii) the rent payable by the claimant is just and proper having regard to the nature, character and location of the residence;

and for this purpose the health board shall at such time and in respect of such class or classes of persons as the Minister may direct, determine the appropriate maximum amount of rent in respect of which a supplement is payable having regard to the family circumstances and the location of the residence of such persons, and

- (h) where the person beneficially entitled to the rent payable under the tenancy is an approved body in receipt of assistance under the scheme of capital assistance for the provision of housing accommodation operated under section 6 of the Housing (Miscellaneous Provisions) Act, 1992 and section 15 of the Housing Act, 1988, the health board receives confirmation from the relevant housing authority that the rent has been fixed in accordance with the terms of the scheme.

Entitlement to mortgage supplement.

10. (1) Subject to these Regulations, a person shall be entitled to a supplement towards the amount of mortgage interest payable by him in respect of his residence:

Provided that -

- (a) the loan agreement was entered into at a time when, in the opinion of the health board, the claimant was in a position to meet the repayments thereunder, and
- (b) the residence in respect of which the loan is payable, is not offered for sale.

(2) Subject to sub-article (3), it shall be a condition of any claimant's entitlement to a supplement under sub-article (1), that the health board is satisfied that: -

- (a) the amount of the mortgage interest payable by the claimant does not exceed such amount as the health board considers reasonable to meet his residential and other needs, and
- (b) it is reasonable to award a supplement having regard to the amount of any arrears outstanding on the loan.

(3) Notwithstanding sub-article (2), a health board may award a supplement where the amount of mortgage interest payable by the claimant exceeds such amount as the board considers reasonable to meet his residential and other needs:

Provided that no sum shall be paid in respect of such supplement for any period more than 12 months from the date on which the claim therefor is made.

Duration of supplement.

11. (1) Subject to these Regulations, a supplement payable under this Part shall continue to be payable for the period in which the beneficiary resides continuously in the residence in respect of which the supplement is awarded.

(2) In determining whether a beneficiary resides continuously in a residence for the purposes of sub-article (1), any period of absence from his residence by virtue of his temporary residence, for any period which does not exceed 13 weeks, in an institution, shall be disregarded.

Amount of supplement.

12. (1) Subject to these Regulations, the amount of a supplement payable under this Part to a claimant in respect of a week shall be the difference between his weekly needs less £6 and his weekly means, less the weekly amount of rent or mortgage interest, as the case may be, payable by him:

Provided that the amount so payable shall not exceed such amount as the health board considers reasonable to meet the residential needs of the claimant.

(2) Where a person, other than an adult dependant or a child dependant of the claimant, resides with the claimant other than as a sub-tenant, the health board shall reduce the amount of the supplement payable, by such amount, which in the opinion of the health board, is reasonably attributable to that other person.

(3) In the case of a person to whom article 6 (7) of the Social Welfare (Supplementary Welfare Allowance) Regulations, 1977 to 1994 applies on the commencement of these Regulations, sub-article (1) shall be construed as if “£4.50” were substituted for “£6”.

Amount of supplement in certain cases.

13. In the case of a claimant whose tenancy is with an approved body which is in receipt of assistance under the scheme of capital assistance referred to in article 9 (2) (h), the maximum supplement payable under this Part shall be:

- (a) £21, in any case where the claimant is a spouse within the meaning of section 3 (12) of the Principal Act, and
- (b) £19, in any other case.

Saver.

14. Notwithstanding the provisions of these Regulations, in the case of a claimant who is, on the commencement of these Regulations, in receipt of a supplement in respect of his rent, within the meaning of article 6 (4) of the Social Welfare (Supplementary Welfare Allowance) Regulations, 1977 to 1994, the provisions of these Regulations shall not have the effect of reducing the rate of supplement payable under this Part below that to which he was previously entitled.

PART IV. Diet Supplements.

Entitlement to diet supplement.

15. (1) Subject to these Regulations, a claimant shall be entitled to a supplement towards the cost of a diet, being a diet specified for the purposes of this article, which he or his adult or child dependant has been prescribed by virtue of a specified medical condition.

(2) The following diets are specified for the purposes of this article:

- (a) in the case of a person who is of or over the age of 18 years -
 - (i) diabetic diet,
 - (ii) low fat, low cholesterol diet,
 - (iii) reducing (calorie restricted) diet,
 - (iv) high fibre diet,
 - (v) low fat diet,
 - (vi) high protein, high calorie diet,
 - (vii) gluten free diet,
 - (viii) low protein, high calorie diet,
 - (ix) liquidised (altered consistencies) diet,
 - (x) low lactose, milk free diet,
 - (xi) high protein, low salt diet, and
 - (xii) modified protein high calorie diet, and

(b) in the case of a person who is under the age of 18 years -

- (i) reducing (calorie restricted) diet,
- (ii) high fibre diet,
- (iii) low fat diet,
- (iv) diabetic diet,
- (v) high protein, high calorie diet,
- (vi) gluten free diet,
- (vii) low protein, high calorie diet,
- (viii) low lactose, milk free diet,
- (ix) high protein, low salt diet.

(3) It shall be a condition of any claimant's entitlement to a supplement under sub-article (1) that:

- (a) it is certified by a hospital consultant that the claimant or any adult or child dependant of his has been prescribed a diet specified for the purposes of this article by virtue of a specified medical condition, and
- (b) the nature and duration of the diet which has been prescribed is verified by a hospital consultant or by a qualified dietitian.

(4) A supplement under sub-article (1) shall not be payable for any period during which the person, who has been prescribed the diet, is in an institution.

(5) In this Part, a 'child dependant' means in relation to any claimant, any child, not being an adult dependant who is dependent on that claimant for support and who is -

- (a) under the age of 18 years, or
- (b) of or over the age of 18 years and under the age of 22 years and is receiving full-time education within the meaning of section 2 (3) of the Principal Act.

Amount of supplement.

16. (1) Subject to this article, the amount of a supplement payable under this Part, other than a supplement payable in respect of a child dependant who is under the age of 18 years, to a claimant in respect of a week shall be £27, less -

- (a) where the claimant is not in receipt of a supplement under Part III -
 - (i) one sixth of the claimant's weekly means exclusive of any increase in any benefit or assistance payable under the Principal Act in respect of a child dependant or a qualified child, in any case where the claimant is a spouse within the meaning of section 3 (12) of the Principal Act,

- (ii) one third of the claimant's weekly means exclusive of any increase in any benefit or assistance payable under the Principal Act in respect of a child dependant or a qualified child, in any other case, or

- (b) where the claimant is in receipt of a supplement under Part III -

- (i) one sixth of the weekly amount of supplementary welfare allowance set out in column (2) of Part I for the Fourth Schedule to the Principal Act, increased by the amount set out in column (3) of the said Part, in any case where the claimant is a spouse within the meaning of section 3 (12) of the Principal Act,
 - (ii) one third of the weekly amount of supplementary welfare allowance set out in column (2) of Part I for the Fourth Schedule to the Principal Act, in any other case.

(2) In the case of a claim for a supplement under this Part, where the person has been prescribed a diet which is specified in sub-paragraphs (vi) to (xii) of article 15 (2) (a), sub-article (1) shall be construed as if "£35" were substituted for "£27".

(3) In the case of a claim for a supplement under this Part in respect of a child dependant who is under the age of 18 years, the amount of the supplement payable in respect of a week shall be:

- (a) where that child dependant has been prescribed a diet which is specified in subparagraphs (i) to (iii) of article 15 (2) (b), £5, and

- (b) in any other case, £8.

(4) Notwithstanding the provisions of these Regulations, in the case of a claimant who is in receipt of an allowance in respect of his special dietary needs from a health board on the commencement of these Regulations, the provisions of this article shall not have the effect of reducing the rate of supplement payable under this Part below that to which he was previously entitled.

Duration of supplement.

17. Subject to these Regulations, a supplement payable under this Part shall continue to be payable for so long as the claimant continues to satisfy the conditions set out in article 15.

PART V. Claims and Payments.

Claims.

18. Every claim for supplementary welfare allowance (including any increase thereof) shall be made to the health board in the form for the time being approved by the health board or in such other manner as the board may accept as sufficient in all the circumstances.

Information to be given when making claim.

19. Every claimant shall furnish such certificates, documents, information and evidence as may be required by a health board for the purpose of deciding the claim and shall, for the purposes of making any such claim, attend at such time and at such office or place as the board may direct.

Prescribed time for making claim.

20. The prescribed time for making a claim for supplementary welfare allowance shall be the day in respect of which the claim is made.

Claims made outside prescribed time.

21. Subject to article 22, where a person fails to make a claim for supplementary welfare allowance within the prescribed time, he shall be disqualified for receiving payment in respect of any period before the date on which the claim is made.

Extension of time for making claim.

22. Where a claimant proves to the satisfaction of a health board that-

- (a) on a date earlier than the date on which his claim for supplementary welfare allowance was made, apart from satisfying the condition of making a claim, he was entitled thereto, and
- (b) throughout the period between the earlier date and the date on which his claim was made there was good cause for the delay in making such a claim, he shall not be disqualified for receiving payment of the amount to which he would have been entitled if the claim had been made on the earlier date:
 - Provided that no sum shall be paid to a claimant on account of supplementary welfare allowance in respect of any period more than 6 months before the date on which the claim (including any increase thereof) therefor is made.

Provision of information.

23. (1) Every claimant or beneficiary and every person by whom any supplementary welfare allowance is receivable on behalf of a claimant or beneficiary shall -

- (a) furnish in such manner and at such times as an officer of the health board may determine, such certificates, documents and information affecting the right to supplementary welfare allowance or to the receipt thereof as the said officer may require, and
- (b) notify the health board of any change in circumstances which may affect the right to supplementary welfare allowance, or to the receipt thereof, as soon as is reasonably practicable thereafter.

(2) The period prescribed for the purposes of section 213 (10) of the Principal Act shall, in the case of supplementary welfare allowance, be 7 days.

Time and manner of payment.

24. Supplementary welfare allowance shall be paid in of payment accordance with a determination under the provisions of the Principal Act as soon as is reasonably practicable thereafter at such time and in such manner as the health board may determine.

Extinguishment of right to payment.

25. Where supplementary welfare allowance has been duly awarded to a claimant or beneficiary and is being paid to that person, the right to any sum payable by way of such allowance shall be extinguished where payment thereof is not obtained within 6 months.

Nominated persons.

26. (1) A claimant or beneficiary may nominate another person to receive payment of the whole or part of supplementary welfare allowance on his behalf and subject to the consent of the health board, such supplementary welfare allowance may be payable to the person so nominated.

(2) Every nomination under sub-article (1) -

- (a) shall be made to the health board in the form for the time being approved by the board, and
- (b) may be revoked by the claimant or beneficiary on giving notice in writing of that fact to the health board.

(3) The health board may withdraw its consent to a nomination under sub-article (1).

Persons unable to act.

27. (1) Where a claimant or beneficiary is unable for the time being to act the health board may, subject to such conditions as it thinks fit, appoint some other person to exercise, on behalf of the claimant or beneficiary, any right or power which the claimant or beneficiary may be entitled to exercise under the Principal Act and any such person may receive and deal with any sum payable by way of supplementary welfare allowance on behalf of the claimant or beneficiary.

(2) An appointment made under sub-article (1) shall terminate on the day on which the health board receives notice that a Committee of the Estate of the claimant or beneficiary has been appointed.

(3) Anything required to be done by a claimant or beneficiary in relation to supplementary welfare allowance may be done as respects a claimant or beneficiary who is unable to act, to the person appointed under sub-article (1) to act on his behalf.

Payment to appointed persons.

28. The health board may, where it appears to it that the circumstances so warrant, appoint a person to receive and deal with supplementary welfare allowance, on behalf of a claimant or beneficiary.

Provisions relating to appointments.

29. (1) The health board may at any time revoke an appointment made under article 27 or 28 and a person appointed may resign on giving to the health board one month's notice of his intention to do so.

(2) The receipt of supplementary welfare allowance by a person nominated under article 26 or appointed under article 27 or 28 shall be a good discharge by the health board of any amount so paid.

Offences.

30. A person who fails to comply with article 23 shall be guilty of an offence and shall be liable on summary conviction to the penalties provided for in section 218 (1) (a) of the Principal Act.

PART VI. Miscellaneous

Payment in exceptional circumstances.

31. (1) Notwithstanding the foregoing articles, a health board may award a supplement in any case where it appears to the board that the circumstances of the case so warrant.

(2) Without prejudice to the generality of sub-article (1), a health board may award a supplement where -

- (a) a claimant is living alone or only with his adult or child dependants (within the meaning of article 15 (5)) and has, due to his ill-health or infirmity or that of any of the persons living with him, exceptional needs by reason of his having to maintain a high standard of heating in his residence, or
- (b) a claimant has exceptional needs other than those specified in these Regulations.

Application of Principal Act.

32. The provisions of the enactments mentioned in column (1) of Schedule B hereto shall apply to supplementary welfare allowance and in such application shall, other than the last mentioned provision in the said schedule, be modified, so that the said provisions shall read as set out in column (2) of the said Schedule.

Article 5

SCHEDULE A.

Revocations.

Social Welfare (Supplementary Welfare Allowance) Regulations, 1977 (S.I. No. 168 of 1977).

Social Welfare (Supplementary Welfare Allowance) (Amendment) Regulations, 1987 (S.I. No. 281 of 1987).

Social Welfare (Supplementary Welfare Allowance) (Amendment) Regulations, 1988 (S.I. No. 184 of 1988).

Social Welfare (Supplementary Welfare Allowance) (Amendment) Regulations, 1989 (S.I. No. 200 of 1989).

Social Welfare (Supplementary Welfare Allowance) (Amendment) Regulations, 1990 (S.I. No. 186 of 1990).

Social Welfare (Supplementary Welfare Allowance) (Amendment) Regulations, 1992 (S.I. No. 220 of 1992).

Social Welfare (Supplementary Welfare Allowance) Regulations, 1994 (S.I. No. 214 of 1994).

Social Welfare (Supplementary Welfare Allowance) (Amendment) Regulations, 1994 (S.I. No. 231 of 1994).

Article 32

SCHEDULE B.

Title (1)	Modification (2)
Section 207 (1) (c) of the Principal Act.	(c) where it appears to the health board that the circumstances so warrant, for enabling a person to be appointed to receive and deal with on behalf of a claimant or beneficiary in respect of supplementary welfare allowance, so much of the allowance as the board considers reasonable in the circumstances.
Section 211 (6) of the Principal Act.	(6) A person shall be disqualified for receiving supplementary welfare allowance while he is -
	(a) resident, whether temporarily or permanently, outside the State, or
	(b) undergoing penal servitude, imprisonment or detention in legal custody.
Subsection (2) (3) and (4) of section 224 of the Principal Act.	(2) A prosecution for a summary offence under the Principal Act, in relation to supplementary welfare allowance, may be brought at the suit of a health board acting by its chief executive officer.
	(3) Notwithstanding the provisions of subsection (1) or any provision in any enactment specifying the period within which proceedings may be commenced, a prosecution for a summary offence under this Act, in relation to supplementary welfare allowance, may be brought at any time within whichever of the following periods later expires—
	(a) the period of 6 months commencing on the date on which it is certified in writing by the chief executive officer of a health board that evidence sufficient to justify the institution of that prosecution came into his possession, or
	(b) the period of 2 years commencing on the date on which the offence was committed.
	(4) For the purposes of subsection (3), a certificate signed by the chief executive officer, as to the date on which such evidence as aforesaid came into his possession shall be sufficient evidence thereof until the contrary is shown.
Section 272 of the Principal Act.	A document purporting to be a certificate of a determination made pursuant to this Act by an officer of a health board and to be signed by him shall be prima facie evidence of the making of the said determination and of the terms thereof, without proof of the signature of such officer or of his official capacity.
Paragraph (1) of Rule 1(4) of Part II of the Third Schedule to the Principal Act.	(k) any income arising from a grant or allowance in pursuance of a scheme for promoting the welfare of the blind prepared under section 2 of the Blind Persons Act, 1920.

GIVEN under the Official Seal of the Minister for Finance, this

29th day of December, 1995.

Ruairi Quinn,

Minister for Finance.

EXPLANATORY NOTE.

These Regulations consolidate the regulatory provisions relating to Supplementary Welfare Allowance and related provisions governing the making of claims and payments. They provide for the conditions for entitlement to rent and mortgage supplements and they also standardise the provisions relating to diet supplements.

In addition to consolidating the existing provisions, the Regulations also provide:

- that the disqualification of people in full-time education will not apply to participants in the educational initiatives for the unemployed, such as the Third Level Allowance scheme; and
- that the disqualification of people in full-time employment will not apply to participants in special schemes for the unemployed, such as Community Employment.

S.I. No. 527 of 2002: Social Welfare Regulations, 2002

Social Welfare (Consolidated Supplementary Welfare Allowance) (Amendment) (No.1) Regulations, 2002

The Minister for Social and Family Affairs, in exercise of the powers conferred on her by section 4 (as amended by section 12 of the Social Welfare (Miscellaneous Provisions) Act, 2002 (No. 8 of 2002)), 179 (as amended by paragraph 3 of the Sixth Schedule) and 188 of the Social Welfare (Consolidation) Act, 1993 (No. 27 of 1993) hereby makes the following Regulations:

Citation and construction.

1. (1) These Regulations may be cited as the Social Welfare (Consolidated Supplementary Welfare Allowance) (Amendment) (No. 1) Regulations, 2002.
- (2) These Regulations and the Social Welfare (Consolidated Supplementary Welfare Allowance) Regulations, 1995 to 2002 shall be construed together as one and may be cited as the Social Welfare (Consolidated Supplementary Welfare Allowance) Regulations, 1995 to 2002.

Commencement.

2. These Regulations come into operation on 22 November 2002.

Amendment to regulations.

3. The Social Welfare (Consolidated Supplementary Welfare Allowance) Regulations, 1995 (S.I. No. 382 of 1995) are amended by -

- (a) the substitution in sub-article 9 (2) for paragraph (g) of the following paragraph:

“(g) the health board is satisfied that-

- (i) the claimant is in need of accommodation and is unable to provide for it from his or her own resources,
- (ii) the residence is reasonably suited to the residential and other needs of the claimant, and
- (iii) the rent payable by the claimant is just and proper having regard to the nature, character and location of the residence;

and for this purpose, the appropriate maximum amount of rent in respect of which a supplement is payable for the period commencing on 22 November 2002 and ending on 31 December 2003, shall be-

- (i) the amount as determined by the health board and set out in Schedule C to these Regulations in respect of such class or classes of persons referred to in column (1) of the said Schedule who are not living in shared accommodation, and

- (ii) the amount as determined by the health board and notified to the Department of Social and Family Affairs on or before 13 November 2002 in respect of any other class or classes of persons,

having regard to the family circumstances and the location of the residence of such persons.”,

- (b) the insertion after sub-article 9 (2) of the following sub-article:

“(3) A rent supplement shall not be payable where the amount of rent exceeds the appropriate maximum amount of rent as determined under paragraph (g) of sub-article (2).”, and

- (c) the insertion after Schedule B of the following Schedule:

“Schedule C

Article 9

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Class of person	Eastern Region Health Authority Boards	Midlands Health Board	Mid-Western Health Board	North-Eastern Health Board	North-Western Health Board	South-Eastern Health Board	Western Health Board	Southern Health Board
	EUR	EUR	EUR	EUR	EUR	EUR	EUR	EUR
Single person	107.00 per week	85.00 per week	85.00 per week	76.20 per week	77.00 per week	115.00 per week	115.00 per week	83.00 per week
Couple with no children	178.00 per week	115.00 per week	130.00 per week	120.70 per week	115.00 per week	130.00 per week	115.00 per week	153.00 per week
Couple with 1 child or one-parent family with 1 child	953.00 per month	140.00 per week	150.00 per week	133.40 per week	115.00 per week	130.00 per week	175.00 per week	153.00 per week
Couple with 2 children or one-parent family with 2 children	1,200 per month	160.00 per week	170.00 per week	152.40 per week	153.00 per week	170.00 per week	200.00 per week	190.00 per week
Couple with 3 children or one-parent family with 3 children	1,200 per month	160.00 per week	185.00 per week	190.50 per week	153.00 per week	170.00 per week	200.00 per week	203.00 per week

GIVEN under the Official Seal of the Minister for Social and Family Affairs this 22nd day of November, 2002.

MARY COUGHLAN

Minister for Social and Family Affairs.

The Minister for Finance hereby consents to the making of the foregoing Regulations.

GIVEN under the Official Seal of the Minister for Finance this 22nd day of November, 2002.

CHARLIE MC CREEVY

Minister for Finance.

EXPLANATORY NOTE

[This note is not part of the Instrument and does not purport to be a legal interpretation.]

These Regulations provide for the continuation until 31st December 2003 of the current levels of maximum rent, as determined by the Health Boards, in respect of which rent supplement is paid. They also provide that rent supplement shall not be payable where the level of rent paid exceeds the relevant maximum level determined by the health board.

SWA Circular No. 06/03: 24 December 2003

To: Chief Executive Officers
Programme Managers
Appeals Officers
Superintendent Community Welfare Officers
Community Welfare Officers

1. Introduction

- 1.1 The purpose of this circular is to advise Community Welfare staff about the arrangements relating to the appropriate maximum level of rent in respect of which a rent supplement is payable under the Supplementary Welfare Allowance (SWA) scheme for the period from 1st January 2004 to 30th June 2005.
- 1.2 The maximum limits have been increased in some instances. Details are set out in an Appendix to this Circular.
- 1.3 The existing long-standing arrangements set out in the National Administrative Procedures Manual in relation to cases where the rent is above the relevant limit are re-affirmed unchanged. These are reproduced in Paragraph 4.5 below. Similarly, the existing arrangements in relation to exceptional cases also remain unchanged.

2. Appropriate Rent Levels

- 2.1 The applicable maximum amount of rent for each Health Board is set out in Regulations - S.I. 727 of 2003.
- 2.2 Health Boards should continue to set levels lower than those provided for in the Regulations, in respect of sub-divisions of their functional areas, where this is appropriate.

3. Legislative Background

- 3.1 Entitlement to Rent Supplement is subject to Regulations set out mainly in the Social Welfare (Consolidated Supplementary Welfare Allowance) Regulations, 1995 - S.I. 382 of 1995 - as amended. These provide, inter alia, that: "... it shall be a condition of any claimant's entitlement to a supplement that the health board is satisfied that
 - (i) the claimant is in need of accommodation and is unable to provide for it from his own resources;
 - (ii) the residence is reasonably suited to the residential and other needs of the claimant, and
 - (iii) the rent payable by the claimant is just and proper having regard to the nature, character and location of the residence;"

- 3.2 S.I. 527 of 2002 removed the requirement on Health Boards to review, and if necessary revise, the applicable maximum-level of rent. These regulations also provided that a Rent Supplement should not be paid where the amount of rent exceeds the appropriate maximum level of rent.

4. Payment in cases where rent is over the relevant limit

- 4.1 The norm should be that rent supplement is not paid where the rent is above the relevant limit, subject to the guidance provided in this Circular. However, Rent Supplement may be paid in cases where the rent is above the relevant limit in the following circumstances:
 - (i) where the person concerned is entitled to an income disregard AND has sufficient income to meet his or her basic needs after paying rent, taking into account the appropriate rate of Rent Supplement that is otherwise payable in the case. "Sufficient income" in this context means the relevant basic SWA rate less the prescribed minimum contribution to rent. Examples of income disregards include the disregard of up to EUR 120 per week in respect of earnings certified by the NTDI as being of a rehabilitative nature and the disregard of up to EUR 50 per week in respect of part-time earnings etc.
 - (ii) where the tenant will be in a position to re-assume responsibility for his/her rent within a short period- for this purpose, a guideline period of no longer than 6 to 8 weeks is suggested but where there are exceptional circumstances, an extension up to a total of 12 weeks may be allowed by Boards.
 - (iii) where there are special housing needs related to exceptional circumstances (e.g. disabled persons in specially-adapted accommodation, homeless persons whose housing needs cannot be met within the standard terms of the Rent Supplement scheme etc.)
 - (iv) where it appears to the Health Board that the circumstances of the case so warrant, in accordance with Article 31 of S.I. 382 of 1995.
- 4.2 In cases of special housing needs rent supplement may be paid in excess of the maximum limit for the duration of a tenancy agreement if the health board is satisfied that the accommodation is the most suitable and reasonable option for the person concerned.

- 4.3 In the case of a homeless person who has been in hostel or B&B accommodation, a similar arrangement (i.e. not limited to six, eight or twelve weeks) may be applied where the health board is satisfied that the person's circumstances are such that a particular tenancy agreement is the appropriate option. In this regard, the board may wish to consider any recommendations made by relevant voluntary or statutory organisations regarding the suitability of any individual tenancy agreement.
- 4.4 Article 31 is intended to enable Boards to deal with exceptional cases. It is not intended to deal with the generality of cases where no particular exceptional circumstances exist. The procedures set out in the National Administrative Procedures Manual in cases where the rent is above the relevant maximum limit reflect this. Those procedures, including the requirement to notify the SWA Section of exceptions, are reaffirmed and unchanged.
- 4.5 The relevant extract from the National Administrative Procedures Manual is reproduced below for the convenience of Community Welfare staff:
- Legislation permits, in exceptional circumstances, that rent limits may be exceeded.
 - Such cases should only be paid with approval of SCWO, who must notify SWA Section.
 - The duration of payment should normally be set so as to enable the client obtain cheaper alternative accommodation or to take into account the client's prospects of re-assuming responsibility for his/her rent.
 - Payment in excess of approved rates may continue for prolonged periods where there are special housing needs (e.g. disabled persons in specially-adapted accommodation)".
- 4.6 SUPERINTENDENT COMMUNITY WELFARE OFFICERS MUST ADVISE SWA SECTION OF ALL CASES WHERE EXCEPTIONS TO THE MAXIMUM RENT LEVELS ARE MADE. Boards are reminded of the importance of making such notifications to facilitate the effective monitoring and management of the rent supplement system.
- 4.7 Where exceptions are made and rent supplement is paid in cases where the rent is in excess of the relevant maximum rent limit, the amount of rent supplement paid should be sufficient to ensure that the tenant's post-rent income is not less than the relevant SWA rate minus the minimum contribution to rent prescribed in legislation.
- 4.8 In general, the payment of rent in excess of the maximum limit should not be approved in cases where shared accommodation within the limits is available.

Any queries in relation to this Circular should be addressed to:

**SWA Section,
Department of Social and Family Affairs,
Floor 5,
Aras Mhic Dhiarmada,
Store Street,
Dublin 1.**

Telephone: (01) 704 3117
(01) 704 3865
(01) 704 3951

**Brendan Friel
Principal
SWA Section**

24 December 2003

Appendix 4:

**Number of young people in care
who are 16 years of age and over in 2006**

Appendix 4: Number of young people in care who are 16 years of age and over in 2006

Local Health Offices — North West Dublin, North Central Dublin and North Dublin

LHO North West Dublin

Age	Short-Term Foster Care	Long-term Foster Care	Relative Foster Care	Short-term Residential Care	Long-term Residential Care	Supported Lodgings	Other	HSU	SCU	Aftercare	Total	Sex	
												M	F
16	1	4	8	3	7	4	1	-	-	1	29	16	13
17	3	1	6	2	1	5	2	-	-	-	20	7	13
18	-	-	-	1	-	1	-	-	-	1	3	2	1
19	-	-	-	-	-	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	4	5	14	6	8	10	3	-	-	2	52	25	27

LHO North Central Dublin

Age	Short-Term Foster Care	Long-term Foster Care	Relative Foster Care	Short-term Residential Care	Long-term Residential Care	Supported Lodgings	Other	HSU	SCU	Aftercare	Total	Sex	
												M	F
16	-	4	3	2	6	2	-	1	-	-	18	7	11
17	-	6	3	3	8	-	1	1	-	1	23	15	8
18	-	-	1	-	1	-	-	-	-	2	4	2	2
19	-	1	-	-	-	-	-	-	-	-	1	1	-
24	-	1	-	-	-	-	-	-	-	-	1	-	1
Total	-	12	7	5	15	2	1	2	-	3	47	25	22

LHO North Dublin

Age	Short-Term Foster Care	Long-term Foster Care	Relative Foster Care	Short-term Residential Care	Long-term Residential Care	Supported Lodgings	Other	HSU	SCU	Aftercare	Total	Sex	
												M	F
16	1	2	3	1	5	-	-	-	-	-	12	6	6
17	1	4	5	-	2	2	-	-	-	-	14	9	5
18	-	1	-	-	-	-	-	-	-	-	1	1	-
19	-	-	-	-	-	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	2	7	8	1	7	2	-	-	-	-	27	16	11

Summary:

LHO North West Dublin, North Central Dublin and North Dublin

Age	Short-Term Foster Care	Long-term Foster Care	Relative Foster Care	Short-term Residential Care	Long-term Residential Care	Supported Lodgings	Other	HSU	SCU	Aftercare	Total	Sex	
												M	F
16	2	10	14	6	18	6	1	1	-	1	59	29	30
17	4	11	14	5	11	7	3	1	-	1	57	31	26
18	-	1	1	1	1	1	-	-	-	3	8	5	3
19	-	1	-	-	-	-	-	-	-	-	1	1	-
24	-	1	-	-	-	-	-	-	-	-	1	-	1
Total	6	24	29	12	30	14	4	2	-	5	126	66	60

Appendix 5:

Leaving Care Needs Assessment Template 1

(1)
Leaving Care
Needs Assessment:

To be completed by young person

LHO North West Dublin,
Millhouse Building (Ground Floor),
Ashtowngate,
Dublin 15.
Ph: 01-8693504

LHO North Central Dublin,
Civic Offices (2nd Floor),
Main Street,
Ballymun,
Dublin 9.
Ph: 01-8467341

LHO North Dublin,
Swords Business Campus,
Balheary Road,
Swords,
Co. Dublin.
Ph: 01-8131867

(1) Leaving Care Needs Assessment:

To be completed by young person

Details						
Name:						
Address:						
How long have you been living here?						
How often are you in contact with the following members of your own or your foster family?		Weekly	Monthly	Sometimes	Never	Doesn't Apply
Mother		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brothers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Family		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Friends		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have addresses and contact numbers for any of the above people?						
Is this level of contact about right for you or would you like it to be different?						
If you would like the level of contact to be different, would you like some help with this?						
Is there at least one adult to whom you feel you could go to for help, advice and support if a problem came up?						
Do you have a close friend with whom you will keep in touch when you move on from your present address?						
Do you belong to a club/team or other organisation? If not, would you like to join one?						

	Details		
Health			
When did you last have a dental check-up?			
When did you last have a medical check-up?			
Do you need to attend an optician?			
Do you have the names and contact numbers of a doctor, dentist and optician?			
Do you know how to make an appointment?			
If you have any related health problems, do you know enough about how to deal with these?			
Keeping Healthy			
Do you smoke?			
Do you drink regularly?			
Do you use any other drugs?			
If you wanted help to stop any of the above would you know what to do?			
Do you think you have a nutritious diet?			
Do you feel you have had enough opportunities to discuss the following issues: a) Sexual development b) Sexual relationships c) Birth control d) Safe sex & transmitted infections e) Health issues relating to drugs, tobacco and alcohol f) Sexual harassment			
Would you know where to get information about any of the above issues?			
Do you have a steady partner?			
Do you have any children?			
If yes, who looks after them and how often do you see them?			
Identity and Emotional Well-being			
Do you have a base with your own or another family where you feel welcome and where you can:	a) Be sure of a bed if necessary b) Expect to go for holidays, such as Christmas c) Drop in if you feel bored or lonely d) Expect help in a crisis	Yes Yes Yes Yes	No No No No
Do you have detailed knowledge of your family background and your life history?			

Do you know how to get more details if you need any?	
Are you aware of your religious heritage?	
Do you have a hobby or special interest?	
How do you cope with stress or emotional worries?	
Have you someone you can go to if you need to talk?	
Do you have friendships outside of where you are cared for at the moment?	
Do you have friends of both sexes?	
How do you get on with people in authority?	
Do you have confidence in yourself?	
Are you good at occupying yourself in your spare time?	
How do you deal with anger, frustration or anxiety?	
Do you understand the consequences of anti-social behaviour?	
Is bullying an issue in your life?	
Do you have a juvenile liaison officer or probation officer?	

Practical and Independent Living Skills:			
	Good	Need to improve	Need to learn
Shopping for food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing & cooking meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping a healthy & balanced diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping for clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing clothes/using a laundrette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ironing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing basic repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing your personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filling in forms, e.g. insurance, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking to people in authority in person and on the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where to get information about welfare rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning a journey and travelling alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying rent regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with government agencies (FÁS, Housing Department, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying for a passport/driving licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where to get your Personal Public Service (PPS) number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding and using community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education/ Training/ Employment

Please give details of your education up to now:	
Did you do any exams at school or college?	Yes No
If yes, please give details.	
Do you do any other training courses? If yes, please give details	Yes No
What kind of interests and skills do you have?	
Do you have any idea what you would like to work or study at?	
Have you ever done any work experience?	
Are you in education/training/employment at the moment?	
Do you know how to go about looking for a job?	
Do you know how to prepare a CV?	
Can you fill in an application form?	
Do you know how to prepare for and present yourself at an interview?	
Do you know how to accept a job/course?	
Do you think you need help with dealing with people in authority while on a course or at work?	

Accommodation

Where would you like to live when the time comes for you to leave your present address?	<input type="checkbox"/> Residential aftercare programme <input type="checkbox"/> Supported accommodation <input type="checkbox"/> Family <input type="checkbox"/> Shared accommodation <input type="checkbox"/> Flat/bed-sit <input type="checkbox"/> Supported lodgings <input type="checkbox"/> Other
If "other" please give details	
Do you know how to seek advice about finding accommodation?	

Financial Issues

Do you have a bank account?	
If no, do you know how to open one?	
Do you think you need some help with any of the following areas?	<input type="checkbox"/> Paying bills <input type="checkbox"/> Saving money <input type="checkbox"/> Looking at ways of making extra money <input type="checkbox"/> Knowledge of banking institutions <input type="checkbox"/> Working out a budget <input type="checkbox"/> Saving for something you could not afford straight away <input type="checkbox"/> Getting advice on benefits

Summing Up

How do you feel about moving on and managing on your own?	<input type="checkbox"/> Ready Now: <input type="checkbox"/> Not quite ready yet, but soon: <input type="checkbox"/> Not yet:
What are your strong points?	
What are your biggest needs	
Do you want to add anything?	

Signed:

Date:

Appendix 6:

Leaving Care Needs Assessment Template 2

(2)

Leaving Care Needs Assessment:

To be completed by
relevant person e.g. young
person's key worker, foster
carer, social worker

LHO North West Dublin,
Millhouse Building (Ground Floor),
Ashtowngate,
Dublin 15.
Ph: 01-8693504

LHO North Central Dublin,
Civic Offices (2nd Floor),
Main Street,
Ballymun,
Dublin 9 .
Ph: 01-8467341

LHO North Dublin,
Swords Business Campus,
Balheary Road,
Swords,
Co. Dublin.
Ph: 01-8131867

(2) Leaving Care Needs Assessment: **To be completed by relevant person**
e.g. young person's key worker,
foster carer, social worker

Name of young person:

Date:

Address:

**Length of stay in
this placement:**

Contact Details:

Name	Address
Social Worker:	
Team Leader:	
GP:	
Dentist:	
School/ College:	
Training/ Employment:	
	Other
	Other
	Other

	Details
Religion:	
Ethnicity:	
Status:	
Any special needs?	
Services needed (e.g. interpreter, signer etc):	

Care History:

Age admitted to care:	
Number of placements:	
Was support provided by another agency?	
Has support ended?	

Health

Does the young person have any significant health worries/ problems?	
Does he/she have a long-term illness/ disability?	
If so, does he/she have access to appropriate services?	
Does he/she have the skills/supports to access these services?	
Does the young person have any issues which would affect positive mental health?	
Are there any family health issues that you are aware of?	
Does the young person have a medical card?	
Does the young person attend a dentist?	
Does the young person attend an optician?	
Give details of ongoing treatment:	
How do you rate the young person's general health?	<p>Excellent</p> <p>Good</p> <p>Poor</p>

Keeping Healthy

Does the young person have an adequate and nutritious diet?	
Does he/she smoke regularly?	
Does he/she drink regularly?	
Does he/she use drugs?	
Does the young person have adequate information regarding safe sex and contraception?	
Does he/she have access to local sexual health services?	
Does he/she have the skills/supports to access these services?	

Does the young person have an understanding of the health issues in relation to the use of alcohol, drugs and tobacco?	
Does he/she have someone to go to if he/she needs information?	

Identity and Emotional Well-being

How does the young person cope with stress/emotional worries?	
Does he/she have someone to go to if he/she needed to talk?	
Who is best placed to offer support?	
What network of support does the young person have? (Family, friends, carers, mentors etc).	
What is the young person's relationship with current carers like?	
How is this to be maintained in the future?	
Are there any barriers to these relationships?	
Does the young person have age-appropriate friendships both within and outside of the care system?	
Are there any worries/concerns about these?	
What are the young person's relationships with authority figures?	
Does he/she have issues/difficulties with trusting adults?	
Does the young person have confidence and self-esteem?	
Can he/she be assertive?	
Does he/she take pride in his/her appearance?	
Does he/she take pride in his/her achievements?	
Does the young person relate to his/her ethnic, religious or cultural background?	
Is he/she aware of his/her religious heritage?	
Does he/she need supports/assistance with this?	
Is the young person confident relating to friends of both sexes?	
Does he/she have a steady partner?	
Does he/she have children?	
Who looks after the children?	
Is the young person at ease with his/her sexual orientation?	

How does the young person spend his/her leisure time?	
Does he/she need help and encouragement with this?	

Behaviour

Have there been issues regarding the young person being bullied or bullying others?	
How does the young person deal with anger, frustration or anxiety?	
Has his/her behaviour ever affected his/her own safety or the safety of others?	
Do the young person understand the consequences of his/her actions?	
Has he/she ever been cautioned by the Gardaí?	
Has he/she ever had a custodial sentence?	
Does he/she currently have a probation officer?	

Self-care and Practical Skills

Does the young person shop for his/her own food and clothes?	
Can he/she prepare and cook meals?	
Can he/she maintain a balanced and healthy diet?	
Does he/she know how to use household appliances? (Washing machine, oven, microwave, etc.)	
Can he/she do basic repairs?	
Does the young person have any knowledge of basic first aid?	
Can he/she fill in an application form?	
Does he/she have the ability to communicate and express him or herself in person, and on the telephone?	
Can he/she plan a journey and travel alone?	
Can he/she find and use community resources?	

Can he/she manage his/her personal hygiene?	
Can the young person maintain a healthy lifestyle, including his/her sexual health?	

Education History:

Details of education to date:	
Provide information on achievements, abilities, skills and strengths:	
Have there been any gaps or difficulties in relation to the young person's education?	
What is the young person's attitude to school and learning?	
What is the young person doing at present? (school/college – full/part-time)	
Pattern of attendance to date:	
What is the young person's future plan regarding education, training/work?	
What supports will the young person require to achieve this?	

Current Accommodation and Future Plans

Where does the young person reside currently?	
When does the young person plan to leave care?	
What type of accommodation will he/she be seeking?	Residential aftercare programme: _____ Supported accommodation: _____ Family: _____ Shared accommodation: _____ [Private or local authority?] Flat/bed-sit: _____ Private <input type="checkbox"/> Local Authority <input type="checkbox"/> Supported lodgings: _____ Other: _____
Are these plans intended in the short-term or long-term?	
Does the young person have an understanding of the legal and social implications of tenancy?	
Would he/she know where to go and seek advice with regard to accommodation?	

Financial Issues

Does the young person have a bank account?	
Does he/she have a passport and/or driving licence?	
What is the young person's current income?	
Does he/she have any outstanding loans, credit cards or debts?	
Can he/she manage a budget?	
Could he/she manage to save if his/her income allowed for it?	
Would the young person know how to access financial advice?	
Is he/she aware how to get assistance and financial support?	
What would he/she do in a crisis?	
Is the young person eligible for any benefits? (Please see template for Aftercare Financial Support Plan- Appendix 12)	
What is his/her likely expenditure? (Please see template for Aftercare Financial Support Plan- Appendix 12)	<div> <div>Rent: _____</div> <div>Gas/ESB: _____</div> <div>Other bills: _____</div> <div>Clothes: _____</div> <div>Travel: _____</div> <div>Food: _____</div> <div>Entertainment: _____</div> <div>TV Licence: _____</div> <div>Toiletries: _____</div> <div>Loans: _____</div> <div>Educational equipment: _____</div> <div>Childcare: _____</div> <div>Birthdays: _____</div> </div> <div> <div>Leisure: _____</div> <div>Holidays: _____</div> <div>Other: _____</div> <div>Laundry: _____</div> </div>

Who would the young person contact for support during a crisis?	
To whom would he/she look for support outside of office hours?	

Who was consulted in drawing up this report and what is their relationship to the young person? (E.g. key worker, foster carer, birth family, social worker)	Name	Relationship
	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____
	5. _____	_____
	6. _____	_____
	7. _____	_____
	8. _____	_____
	9. _____	_____
10. _____	_____	

Signed: _____

Date: _____

Title: _____

Appendix 7:

Preparation for Leaving Care Plan Template

Appendix 7: Preparation for Leaving Care Template

Preparation for Leaving Care Plan

Name of young person: _____

Date: _____

	Details
Address:	
Date of Birth:	
Name of Allocated Social Worker:	
Name of Aftercare Worker/Fostering Aftercare Worker:	
Address:	
Name of Team Leader:	
Address:	
Dates of Needs Assessment:	1) 2)

Details: Preparation for Leaving Care Plan

Family and Social Relationships (e.g. access to/contact with extended family, friends, etc.)

Needs Identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Preparation for Leaving Care Plan

Health and Development (e.g. health care, diet, emotional well-being, leisure interests, etc.)

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Preparation for Leaving Care Plan

Practical and Independent Living Skills (e.g. household management, law, documents, etc.)

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Preparation for Leaving Care Plan

Education, Training and Employment

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Preparation for Leaving Care Plan

Accommodation

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Preparation for Leaving Care Plan

Financial Issues (Please see template for Aftercare Financial Support Plan- appendix 12)

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Preparation for Leaving Care Plan

Support from other agencies

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Preparation for Leaving Care Plan

Any Additional Comments/Concerns

<p>Needs identified:</p>	
--------------------------	--

Details: Preparation for Leaving Care Plan

Summary of action plan

--	--

Recommendations

--	--

Who will get a copy of the Preparation for Leaving Care Plan?

Name	Yes/No
Young person	
Birth family	
Social worker	
Key worker	
Carer	
Aftercare worker/ fostering aftercare worker	
Aftercare service provider	
Other (please specify)	

DATE OF NEXT REVIEW: _____

Signed:

Young person: _____

Member of birth family: _____ Date: _____

Social worker: _____ Date: _____

Key worker: _____ Date: _____

Foster carer: _____ Date: _____

Aftercare worker/
fostering aftercare worker _____ Date: _____

Appendix 8:

Aftercare Plan Template

Appendix 8: Aftercare Plan

Protocol for accessing

Aftercare Plan

Date:

Name of young person:

	Details
Name:	
Address:	
Date of Birth:	
Name of Allocated Social Worker:	
Name of Aftercare Worker/Fostering Aftercare Worker:	
Address:	
Name of Team Leader:	
Address:	
Dates of Needs Assessment:	1) 2)

LHO North West Dublin,
Millhouse Building (Ground Floor),
Ashtowngate,
Dublin 15.
Ph: 01-8693504

LHO North Central Dublin,
Civic Offices (2nd Floor),
Main Street,
Ballymun,
Dublin 9.
Ph: 01-8467341

LHO North Dublin,
Swords Business Campus,
Balheary Road,
Swords,
Co. Dublin.
Ph: 01-8131867

Details: Aftercare Plan

Family and Social Relationships (e.g. access to/contact with extended family, friends, etc.)

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Aftercare Plan

Health and Development (e.g. health care, diet, emotional well-being, leisure, interests etc.)

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Aftercare Plan

Practical and Independent Living Skills (e.g. household management, law, documents, etc.)

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Aftercare Plan

Education, Training and Employment

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Aftercare Plan

Accommodation

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Aftercare Plan

Financial Issues (Please see template for Aftercare Financial Support Plan- appendix 12)

Needs identified:	
-------------------	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Aftercare Plan

Support from other agencies

Needs identified:

Details: Aftercare Plan

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Aftercare Plan

Summary of Action Plan

--	--

Tasks	Responsibility	Completion Date
a)		
b)		
c)		
d)		
e)		
f)		
g)		
h)		
i)		

Details: Aftercare Plan

Any Additional Comments/Concerns

--	--

Details: Aftercare Plan

Recommendations

--	--

Details: Aftercare Plan

Who will get a copy of the Aftercare Plan?

Name	Yes/No
Young person	
Birth family	
Social worker	
Key worker	
Carer	
Aftercare worker/ fostering aftercare worker	
Aftercare service provider	
Other (please specify)	

DATE OF NEXT REVIEW: _____

Signed:

Young person: _____

Member of birth family: _____ Date: _____

Social worker: _____ Date: _____

Key worker: _____ Date: _____

Foster carer: _____ Date: _____

Aftercare worker/
fostering aftercare worker _____ Date: _____

Appendix 9:

Supplementary Welfare Allowances

As per Guide to Social Welfare Services.
Department of Social and Family
Affairs.

This information is intended as a guide only
and does not purport to be a legal interpretation.

Guide to Social Welfare Services

Section 11: Supplementary Welfare Allowance “keeping you informed”

This section describes the payments under Supplementary Welfare Allowances scheme

It covers:

- Rent and Mortgage Interest Supplements,
- special needs supplements,
- exceptional needs payments,
- urgent needs payments, and
- Back-to-School Clothing and Footwear Allowance.

11.1 Supplementary Welfare Allowance

Supplementary Welfare Allowance is run by the Health Service Executive through Community Welfare Officers at local offices of the Health Service Executive.

Basic Supplementary Welfare Allowance

Basic Supplementary Welfare Allowance is a weekly allowance paid to people who do not have enough means to meet their needs and those of their qualified adult or any qualified children.

How do I qualify?

You will normally qualify for Supplementary Welfare Allowance if you:

- satisfy a means test,
- have applied for certain other social welfare payments,
- have registered for work with FÁS if you are of working age, **and**
- are habitually resident in the State.

You will not normally qualify for Supplementary Welfare Allowance if you are:

- working full-time, that is, 30 hours or more a week,
- in full-time education, or
- involved in a trade dispute.

However, you may still claim Supplementary Welfare Allowance for a qualified adult or any qualified children.

Means test

A means test is a way of checking if you have enough means to support yourself and what amount of payment, if any, you may qualify for.

Your means include:

- all cash income, including most social welfare and Health Service Executive (HSE) payments, except Child Benefit, Domiciliary Care Allowance and Blind Welfare Allowance,
- investments, savings or property (except your own home), and
- the value of any benefit or privilege for example, free board and lodging.

If you are married or living with a partner as husband and wife, your incomes are added together for the means test.

How investments and savings are assessed

For Supplementary Welfare Allowance, we use the formula below to assess your means:

- 5% of the first €520, and
- 10% of the balance.

We add the figures together to get the yearly value of means. We divide this by 52 to give the weekly value.

How much can I get?

Basic Supplementary Welfare Allowance is made up of a personal rate for you and increases for qualified adult and any qualified children.

If you have no means you will qualify for the maximum amount of the allowance. If you have low means you may qualify for a payment to bring your income up to the maximum appropriate rate of Supplementary Welfare Allowance.

The rates of Supplementary Welfare Allowance are shown in the Rates of Payment booklet SW 19.

How do I get my payment?

You may get Supplementary Welfare Allowance by cheque, post draft or directly into your account in a financial institution.

Additional payments under the Supplementary Welfare Allowance Scheme

If you are getting Supplementary Welfare Allowance you may also qualify for:

- Rent or Mortgage Interest Supplements,
- Supplements for special heating or dietary needs,
- exceptional needs payments,
- Back to School Clothing and Footwear Allowance, and
- payments to meet urgent needs.

Extra Benefits

As well as these payments, you may get

- Fuel Allowance (see section 10 for details), and
- medical card from your regional Health Service Executive (HSE).

When and how do I apply?

You should apply to the Community Welfare Officer (CWO) at your local office of the Health Service Executive for Supplementary Welfare Allowance as soon as the need arises. If you do not know where your health centre is, or if you want to find out the CWO's office hours, contact the head office of your regional Health Service Executive. See Appendix 6 for details.

For further details see information booklet SW 54 or contact:

Supplementary Welfare Allowance Section

Department of Social and Family Affairs
Social Welfare Services Office
College Road
Sligo

Telephone: LoCall: 1890 50 00 00

11.2 Rent and Mortgage Interest Supplements

If you are having difficulty paying your rent or mortgage and you are getting a social welfare or Health Service Executive payment, you may qualify for Rent or Mortgage Interest Supplement.

When deciding whether you qualify, the Health Service Executive may consider:

- whether the size of your accommodation is right for your family size,
- if you have applied for local authority housing if available,
- if you have a good reason for leaving your parents home, if relevant,
- how the cost of your accommodation compares to the cost for similar accommodation in the area,
- whether you are sharing your accommodation with others,
- whether you have made any arrangements with your lending agency to alter your mortgage payments, and
- your ability to meet repayments when you took out your mortgage.

How much can I get?

The amount of the supplement is determined by the Health Service Executive. The supplement will generally make sure that your income after paying your rent or mortgage interest is at least the same as the Supplementary Welfare Allowance less a minimum contribution, which everybody receiving the supplement must pay.

How do I get the supplement?

You may get the supplement by a weekly or monthly cheque, postdraft or directly into your account in a financial institution.

How do I apply for the supplement?

You should apply to the Community Welfare Officer at your local office of the Health Service Executive.

11.3 Special needs supplements

If your income from your social welfare or Health Service Executive payment is too low to meet certain special needs, you may get a weekly supplement. Special needs may include:

- exceptional heating due to ill-health, and
- a special diet due to a medical condition.

In either case, you must provide medical evidence of your condition before you can receive the payment. For the diet supplement, you should give written evidence that a hospital consultant or hospital registrar (or doctor, if the diet is for an adult) has prescribed a special diet for your condition.

11.4 Exceptional needs payments

If you are getting a social welfare or Health Service Executive payment, you may qualify for a once off payment to meet an exceptional need. It is up to the Health Service Executive to decide whether to make this payment taking into account all details of your situation.

An exceptional needs payment covers essential, once-off exceptional spending that you could not reasonably be expected to meet out of your weekly income.

You may get this payment for:

- bedding or other essential household equipment,
- funeral expenses, or
- other unforeseen large expenses.

These payments are made by cheque. To apply contact the Community Welfare Officer at your local office of the Health Service Executive.

11.5 Urgent needs payments

You may get an urgent needs payment even if you do not normally qualify for assistance under the Supplementary Welfare Allowance Scheme. Payments are normally made to assist with immediate needs such as food and clothing right after a fire or flood.

Depending on your situation you may have to pay back all or part of what you have been paid, for example if you are working or have settled an insurance claim.

To apply for this payment contact the Community Welfare Officer at your local office of the Health Service Executive.

11.6 Back to School Clothing and Footwear Allowance

This allowance is intended to help towards the cost of children's school uniforms and footwear at the beginning of the school year. The scheme is run by the Health Service Executive and operates from the beginning of June to the end of September each year.

How do I qualify?

You may qualify if your household income is below a certain amount* and you are:

- getting a social welfare (including Family Income Supplement) or a Health Service Executive payment,
or
- taking part in approved employment schemes, such as Back to Work Allowance (Employees), Back to Work Enterprise Allowance, Community Employment, Revenue Job Assist, Social Economy Programme (Grant Aided Employees), Job Initiative, Workplace or Youthreach,
or
- taking part in an Area-Based Partnership Scheme or a FÁS, Cert or LES training scheme,
or
- taking part in a Rural Social Scheme and allowed to keep secondary benefits,
and
- getting an increase in your payment for the child (see Section 1.2 for details).

*See information booklet SW75 for details of these income limits.

How much can I get?

There are two rates of payment, one for children aged 2 to 11, the other for children aged 12 to 22.

The Back to School Clothing and Footwear Allowance rates are shown in the Rates of Payment booklet SW 19 and in information booklet SW75.

How do I get the allowance?

The allowance is normally paid by cheque.

How do I apply?

To apply for the allowance, contact the Community Welfare Officer (CWO) at your local health centre.

For more information, contact the CWO at your local health centre, or

Supplementary Welfare Allowance Section

Department of Social and Family Affairs
c/o Social Welfare Services Office
College Road
Sligo

Telephone: LoCall: 1890 50 00 00

Page 45 of SW 19: Supplementary Welfare Allowance

Supplementary Welfare Allowance from 2 January – see booklet SW 54

	Rate per week
Maximum personal rate	€165.80
Increases:	
— Increase for a Qualified Adult	€110.00
— Each qualified child	€16.80

Back to School Clothing & Footwear Allowance – see booklet SW 75

The Back to School Clothing and Footwear Allowance is paid to parents whose income limits are at or below the following amounts:

Couple with:	Income limit	Lone Parent with:	Income limit
— 1 child	€441.40	— 1 child	€314.90
— 2 children	€460.70	— 2 children	€336.50
— 3 children	€480.00	— 3 children	€358.10
— 4 children	*€499.30	— 4 children	**€379.70

* Limit is increased by €19.30 for each additional child.

** Limit is increased by €21.60 for each additional child.

	Rate payable
— Rate for each child aged 2-11	€120.00
— Rate for each child aged 12-17	*** €190.00

*** This is also paid for children aged 18-22 if they are in full-time education, for whom a qualified child increase is payable.

Appendix 10:

**Protocol for accessing Supplementary Welfare Payments
for young people leaving care**

Superintendent Community Welfare Office
82 Amiens St
Dublin 1

Tel: (01) 855 2747
Fax: (01) 855 5544

8th June 2006

To Whom It May Concern:

As Chair of the Northern Regional group, I've had discussions over the past number of months with childcare staff and Sheila Marshall, Senior Manager, Child Care Services.

These discussions were in relation to children who were in the care of the HSE but were nearing the age of 18 and were about to leave care and move to independent living arrangements.

The purpose of the meetings was to outline the issues being faced both by the childcare workers and by the Community Welfare Services in dealing with such children moving on to independent living. In the main, the issues concerned the entitlements of this group to deposit rents/rents in advance and the problems faced by childcare staff in sourcing good quality, appropriate accommodation for this particularly vulnerable group.

The outcome of these discussions is that the Regional SCWO group for the Northern Region accepts that children leaving care are a particularly vulnerable group of clients and require a more "hands on" approach from the service than other client groups. In specific terms, we have agreed to discussions at a very early stage with childcare staff in relation to individual cases, so that the issue of rents/deposits and SWA payments for basic and other possible SWA payments be agreed early in the process, rather than being a crisis response to last-minute efforts by the childcare section in finding appropriate accommodation for its clients.

I attach a protocol of what we have drawn up and agreed as a way of dealing with such cases on an on-going basis.

Sheila Marshall has also forwarded an aftercare financial support plan that will be attached to each individual care plan. The financial support plan involves the SCWOs signing this financial template in relation to the SWA payments that have been agreed. In practice, I would only see SCWOs signing this template after all the applications for SWA have been made and have been approved by us at local level.

My understanding from Ms Marshall is that the HSE wants a document on file to reflect that discussions have taken place with the Community Welfare Services about the individuals concerned and about the decisions made in relation to their financial entitlements.

At our recent Regional Group meeting it was agreed that the protocol and financial template were arrangements that were appropriate for our involvement. It was agreed, however, to forward same to yourselves for discussion and agreement, as, in due course, you might be asked to agree to these in your area also.

Thank you
Yours sincerely

Padraig O'Siochru
Superintendent Community Welfare Officer

Appendix 10: Protocol for accessing SWA

North East Regional Group

Protocol for Accessing SWA Payments for Children Leaving Care

1. In the first instance when a child is to leave the care of the HSE, the SCWO should be contacted by the childcare services.
This process should be initiated three months in advance of the date of the child leaving care. The necessary arrangements can then be discussed in terms of the appropriate SWA forms to be completed in respect of basic payments and rent entitlements.
2. Under SI 527 of 2002, rent supplements paid by the HSE are set to limits determined by the Department of Social and Family Affairs. In general, rent supplements cannot exceed these set limits. However, circular letter 06/03 provides that a rent supplement may be paid in cases where the rent is above the relevant limit in certain circumstances, where it appears to the HSE that the circumstances of the case so warrant, in accordance with Article 31 of SI 382 of 1995.
The Community Welfare Service agrees that in the case of children leaving care, such circumstances can be considered under the provision of circular letter 06/03.
3. It may not be clear at the early stages of the process the exact address at which the client will be renting accommodation. Once this has been clarified, the SCWO will pass on the relevant details to the CWO dealing with the district. Arrangements can then be made for the childcare staff and client to meet with the CWO at the Health Centre, to begin the application for the SWA payments process.
4. Under the provisions of the social welfare consolidation acts, the community welfare service is empowered to make once-off payments to meet exceptional needs. Assistance with rent deposits may be made under the provisions of these acts. Whereas the expectation is that a need for a deposit will not arise in these cases, as the cost will be borne by the HSE, provisions for payment of a deposit can be made in the event of one being required and having not been provided in time by the HSE. The expectation is that the cost involved will later be refunded to the welfare service by childcare section.
5. Although the initial process involves the communication between the childcare support staff and the SCWO, the ongoing SWA assistance to the client is to be facilitated directly by the CWO dealing with the area in which the client resides.

Appendix 11:

Superintendent Community Welfare Officers Contact Details

Appendix 11: SCWO – contact details

Contact details for Superintendent Community Welfare Officers

Area	Supt. CWO	Direct	Mobile	Fax	Email address
A*	Rita Tighe	8823476	086 2470936	8823493	rita.tighe@mailc.hse.ie
1	Gerry Duffy	2365219	087 2350129	2808785	gerry.duffy@mailf.hse.ie
2	Hugh Carr	2164510	087 6171315	2961664	hugh.carr@mailc.hse.ie
3	Billy Hicks	4904148	087 2455530	4929597	billy.hicks@mailm.hse.ie
4	Ronan O'Connor	4154778	087 2350124	4537221	ronan.oconnor@mailm.hse.ie
5	Aidan Reddy	6206301	087 6672541	6206358	aidan.reddy@mailc.hse.ie
6	Alan Carroll	8694617	087 2263156	8694632	alan.carroll@mailf.hse.ie
7	Teresa Kehoe	8682379	087 6992104	8682383	teresa.kehoe@mailc.hse.ie
8	Fergus Kelly	8831240	087 6295542	8621583	fergus.kelly@mailc.hse.ie
9	Rory Murphy	8552747	087 2350125	8555544	rory.murphy@mailf.hse.ie
10	Gerry Kenny	8164245	087 0509212	8479944	gerard.kenny@mailc.hse.ie
11	Tommy Monaghan	8399529	086 8128147	8399557	tommy.monaghan@mailc.hse.ie
12	Ray Meade	0404 68400	086 6382964	0404 69044	ray.meade1@maild.hse.ie
13	Brendan Moran	045 873209	087 2253490	045 899518	brendan.moran@mailm.hse.ie
14	Des Stone	4166434	087 2864845	4166441	des.stone@mailc.hse.ie
	Joe McGloin	4166903	087 2455720	4166441	joe.mcglain@mailc.hse.ie
	Henry Fottrell	4166432	087 207 5096	4166441	henry.fottrell@mail.hse.ie
15	Padraig O'Siochru	8552747	087 2835911	8555544	padraig.osiochru@mailc.hse.ie
16	Joseph Whittle	4154782	086 8315278	4537221	joseph.whittle@mailc.hse.ie
17	Pat Lennon	6206309	087 6375758	6206358	pat.lennon@mailc.hse.ie
18	Jim Sadlier	4737422	086 2536369	4737489	jim.sadlier@mailc.hse.ie
19	Tom Maguire	8585108	087 7771774	8585149	tom.maguire@mailc.hse.ie
	Joe Kinsella	8585107	087 2023430	8585149	joseph.kinsella@mailc.hse.ie
20	Michael Hennessy	045 873264	087 2272639	045 879225	mick.hennessy@mailf.hse.ie
21	Paul Peake	8386388	087 2249831	8823493	paul.peake@mailc.hse.ie
22	Christy Grogan	8682379	087 9572345	8682383	christy.grogan@mailf.hse.ie
23	Vourneen Mc Keever	6206301	087 9160265	6206358	vourneen.mckeever@mailf.hse.ie
B*	Nigel Nolan	8823466	087 2843136	8823493	nigel.nolan@mailc.hse.ie
C*	Peter Smith		087 2350128	8823493	peter.smith@mailf.hse.ie

Appendix 12:

Aftercare Financial Support Plan Template

Appendix 12: Individual Aftercare Financial Support Plan Template

	Details
Name:	
Address:	
Date of Birth:	
Dependents: (1) Name: Date of Birth: (2) Name: Date of Birth:	
LHO Area:	
Social Worker:	
Aftercare Worker:	
Date:	

1. Statutory entitlements/discretionary payments
As set out under the provisions of the Social Welfare Consolidation Acts:

Allowance	Amount €	Once - off	Ongoing	Frequency	Commencement Date	Comment
SW Allowance						
Rent Supplement						
Deposit for private rented accommodation						
Advance Payment of rent for private rented accommodation						
Supplements e.g. travel, diet and heating						
Exceptional needs payments, e.g. furniture/household equipment						
Clothing Grant						
Grant for single mother before and after birth - Assistance with accessories/clothing						
Urgent needs payments						
TOTAL						

****Non-Irish national young people – see section on and appendix 18****

The above allowances/payments were discussed at a meeting held on _____ (date), which was attended by the undersigned in the context of an aftercare financial support package for _____ (Name).

The relevant allowances/payments will be subject to approval by the
Community Welfare Service at the point of application.

Signed:
Applicant

Date: _____

Signed:
Social Worker

Date: _____

Signed:
Aftercare Worker

Date: _____

Signed:
Superintendent Community Welfare Officer

Date: _____

2. HSE Funded Payments

Allowance	Amount E	Once - off	Ongoing	Frequency	Commencement Date	Comment
Payment of rent where young person is working 30 hours or more / is in low-paid employment and is subject to reduced rent allowance						
Deposit for private rented accommodation						
Advance payment of rent for private rented accommodation						
Travel costs, e.g. education, employment						
Furniture/household equipment						
Clothing						
Cost of childcare						
Educational materials						
Other educational costs						
Contact with family or other significant relationships						
Religious/cultural need						
Hobbies/holidays/recreational and sporting activities						
Other						
TOTAL						

2. Education/Training/Grants

College/Training Centre	Funding agency	Amount	Frequency	Commencement Date	Comment
TOTAL					

****Non-Irish national young people – see section on Eligibility and appendix 17****

The HSE funded aftercare financial support plan as outlined above for _____ (name) is agreed and approved with effect from _____ (date). The financial plan is subject to an initial review six months following the date of transition, and yearly thereafter.

Any changes to the initial financial package, i.e. additions/deductions, should be notified immediately by the young person's aftercare worker to the Local Health Office Area Administrator, by submitting an Amended Financial Aftercare Plan.

Signed:
Applicant

Date:

Signed:
Social Worker

Date:

Signed:
Aftercare Worker

Date:

Signed:
Principal Social Worker

Date:

Signed:
Local Health Office Area Administrator

Date:

Appendix 13:

Listing of Residential Aftercare Programmes

Appendix 13: Listing of residential aftercare programmes.

Aftercare Residential Accommodation Capacity for Young People leaving the Care of the HSE in North West Dublin, North Central Dublin and North Dublin.

Unit Name	Phone no:	Local/ Regional Resource	Capacity	Age	Type of Aftercare Accommodation	Gender
Don Bosco House, 53, Blessington Street, Dublin 7.	8304204	Local	6 bedsits	18-20	Pre-leaving care units – high support.	M
Don Bosco House, 136, Phibsboro Road, Dublin 7	8601261	Local	7 bedsits/ flats	18+	Semi-independent aftercare units	M
Don Bosco House, 17, Nephin Road, Dublin 7.	8384879	Local	4 self- contained flats	18+	Independent aftercare units with support	M
Don Bosco House, 1, Ballymun Road, Dublin 9. December 2006	8369578	Local	6 self- contained flats	18-20	Pre-leaving care units – high support.	M
Don Bosco House, 70, Fairview Strand, Dublin 3. October 2006	8601261 (temporary number)	Local	5 self- contained flats.	20+	Independent aftercare units with support.	M
Streetline Aftercare, 556, North Circular Road, Dublin 1.	8550367	Local	2	18+	Medium to low aftercare.	M
Streetline, 558, North Circular Road, Dublin 1. (Proposed)	8550367	Local	4	18+	Independent aftercare units with support.	M/F
Belvedere Social Services, 62, Botanic Road, Dublin 9.	8305661	Local	6	17-19	Independent aftercare units with support.	M
Crosscare, 79, Dartmouth Terrace, Dublin 6.	4968246	Regional	2	18+	Independent self-contained units with support.	M
Crosscare, 79, Ranelagh Road, Dublin 6.	4968246	Regional	5	18+	Semi-independent self- contained units with support.	M

Unit Name	Phone no:	Local/ Regional Resource	Capacity	Age	Type of Aftercare Accommodation	Gender
Focus Ireland, Young Women's Project, 402, North Circular Road, Dublin 7.	8600401	Regional	4	18+	Semi-independent self-contained units with support.	F
Focus Ireland, 494, North Circular Road, Dublin 1.	086-1736034	Local	10	18+	Semi-independent self-contained units with support.	F
St. Catherine's Foyer, Marrowbone Lane, Dublin 8.	4539394	Regional	48	18-25	Low-level supported housing project.	M/F
YMCA, Peter's Row, Dublin 8.	4782607	Regional	50 2 rooms for persons with disabilities.	18-25	En-suite bed-sits. Low-level sup- port transitional housing project.	M/F
Supported Lodg- ings.	Fostering Team Leader in each LHO: NWD: 8692710 NCD: 8556871 ND: 8708026	Local	35+	15+	Medium level support. (See also appendix 15)	M/F

Appendix 14:

**Dublin City Council/ Fingal County Council
- Contact Details**

Appendix 14: Dublin City Council/ Fingal County Council – Contact Details

Dublin City Council

Contact details for Housing Department

The **original** housing application form should be forwarded to:

Terry Madden (mobile: 086-2486599)
Chief Welfare Officer,
Dublin City Council,
Headquarters,
Civic Offices,
Wood Quay,
Dublin 8.

A **copy** of the housing application form should be forwarded to:

Teresa Conlon (mobile: 086-8350425)
Allocations Officer,
Dublin City Council,
Block 2, Ground Floor,
Civic Offices,
Wood Quay,
Dublin 8.

Fingal County Council

Contact details for referrals to transitional accommodation

Lorna Kavanagh,
Alternative Care Manager,
HSE North Dublin,
Health Centre,
Cromcastle Road,
Coolock,
Dublin 5.

Ph: 01 8160330 / 01 8160348
Email: lorna.kavanagh1@mailc.hse.ie

Appendix 15:

Supported Lodgings Pack

Appendix 15: Supported Lodgings Pack

Supported Lodgings Pack

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INTRODUCTION:

Supported Lodgings

Supported Lodgings is the provision of accommodation, support and a family setting to young people who cannot live at home, but who are not yet ready to live independently. The provider of Supported Lodgings will work in partnership with the young person and his/her social worker, to help prepare the young person for independent living at a future date.

Supported lodging is best suited to young people, aged between 15-18 years, who are in transition from care or who are capable of living without a full range of supports. It is *not* suitable for young children under 15 years of age. As each young person in Supported Lodgings will be in the care of the Health Service Executive, he or she will be subject to the normal care planning and review processes.

Those wishing to become providers of Supported Lodgings will undergo a competency based assessment, focusing on their capacity to work with teenagers and as part of a team. The assessment will include medical clearance, Garda clearance and the checking of references. Approval will be made at LHO level. Each placement will be subject to an individual contract.

A daily allowance will be paid to the carer. In addition to covering out-of-pocket expenses for the carer, the allowance should be used for the care and upkeep of the young person, including, for example, school expenses, pocket money, out-of-pocket expenses, after school activities, lunch, bus fares, etc.

Note:

Whilst the Health Service Executive is covered by its own Public Liability Insurance Policy, applicants wishing to provide Supported Lodgings are advised that they should carry Public Liability Insurance in their own name to protect their own interest.

Expectations of Supported Lodgings Carers:

- **To provide a warm and caring environment.**
- **To encourage and monitor all aspects of young person's development and progress.**
- **To be aware of the young person's whereabouts at all times.**
- **To be prepared to work through difficulties in relation to behaviour with the young person.**
- **To be available to listen to the young person's views.**
- **To attend any meetings held in regard to the young person.**
- **To prepare the young person for independence by providing semi-independent and aftercare programmes.**
- **To encourage the young person to attend full-/part-time education.**
- **To provide, as appropriate, boundaries for the young person that are consistent and structured.**
- **To involve the young person in any family activities.**
- **To be a good role model.**
- **To ensure the safety of the young person when staying away from home; overnight Garda clearance may be required as per the policy on overnight stays.**
- **To be flexible around the young person's preferred diet.**
- **Where possible, to facilitate that the young person has the privacy of their own bedroom.**
- **One month's notice must be given to the HSE where there is a requirement to terminate the placement before and of contract in order to enable the HSE to find a new, appropriate placement for the young person**
- **In addition to covering out-of-pocket expenses of the carer, to ensure that the daily allowance should be used for the care and upkeep of the individual, including, for example, to cover school expenses, pocket money, out-of-pocket expenses, after school activities, lunch, bus fares, etc.**

SUPPORTED LODGINGS: Enquiry Form

Date of Receipt:

Name:		
Address:		
Telephone Numbers:	Home: _____ Work: _____ Mobile: _____	
Email:		
FAMILY COMPOSITION Names & Dates of Births of Household Members:	NAMES	DATE OF BIRTH
Enquirer's Employment Details:		
Availability to provide Supported Lodgings services:		
Is this enquiry in response to an advert/poster, etc? Please Specify.		

SUPPORTED LODGINGS: Enquiry Form

Interest/Preference, i.e. age of child you would be willing to provide lodgings for, whether you would like to provide support for a boy or girl.	
Advise enquirers that they will be required to give consent to the following - Garda Clearance - Medical Report - Personal References	

For Office Use Only

1. Check SWIS: _____
2. Enquiry Entered on SWIS: _____
3. Post Information Leaflet: _____
3. Home Visit Arranged: _____
5. Pass to Team Leader for Allocation: _____

Signed:

Date:

The HSE will process this information in accordance with the provisions of the Data Protection Acts, 1988 & 2003. The information will be used for assessment and administration purposes in relation to the Supported Lodgings Service and may be accessed in the future for the purpose of service review and audit

SUPPORTED LODGINGS: Application Form

Applicant 1

Applicant 2

Name:				
Address:				
Telephone Numbers:	Home: Mobile:		Home: Mobile:	
Email:				
Date of Birth:				
Occupation: Full-time/ Part-time				
Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Co-habiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		Single <input type="checkbox"/> Married <input type="checkbox"/> Co-habiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Religion (if applicable):				
Ethnic Background:				
CHILDREN (UNDER 18) IN HOUSEHOLD:	Name:	Sex:	DOB:	Current Employment/School:
OTHERS ADULTS IN HOUSEHOLD:	Name:	Sex:	DOB:	Current Employment/School:

SUPPORTED LODGINGS: Application Form

Type of Accommodation (Flat, Semi-detached, Terraced, etc.) (include number of bedrooms)		
Where did you hear about the Supported Lodgings Service?		
Have you had any previous contact with the Local Health Office Social Work Department? If yes, please specify.		
What experience do you have that could be of advantage to a young person living in your home?		
Name of GP (You should be a patient of this GP for minimum period of 2 years):	Name of GP (1):	Name of GP (2):
	Address:	Address:
	Telephone Numbers:	Telephone Numbers:
	Mobile:	Mobile:
	Office:	Office:
References: (Please give names & addresses of 2 referees who are not related to you)	Name of referee (1):	Name of referee (2):
	Address:	Address:
	Telephone Numbers:	Telephone Numbers:
	Mobile:	Mobile:
	Home:	Home:
I/ we declare the above information to be correct Signature	Applicant 1) <div>Date:</div>	
	Applicant 2) <div>Date:</div>	

SUPPORTED LODGINGS: Application Form

I/we wish to become a service provider/s under the Health Service Executive's Supported Lodgings scheme.

I/we give consent for the HSE to undertake a Garda Check on me/us and on any adult member of the household, and I/we will sign a Garda Clearance Authorisation Form for this purpose.

I/we understand that the HSE will check its own records in respect of myself/ourselves and members of my/our household

I/we also give consent to the HSE to seek personal references in respect of me/us.

Whilst the Health Service Executive is covered by its own Public Liability Insurance Policy, applicants wishing to provide Supported Lodgings services are advised that they should carry Public Liability Insurance in their own name to protect their own interests.

Signed: _____
Applicant 1

Signed: _____
Applicant 2

Date: _____

The HSE will process this information in accordance with the provisions of the Data Protection Acts, 1988 & 2003. The information will be used for assessment and administration purposes in relation to the Supported Lodgings Service and may be accessed in the future for the purpose of service review and audit

Fostering Team Leader,
HSE North West Dublin,
Ground Floor,
Park House,
North Circular Road,
Dublin 7.
Ph (01) 8692710

Fostering Team Leader,
HSE North Central Dublin,
22, Mountjoy Square,
Dublin 1.
Ph (01) 8556871

Fostering Team Leader,
HSE North Dublin,
180-189, Lakeshore Drive,
Airside,
Swords,
Co. Dublin.
Ph (01) 8708062

Surname:				
Previous Name (if any)				
Forename:	Alias:		P.P.S. No.	
Date of Birth (dd/mm/yy)			Place of Birth:	
Have you ever changed your name?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, please state former name: _____			
Please state all addresses where you have resided from year of birth to present date: Use additional page provided for extra addresses overleaf; if needed.	House No.	Street, Town, County, Post code.	Country	Year From - To
Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?	No <input type="checkbox"/> Yes <input type="checkbox"/>			
	If yes, please provide details below: -			
	Date	Court	Offence	Court Outcome

DECLARATION:

To The Commissioner, An Garda Siochana , Central Vetting Unit

I, the undersigned, a resident or visiting non resident of a householder who has applied to become a Supported Lodgings Carer, hereby authorise An Garda Siochana to furnish the Health Service Executive, a statement that there are no convictions recorded against me in the Republic of Ireland or elsewhere, or a statement of all prosecutions, successful or not, pending or completed, in the State or elsewhere, as the case may be.

I am aware that any information resulting from this inquiry may be shared by the HSE Dublin North East with other HSE areas.

Signature of Applicant:

Please Print Name

Date:

SUPPORTED LODGINGS: Application Form

FOR HSE OFFICE USE ONLY

Line Manager/ Contact Person:

Location: _____

Authorised Signatory:

Reg. No. _____ Date: _____

Please Print Name: _____

FOR CVU USE ONLY:

According to Garda Records, there are no previous convictions recorded against the above named applicant:

OR the following convictions appear on Garda Records:

OR the following convictions are pending:

NOTE: Checks were carried out by this office based on the information supplied. The convictions supplied may apply to the subject of your enquiry. Please verify before use.

Signed: _____
Member I/C}

Expiry of clearance: _____

CVU

PROSPECTIVE SUPPORTED LODGINGS PROVIDERS

I/ we, the undersigned, who have applied to have a young person placed with us under the above scheme, hereby authorise our General Practitioner/Specialist, to furnish the HSE with information with regard to relevant details about our ability to care for a young person.

SIGNATURE OF APPLICANT 1 : _____

SIGNATURE OF APPLICANT 2: _____

TO BE COMPLETED IN BLOCK CAPITALS

APPLICANT 1:

Name :	
Date of Birth:	
Present Address:	
Previous Address:	

APPLICANT 2:

Name :	
Date of Birth:	
Present Address:	
Previous Address:	

Re:

Dear Dr.

The person(s) named above has(have) applied to provide accommodation and support to young people over 15 years of age who are in care of the HSE.

The programme, known as Supported Lodgings, provides care and support for young people who are unable to live with their families due to a range of difficulties. Many of these young people are vulnerable, and therefore the people working with them are screened to ensure their suitability to provide support.

Supported Lodgings carers come from all walks of life and backgrounds. They must have an interest in and concern for the welfare of young people. There are no age, ethnicity, religious or sexual orientation limits, and it does not matter if the service provider is married, single or living as a couple.

The job can be demanding, both physically and emotionally. It may involve being faced with unfamiliar situations. It may also mean coping with challenging behaviour as young people develop into mature adults. Those providing Supported Lodgings need to have certain skills and qualities.

All applicants agree to a number of checks, including with Gardai and Social Services, to the checking of personal references and to contacts with their G.P. A copy of the applicant's consent to my approach to you is enclosed.

I would be grateful if you would inform me of any medical factors known to you which indicate that it would not be advisable for the applicant to care for a young person in their home.

If you would like to speak to me about this enquiry, please do not hesitate to contact me.

Any information given will be treated in the strictest confidence. May I thank you in anticipation for your co-operation in this matter.

I would appreciate it if you would please fill out enclosed form and return to: _____

Yours sincerely,

Grade: _____

Medical Report :

Re:

Address:	
For how long has the applicant been a patient of yours?	
Is there now, or has there ever been, any physical illness/condition that might prevent him/her from caring for a young person in his/her house?	
In your opinion, are there any factors that would make this person unsuitable/unable to provide supported accommodation to a vulnerable young person, e.g. drug or alcohol abuse, mental or emotional instability?	
If appropriate, could you comment on how the applicant coped with any personal illness or an illness within his/her family or during periods of stress?	
I do/do not* know of any circumstances that would make this person unsuitable to the task of providing care and support for young people. (* delete as applicable)	
Other comments, if appropriate:	
G.P.'s Name/Address/Telephone number:	

Signed: _____

Date: _____

Supported Lodgings : Guidance for persons providing personal reference for someone who has applied to be a Supported Lodgings provider.

Supported Lodgings is the provision of accommodation, support and a family setting to young people who cannot live at home, but who are not yet ready to live independently. These young people, usually aged between 15-18 years, are in the care of the Health Service Executive.

Supported Lodgings carers come from all walks of life and backgrounds. They must have an interest in and concern for the welfare of young people. There are no age, ethnicity, religious or sexual orientation limits, and it does not matter if the service provider is married, single or living as a couple.

The job can be demanding, both physically and emotionally. It may involve being faced with unfamiliar situations. It may also mean coping with challenging behaviour as young people develop into mature adults. Those providing Supported Lodgings need to have certain skills and qualities. Please let us have your view as to how the person you know meets each the seven competencies listed below:

1. Does\ (Do) the applicant/(s) like being with teenagers?	
2. Does\ (Do) the applicants/(s) have an understanding of the difficulties faced by young people and a genuine interest in helping them?	
3. Does\ (Do) the applicants/(s) have a warm and caring nature?	
4. Do you think the applicant/(s) has\ (have) a reasonable expectation of a young person's capabilities and limitations?	
5. Do you consider the applicant\ (s) to be flexible and have a willingness to adapt to new situations?	
6. Does\ (Do) the applicant/(s) have the ability to work as part of a team?	
7. Does\ (Do) the applicant/(s) have the ability to recognize and review their own strengths and weaknesses?	

Finally, do you know of any reason why this applicant/these applicants should not provide Supported Lodgings, e.g. relationship difficulties, criminality, mental health difficulties, other (please specify)?

Signature: _____ **Address:** _____
Name: _____
Mobile: _____ **Email:** _____
Telephone: _____ **Date:** _____

SUPPORTED LODGINGS:

Assessment Framework

Ideally, a person providing Supported Lodgings will:

- Like spending time with teenagers
- Have an understanding of the difficulties faced by young people and a genuine interest in helping them
- Have a warm and caring nature
- Have a reasonable expectation of a young person's capabilities and limitations
- Have a degree of flexibility and willingness to adapt to new situations
- Be able to work as part of a team
- Have the ability to recognize and review his/her own strengths and weaknesses

Approach to core competency based assessment

The approach to assessment outlined is a competency based one, in which the focus is on the tasks involved in the role and the skills needed to achieve these tasks:

1. Caring for young people

- An ability to provide a good standard of care, which promotes healthy emotional, physical and sexual development as well as health and educational achievement
- An ability to interact with young people's families and others of importance to the young person
- An ability to set appropriate boundaries and help young people resolve conflict
- Knowledge of normal child and adolescent behaviour and an ability to listen to and to communicate with young people

2. Providing a safe and caring environment, including

- An ability to ensure that young people are cared for in a home where they are safe from harm or abuse, where they can make mistakes but be supported to develop and take responsibility for their own safe care

- An ability to help young people develop the strategies needed for their own safety and to know how to seek help if needed

3. Working as part of a team, including

- An ability to work with other professional people
- An ability to communicate effectively
- An ability to keep information confidential

4. Own development, including

- An ability to appreciate how personal experiences have affected them and their families and to acknowledge the impact that providing Supported Lodgings is likely to have on them
- Having links with people within the community who provide support
- Being able to use training opportunities to improve skills
- An ability to make a commitment to a young person and to sustain a positive attitude and approach during stressful periods.

Tasks to be completed as part of the assessment:

- Medical reference
- References (including 1 interview)
- Garda clearance (all householders over 18 years)

1. Agency Details:

Name of Agency: Health Service Executive

North West Dublin ☐ North Central Dublin ☐

North Dublin ☐

Address:	
Telephone:	

Social Worker	
Address:	
Telephone:	

Team Leader:	
Address:	
Telephone:	

Date of completion: _____

2. Details of Applicants.

Details	APPLICANT 1	APPLICANT 2
Surname:		
Forename:		
Date of Birth:		
Address:		
Telephone Numbers:		
Ethnic Origin:		
Religion:		
Occupation:		
Full-time/ part-time		
Income:		
Availability:		

3. Children at home:

Name	Gender	Date of Birth	Type of School

4. Other children of applicants- not living with applicants

Name	Gender	Date of Birth	Type of School

5. Other adult members living at home

Name	Gender	Date of Birth	Occupation

6. Accommodation:	
7. Type of Resource: e.g. full-time or weekend/respice; emergency or longer term	
8. Motivation:	

9. Health: (refer to G.P.'s report; should also include applicant's own medical history and attitude towards young peoples health)	
---	--

10. Garda Clearance: (To include checks on all adult members (over 18 years) in household)	
11. HSE Checks:	
12. Details of Application: (To include dates of interviews and who seen)	
13. Personal Reference: (Refer to enclosed form – to be filled out by both referees, and one referee to be interviewed)	<p>Reference#1: _____</p> <p>Reference #2: _____</p> <p>One referee interview: _____</p>

Part II – The following assessment is based on the core competency model.

1. Individual Profile: Applicant 1	
Family of origin: (To include past and present relationship with siblings, parents)	
Education:	
Employment:	
Personality/Philosophy of life: (To include life values)	
Interests & hobbies:	
Previous Relationships: (To include any significant relationships prior to current relationship)	
1. Individual Profile: Applicant 2	
Family of origin: (To include past and present relationship with siblings, parents)	
Education:	
Employment:	
Personality/Philosophy of life: (To include life values)	

Interests & Hobbies:	
Previous Relationships: (To include any significant relationships prior to current relationship)	
Present Relationships/ marriage:	

3. Children in household: (to include parents' description of children and children's own views of living in the household and this application for participation in the Supported lodgings programme).

4. Other adult members of household: (to include current situation and views of this application)

5. Parenting Capacity: (to include applicants' view of parenting and how they have parented their own children, including house rules. Applicants' experience, attitude and understanding of adolescents, e.g. drugs/alcohol, sexuality, discipline, behavioural issues and emotional needs. Please refer to core competencies)

6. Description of family lifestyle:

7. Support networks:

<p>8. Safe Care: (to include attitude towards teenage privacy, and their understanding of abuse and allegations)</p>	
<p>9. Working as part of a team with the HSE: (refer to core competency. To include openness to training)</p>	
<p>10. Attitude to involvement/interaction with young person's birth family:</p>	

Social Worker's Assessment (This assessment is based on the following 4 competencies)

Caring for young people	
Providing a safe and caring environment	
Working as part of a team	
Carer's own development	

Social Worker's Recommendation

Social Worker	
Signed:	
Name:	
Social Worker:	
Position:	
Date:	

Fostering Team Leader	
Signed:	
Name:	
Fostering Team Leader:	
Date:	

Principal Social Worker
Signed:

Approved:
Name:
Principal Social Worker:
Date:

Contract For The Provision Of Supported Lodgings:

This agreement is made between the Health Service Executive:

North West Dublin ☐

North Central Dublin ☐

North Dublin ☐

and _____, hereafter referred to as the provider/s.

Date:

The providers hereby covenant and agree with the Health Service Executive that they will:

1. Take the young person into their home and provide accommodation, care and support on behalf of the Health Service Executive.
2. Fulfill all duties imposed on them by the Health Service Executive on behalf of the young person.
3. Co-operate with the Health Service Executive in the care and support of the young person.

The Health Service Executive hereby covenants and agrees with the provider that it will:

1. Pay the provider an allowance of €_____ per day, which will be used for the care and upkeep of the young person, including, for example, clothing, holidays, school expenses, pocket money, out-of-pocket expenses, after school activities, lunch, bus fares, etc.
2. Provide other assistance and support as the Health Service Executive considers necessary to enable the providers care for the young person.
3. Facilitate the implementation of a Care Plan, prepared by the Health Service Executive, for the care of the young person.

Signed by:.....

Provider/s

Witnessed by:.....

Social Worker

To whom this function has been delegated by the Assistant National Director, Primary Community and Continuous Care Directorate, HSE Dublin North East Area.

SUPPORTED LODGINGS
Information on the young person
(Please note: Information in this form may be shared with the young person)

Date of Referral:			
Requested by:			
Contact number:			
Young person's details:			
Name of young person:			
DOB:			
Gender:	M	F	
Ethnic origin:	National	Non-national	
Legal status:	Voluntary	Care Order	
Present address:			
Telephone number:			
Dependent children: (i.e. is the young person a parent?)	Yes	No	
Reason for current request:			
How long is the placement required?			
Previous care placements, if any:	<div style="display: flex; justify-content: space-between;"> <div> Foster care High Support (Please attach further information if required) Living with family Residential Secure accommodation Supported lodgings Homeless: Emergency placement via CIS On the streets Other- Please specify _____ </div> <div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> (Please attach supporting information, i.e. most recent care plan or social work report)		
Family / Support Network (name, address & contact number):			
Birth parents' names and addresses:	Name	Address	Contact No.
Significant others (name & contact number): Please State Relationship	Name:	Relationship	Contact No.

Risk Assessment:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Alcohol abuse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Drug abuse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Solvent abuse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sexual activity</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Criminal offending</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Violent behaviour</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bullying</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Aggressive behaviour</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>If yes, please give details:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	Solvent abuse	<input type="checkbox"/>	<input type="checkbox"/>	Sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	Criminal offending	<input type="checkbox"/>	<input type="checkbox"/>	Violent behaviour	<input type="checkbox"/>	<input type="checkbox"/>	Bullying	<input type="checkbox"/>	<input type="checkbox"/>	Aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give details:	<input type="checkbox"/>	<input type="checkbox"/>
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Unemployed	<input type="checkbox"/>																														
Name and address of school/place of employment, etc.:																															
Health:	Doctor's name and address:																														
Any medical conditions? Special needs?																															

Please attach most recent report, ie care plan or most recent social work report:

Signed:(social worker)	
Date:	
Please return to social work department:	

Appendix 16:

Standards for young people's residential aftercare services

Appendix 16:

Standards for Young People's Residential Aftercare Services 2006

(Devised from the National Standards for Children's Residential Centres)

Registration and Inspection Service.
June 2003. Revised May 2006.

Foreword

Part VIII, Article 60, of the Childcare Act, 1991, has made it a legal requirement for non-statutory residential centres that provide residential services for young people under 18 years in the care of the HSE, or deemed to be in need of care and protection, to be registered as a children's service, as defined by the aforementioned legislation.

There have always been some questions surrounding the status of residential aftercare services under this legislation. Following legal consultation, the inspectorate attempted to clarify the actual situation with regard to the status of such centres. Put simply, the status appears to depend on the lower admission ages of the centre: a centre that must, by agreed purpose and function, accept young people at 16 or 17 years on admission, would require to be registered under the legislation.

If a centre, by agreed purpose and function, only accepts 18 year olds but, from time to time, will consider admitting a 17 year old who would turn 18 within a few weeks, this centre would not require registration. However, the area monitoring officer should be notified of the admission as a matter of protocol. The care of young people in this category should remain subject to the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995. In other words, this young person should still have an appointed social work service, a statutory care plan subject to timely review.

Following a review of our inspection lists in March 2003, the inspectorate was concerned that a number of centres listed were not eligible for inspection as prescribed by the legislation, and yet some of the providers were welcoming an inspection process. Some centres were unsure of their status and required some clarification. As an attempt to approach this issue proactively, the inspectorate proposed to all the service providers that a collaborative approach be taken to the issue. The inspectorate proposed that the centres would engage in a voluntary inspection process against an agreed set of standards.

As the only agency charged with the creation of National Standards is the DOHC, any standards created could only be viewed as working documented criteria and representative of an agreed standards frameworks for the purposes of the project. Such standards could not purport in any way to be a national approach to inspection of such services. The proposed standards are, in fact, a voluntary agreement between the inspectorate and the providers of the criteria against which the centres would be bench-marked. The inspectorate was very clear that the National Standards, while a useful framework, were not suitable for residential aftercare centres; however, we in the inspectorate were equally clear that these standards provided a useful template from which to begin.

The approach to devising the standards was as follows:

The inspectorate formed a project team that would engage in dedicated research into the area and produce a draft standard document. This draft was devised using the national standards document, whereby the criteria relevant to aftercare provision were extracted and then supplemented by best practice criteria identified from evidenced-based research.

The draft was brought to a standards committee, which was chaired by the inspectorate and comprised of representatives from each of the service providers, with specialist advice being offered by Paul Flynn from the Crosscare Aftercare Day Services.

The consultation process took place across the summer of 2003 and, once agreed, the standards were used to commence the process of inspection of the services. Unfortunately, one of the providers, despite offering initial agreement to the proposed standards, choose not to allow inspections to go ahead.

Following this project it was the hope of the inspectorate that the centres themselves would, as a quality assurance measure, adopt the standards as an operational benchmark. It was also hoped that the local area health boards, which are funding the services, would use the standards as a basis to agree quality service plans with the agencies involved.

The basic principles underlying these standards are:

1. That the welfare of young people is paramount;
2. That young people have a right to meaningful consultation and participation in decisions that affect their lives;
3. That staff and centres are supported in service delivery;
4. That young people are in need of continued care beyond the age of 18, and that provision of such care should be of a high quality.

These standards were revised in May 2006 in congruence with the former ERHA *Policy on Leaving Care* (May 2004). They are designed to act as a guidance and best practice document for present and future providers engaged in residential aftercare provision.

Michael Corcoran, Chief Inspector, Registration & Inspection Services, HSE Eastern Region.

Standard 1 Purpose and Function

- The centre has an up-to-date statement that clearly defines the purpose and function of the centre and specifies both the population it caters for and the service it aims to provide. Centres have agreed this statement with the funding HSE.
- The statement is available in a form that is accessible to young people, families, supervising social workers and any other persons with a legitimate interest in the work of the centre.
- The statement lists the key policies that are in place and outlines their availability to young people, their families, social workers and other persons with a legitimate interest in the work of the centre.
- Staff are familiar with the content of the statement, understand it and are confident that the statement is reflected in care practice.
- The day-to-day operation of the centre reflects the statement of purpose and function.

Recommendations for Good Practice

A clear statement of purpose enables the management and staff team to have a consistent approach to practice in the centre and ensures clarity about the overall aim of the service that the centre aims to provide to young people.

In the Cook and Lindsey (1996) document, *Approaching Adulthood*, the authors' first standard in relation to quality standards and guidelines in planning services for young people who are leaving care refers to the need for clearly written policies, which are understood by everyone involved. *Approaching Adulthood* (p.17) states that policies are built on five key principals: the welfare of the child is paramount, good parenting, equality of opportunity, service user involvement and participation, variety and choice. This document also highlights the need for the views of service users to inform policies, either through young people's participation on policy forming committees, via circulation of draft policy for comment or other effective means.

Some key guidelines for policies that should be in place for an aftercare centre are:

- a) An admissions procedure, including an assessment of the needs of the young people referring to the service.
- b) Individual aftercare programmes available to the young people.
- c) A health and safety policy
- d) A fire safety policy
- e) A complaints policy
- f) A procedure for managing risk
- g) A policy of recording and reporting accidents and incidents.

h) An anti-discriminatory policy.

- i) A statement of residents' rights and responsibilities.
- j) A comprehensive license agreement, including charges for service.
- k) Clearly defined roles and responsibilities of staff.

Policies should also define the interrelationship between the centre and other services, such as accommodation providers, social welfare services, health providers, training centres and the educational establishment. The Social Service Inspectorate practice guidelines on leaving care state that the use of written protocols with other agencies can help define, formalise and assure the support available to care leavers.

Standard 2 Management and Staffing Management

- An appropriately qualified person manages the centre.
- The centre has external management that oversees the work of the centre, approves the statement of purpose and function and all policies, and supports the work of the centre with adequate resources.
- Managers have in place mechanisms for assessing the quality and effectiveness of the services provided by the unit, particularly outcomes for the young people.

Recommendations for Good Practice

The approaching adulthood document states that leaving care services need to include an integrated system for the monitoring of services and evaluation of outcomes, in order to continuously inform the development of the service. In addition, that document recommends that each service undertakes an annual review, which includes thorough coverage of the issue of leaving care. These evaluations will in turn provide feedback to help update current policies.

Notification of Significant Events

The license agreement with the young person must include clear guidelines about whom the centre is to contact on behalf of the young person in case of emergencies and other significant events. This information must be updated regularly, to ensure that accurate phone numbers and addresses of next of kin are recorded. This process must be made in agreement with the young person.

Register

- The manager keeps a register of all young people who live in the centre. This register should include details of date of discharge of the young person and the destination they have moved on to.

Recommendations for Good Practice

Through the maintenance of a register, centres are able to keep a record of where young people move on to as well as to maintain statistics for evaluating their own services in terms of where the young people finally move on to, i.e. independent living in a corporation flat, private rented accommodation, a hostel, etc.

In order to facilitate a cohesive health board strategy towards aftercare, it is imperative that there is a central person recording the number of young people currently residing in aftercare residential services as well as the number of centres operating such a service. This data could help inform the creation of aftercare policies in the three health board regions and highlight the inadequacies of the current service provision. The health board must also collect statistics in relation to the number of young people within leaving care age, so that the necessary provision can be collected and planned for.

Staffing

- The centre has adequate levels of staff to fulfil its purpose and function.
- Staff are appropriately qualified and have the ability to communicate effectively with young people. There is a balance of experienced to inexperienced staff on the team to carry out their duties. The centre aims to have at least one qualified staff member at child-care leader level on each shift.
- All staff, relief staff, students and volunteers are appropriately vetted before taking up duties, through the verification of past employer references, including the most recent reference, and by requesting criminal records checks from An Garda Síochána, or other police authorities as appropriate.

Recommendations for Good Practice

The staffing level should be sufficient in a centre to allow the young people twenty-four hour access to their accommodation. Any short-falls in staffing that affects access to the building must be addressed, for example if the child is unwell and unable to attend school, work or training. There is a need for specific training for staff members in aftercare as opposed to general childcare, as young adults preparing to leave the care system have differing needs from young people in residential care. The role of the staff in the aftercare residential centre cannot be underestimated. Fahlberg (1991) asks the question “Who will be this individual’s family of resource?”, as many young adults use their family as a resource for support and consultation during their move into independent living. Therefore, staff members must be aware of their integral role as support for the young people during this transitional stage.

Cathcart (1997) states that one staff member should be designated in the role of continuing contact with former residents. This is essential to minimise a young person’s isolation, and even if the young person is living independently there is a safety net for him/her in case any difficulties arise

that he/she feels unable to cope with. It should also be part of the ethos of the centre that young adults can return to visit the centre, and even be offered respite care if needed.

Supervision and support

- All staff members receive regular and formal supervision, the details of which are recorded.
- There is an effective link between supervision and the implementation of individual placement plans.
- Staff meetings, hand-over meetings and other forums take place regularly to facilitate good communication, co-operation and consistency between staff in implementing care plans, providing consistency of care and maintaining safety.

Recommendations for Good Practice

The centre should ensure that staff members receive support in their work through constructive supervision and regular meetings. This will ensure good, clear communication as well as consistency of practice.

Training and Development

There is an effective ongoing staff development and training programme for care and education of staff. The Board or organisation supports staff members to participate in qualifying or post-qualifying training, consistent with the need for continuity of service.

Recommendations for Good Practice

Services should actively link with aftercare training providers both in Ireland and the UK, in order to maximise staff knowledge in issues relevant to young people leaving care. Links should also be made with other agencies, such as First Key, Who Cares? Scotland, and Action on Aftercare as well as with local agencies, in order to maximise the wealth of knowledge between the services (see list of useful addresses on p. 22). This has implications for funding of training outside of Ireland.

Administrative files

- The recording systems are organised and maintained to facilitate effective management and accountability, having regard to the requirements of the Freedom of Information Act, 1997.
- The centre has clear financial systems and records.

Recommendations for Good Practice

There must be a clear procedure on calculating the amount the young people have to pay for the service. This agreement must include a breakdown of the charges to be paid, i.e. rent, savings, laundry charge, and also clear notification procedures of any increase in charges.

The *Approaching Adulthood* document states that there should be a financial strategy to support young people leaving care, devised in conjunction with the local social work department. This document also states that sufficient monies should be available to improve the preparation process and also that finance may be obtained for additional staff time, e.g. to allow shift cover while staff provide support to young people who have left care.

The social needs of the young people also need to be addressed, as Gilligan (2001) highlights the increased resilience of young people who have social support networks in the wider community. Stein (1992) points out that the recreational facilities of young people leaving care tend to be inexpensive, as care leavers have little money to spend on socialising. Therefore, to enable young people develop socialising skills some recreational activities, such as holidays and dining out, should be subsidised by the centre. Stein (1992) believes that this enhances the life chances of the young people in question in the process.

Standard 3 Monitoring

- Centre management will endeavour to put systems in place to evaluate on an ongoing basis the progress and outcomes for young people living in the centre.
- The centre management and staff will ensure that mechanisms exist to readily identify young people whose placement is in danger of breaking down and consequently take steps to maintain young people in the centre.
- Any admission of a young person under the age of 18 years must be notified by the centre to the area monitoring officer.
- Where a young person is under 18 years, the centre management and the HSE will ensure that care is delivered subject to the requirements of the Childcare (Placement of children in residential care) Regulations, 1995.

Standard 4 Young People's Rights:

Consultation

- Supervising social workers, managers and staff members, aftercare workers consult with young people and their families about decisions that affect their lives and future.
- The opinions and views of young people are sought and valued. They help inform policies and practice and the daily running of the centre.

Recommendations for Good Practice

As stated previously, it is essential that young adults living in aftercare residential services are actively engaged in the running of the centre. The method by which young people are consulted must be detailed and be part of the ethos of the centre. Goffman (1961) argues that a feature of institutions is "characteristically, the inmate is excluded from knowledge of the decisions taken regarding his fate", and this can reduce a person's sense of identity and reduces a person's ability to make decisions for him/herself, resulting in a state of learned helplessness. Therefore, it is an imperative aspect of aftercare that young people are actively empowered in their daily life, through the reduction of active input by professionals in decision-making. Stein (1997) emphasises that for aftercare programmes to be effective they must be based on engagement, negotiation and participation and must be guided by the question "How will this empower the young person?"

Complaints

- There is a complaints procedure agreed by the young people, and written and verbal information about this procedure is given to young people on admission and to others with a legitimate interest in the centre.
- The complaints procedure clearly outlines the following:

What constitutes a complaint;

How a young person can be helped to make a complaint;

Who he/she can complain to, in and outside the centre;

The procedure to be followed (steps to be taken, time scale, who investigates the complaint, where and how it is recorded, feedback to the complainant);

How a person making a complaint can appeal a decision if he/she is unhappy with the outcome.

- Staff understand the purpose of a complaints procedure and treat complaints professionally. They routinely record how an individual's concerns are resolved.
- Young people and parents are able to make a complaint and understand how it will be dealt with.
- The centre management and HSE ensure that young people have access to persons or organisations who can advocate on their behalf.

Recommendations for Good Practice

A comprehensive complaints procedure must be included in the policy of the centre, and young people must be aware of their rights to make a complaint about any aspect of their accommodation and care. The agency, however, must take cognisance of the fact that young people may be reluctant to make a complaint if they feel dependent on the service for their accommodation, and every effort must therefore be made to ensure an open and transparent ethos in the centre. The use of the complaints procedure could be used as a means for the agency to empower young people in accessing their rights and to teach them skills that can be transferred to situations later in life, e.g. in dealings with landlords, employers, etc.

Access to Information

- Young people have access to information about their rights of entitlement and their rights as citizens.
- Young people are given supported access to their case files and are supported to access any information from their past that they may wish to seek.

Recommendations for Good Practice

Some young people may feel they wish to access their care records held by social work departments and gain a greater insight into their family background and the reasons they were taken into care. For many young people this can be an emotionally difficult time, as the young person seeks to gain an adult's understanding of his or her background. The young person must be supported throughout this difficult time and given information on how this data may be accessed through the local Freedom of Information Department. Care leavers should be offered a positive bias by FOI departments and the standard fees for accessing records should be waived.

It is also imperative that the impact of the disclosure of sensitive information is carefully evaluated in terms of its impact on the physical and mental well-being of the young person and is thus disclosed with appropriate support.

Standard 5 Suitable Placement and Admissions

- The young person and the centre manager are satisfied that the placement is suitable and will meet the needs of the young person.
- The centre has a clear policy and agreed procedures describing the process of admission. Young people and their families are invited to visit the centre before admission, and the admission process is sensitive to individual needs.
- Young people are provided with age-appropriate written information describing all aspects of the centre, in particular information about visiting, phone calls, pets, personal belongings, pocket money, local facilities, bedtimes, access to the community and holidays.
- Each young person should have a leaving care plan on

admission. This plan will be devised following a holistic assessment of the young person's needs. This plan will consider any necessary contingency planning issues.

- The admission process will identify any supports required by young people to assist them in their transition on leaving care.
- Admission planning will take cognisance of any ongoing or potential issues arising for the young people and will prepare for such issues through risk assessment and intervention planning.

Recommendations for Good Practice

The actual admission process should involve representatives from each discipline involved in the young person's life, i.e. support worker, previous keyworker/significant person, community aftercare worker, social worker and others deemed appropriate by the young person. A comprehensive admission process will ensure adequate sharing of information so that a practical aftercare plan is devised, with each discipline being aware of its role and responsibility in the support of the young person through the aftercare process.

The Scottish National Care Standards Commission (2002) devised standards for care homes for young people and these standards highlighted the need for young people to receive brochures detailing the care home's philosophy; the address and home number of the centre, including details of local transport services; the complaints procedure; residents' rights and responsibilities; the manager and staff of the centre; educational support; and fire safety. The *Report of the National Working Group* (1994), published by First Key, highlighted the need for a leaving care pack, which includes information such as welfare benefits; health, education, training and employment services; leisure and accommodation facilities; and specific information about support available and who to contact in an emergency.

Contact with families

- Visits from family members, significant others and friends are encouraged and are facilitated in private.
- Where a young person has lost contact with a parent, family, or significant others, the supervising social worker and staff members, in consultation with the young person, actively seek to re-establish contact and to identify key people within the extended family to provide support.

Recommendations for Good Practice

It is essential that young adults be facilitated in maintaining contacts with family members as appropriate and that any rifts or weakening of ties are actively built upon to enable the young person to re-establish his or her role within the family. Stein (1997) points out that as a result of living in care there is a weakening of links between the young person's family, friends and community. Kelleher (2000) points out that when a young person leaves care he or she can feel lost without the constant company of others and because of the lack of

routine, which can give rise to loneliness. Gogarty (1995) also points out the need for contact with family, siblings and extended kin to alleviate a young person's sense of isolation.

Emotional and specialist support

- Staff are aware of the emotional and psychological needs of young people and, through the support worker role and the general ethos of the centre, facilitate the assessment and meeting of those needs.
- The centre manager arranges for external support to staff to provide for assessments, consultancy and treatment or counselling for individual young people.

Recommendations for Good Practice

The programmes available in aftercare care residential facilities should, according to Stein (1997), address the different aspects of the individual, including his or her personal, political, psychological and material needs and rights. This is an integral aspect of aftercare as it ensures that programmes are individually tailored to the needs of the young people. Coyle (1998) states that programmes should be task-centred and information-based in order to enable young people to negotiate some of the practical issues associated with care leaving, e.g. budgeting, shopping, housing income, home management, training and employment.

Preparation for leaving

- Each young person's support worker has specific responsibility to support the transition of the young person leaving the centre.
- The young person and his or her family are involved in developing the leaving care plan. Any specific concerns identified by the young person are addressed.

Recommendations for Good Practice

The *Approaching Adulthood* document outlines some examples of good care practices in relation to preparing young people for adulthood, such as learning domestic skills, developing healthy eating patterns, budgeting, socialising and ensuring that young people are aware of agencies that can assist them in the future and that they know where to seek assistance in accessing those agencies. The *Youth Homeless Strategy* (2001) states that the aftercare support plan will cover the various issues that are necessary to effect a successful transition to independent living, return to the family, or other appropriate arrangements, 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 support in this regard),

- Peer-support group,
- Other supports, e.g. counselling.

This document also states that the plan should be reviewed to take account of specific issues that arise. Also, this support will continue until the young person has settled independently or some other appropriate arrangement has been made for him/her, and the young person and carers, as appropriate, will be involved in developing this plan.

Discharges

- Young people are discharged from a centre in a planned manner following consultation with all parties. Centre managers and supervising social workers should endeavour to ensure that young people do not leave placements in an unplanned manner.
- Where a young person leaves the centre in an unplanned manner, arrangements are made to ensure the safe keeping and return of the young people's belongings.

Recommendations for Good Practice

It is important that procedures are in place for young people to visit the centre after they leave and that the centre management and staff recognise the importance of these visits. Resources, such as additional staffing and finance, should therefore be in place to enable these visits to occur, and efforts should be made to overcome any difficulties in accommodating these visits (see *Approaching Adulthood*). A comprehensive gradual plan for moving on should be devised in conjunction with the young person prior to him/her leaving the centre. Such a plan should detail the outreach support available from the centre, from the social work department and from other agencies, such as aftercare support groups. It is imperative that contingency plans should also be in place in the event of initial leaving care arrangements breaking down or of young people not wishing to avail of the support at that time (see Social Services Inspectorate *Guidelines on Leaving Care and Aftercare Support*). Focus Ireland, in its report *Out on their own – Young people leaving care in Ireland*, found that 32% of young people leaving care had experienced homelessness within six months, and 53% of the young people felt they were not receiving the aftercare help that they needed. The aftercare plan agreed during admission could, as a preventative measure, identify people and places for respite breaks that could be used in the event of a deterioration of the placement.

Aftercare

Each HSE area has a written and implemented policy on its aftercare provision. This statement outlines all aspects of support and entitlement for a young person leaving the care system. Young people up to a minimum age of 21 years should be supported, as they request, by the aftercare service. (See *Policy on leaving care*, ERHA, May 2004)

Young people's case and care records

- Each young person has a permanent, private and secure record of his or her history and progress in the care system that contains all relevant documentation and is maintained by the supervising social worker or key worker.
- Records are written to a standard and in a style defined by the centre, and are clearly expressed and free from colloquialisms and stereotypes.
- Care files in the centre have the original or a copy of the young person's birth certificate, care order or parental consent form.

Recommendations for Good Practice

Any records maintained in the centre at this stage must be open documents, and the young person must have full and equal access to all these records. Any records maintained in the centre should be minimal, in order to reduce the institutional aspect of the centre. The young person, upon leaving his or her previous care setting, should be given his/her own personal folder, including birth certificate, medical records, school history and certificates, a record of work experience and curriculum vitae.

Standard 6 Care of young people. Individual care in group living

- Young people are cared for in a manner that respects and takes account of their wishes, preferences and individuality.
- The emotional life of young people in care is given particular attention. Young people know that there is a responsible adult available to them, who is capable of understanding and supporting them.
- Young people have opportunities to develop and maintain interests, talents and hobbies and to participate regularly in a range of leisure and recreational opportunities of their choice.
- The care experience provides young people with the skills, competencies and knowledge necessary for adulthood and citizenship and independence. The care experience will attempt to support the young person to address any identified concerns that may impede their ability to live independently.

Recommendations for Good Practice

A comprehensive assessment of the young person's needs must take place in order to devise a detailed, tailored aftercare programme. This assessment should cover areas such as family and social relationships, identity, practical and other skills necessary for independent living, education, training, employment, health and finances. All of the professionals involved in the care of the young person should be part of this assessment in order to ensure clarification about the role and responsibilities of each person in the aftercare plan and to ensure good communication and sharing of information.

Race, culture, religion, gender and disability

- Young people enjoy the same opportunities as their peers and are not subject to any form of discrimination.
- The centre recognises the importance of family as a source of heritage and identity. Information about the young person's family and community is collected and shared with the young person in a way that is accessible to him/her.
- All staff are made aware of the centre's policy on diversity and anti-discrimination and operate this policy in their daily practice.

Recommendations for Good Practice

The *Approaching Adulthood* document states that written procedures and practice guidelines take account of the needs of young people from ethnic minorities, make explicit reference to young people in 'special needs' categories and, where young people in these categories have additional requirements, identify how these will be met. The *First Key* standards document also states that services, which prepare young people for the transition to adulthood, should include elements designed to meet any additional cultural needs of young people from ethnic minorities and should equip them with skills to combat discrimination.

Managing behaviour

- The centre has a written policy for responding to inappropriate behaviour that clarifies the rights and responsibilities of both young people and staff members. There is a clear system for young people and staff to report incidents and accidents that may occur in the centre.
- Young people are given every opportunity to address problematic behaviours before discharge is considered.

Recommendations for Good Practice

As part of the admission process, a clear agreement should be reached between the aftercare provider and young person regarding rights and responsibilities and the procedures that will be followed in the event of a breakdown in the aftercare arrangement due to anti-social behaviour or other behaviour considered to be in breach of the license/programme agreement. This agreement must respect the rights of both the young person and service providers and should maximise the opportunity for a successful completion of a move to independent living.

Absence without authority

There is a written policy and procedure for staff to follow when a young person is missing. This includes details of who should be notified and within what timeframe.

Recommendations for Good Practice

A clear agreement must be reached with the young person in relation to circumstances when he or she does not return to his/her accommodation when expected and when there are concerns about the safety and well-being of the young person.

Standard 7 Safeguarding and Child Protection

- The centre has written guidelines on the nature of appropriate professional relationships between staff members and young people, including one to-one contact and visits to the home of staff.
- Young people have access to facilities for making and receiving telephone calls in private.
- Staff members and young people are encouraged and facilitated to question and, where appropriate, express concern about the attitudes and practices of colleagues. Staff members and young people are assured that they will not be victimised for reporting such concerns and know what support is available to them should they bring to light poor or abusive practices.
- The centre has written policies and procedures consistent with the national guidelines for the protection of young people in relation to the management and reporting of past, present or going allegations of abuse, internal or external to the centre.

Recommendations for Good Practice

The centre should have written policies and procedures consistent with the national guidelines for the protection of children, as set out in *Children First*, in relation to the measures to be taken in the event of an allegation of past abuse or neglect in previous care placements. The rights of the young people to live in a safe environment should also be an integral aspect of the aftercare service, and this should be supplemented with clear complaints procedures for the young people to follow and with the creation of an open, supportive ethos within the service.

Standard 8 Education and Training

- Education is valued, and the educational needs of each young person are addressed. Each is encouraged and assisted to reach his or her educational potential.
- Young people approaching school-leaving age are strongly encouraged to participate in third level education or vocational training programmes as appropriate to their abilities, interests and aspirations, and this is reflected in their care plan.

Recommendations for Good Practice

The role of education is an integral aspect of aftercare provision and the policies of the centre should facilitate the maintenance and encouragement of the young people attending courses. According to Berridge (1985), key elements in relation to the young person's educational success seem to be continuity, an intense personal interest in the education of the child, practical measures to encourage learning and study and a willingness to take on the role of the advocate. For a young person attending a course, every attempt should be made in partnership with the young person to facilitate the meeting of his/her educational needs. This support could be in the form of enabling the young person to access educational grants, advocating for the young person to receive top-up grants and establishing links with access officers in educational establishments so that the young person is aware of his/her rights and entitlements.

Standard 9 Health

- The young person should have clear records that contain a clear and complete account of all medical and health information from birth.
- Young people are facilitated in accessing medical, dental, and ophthalmic or other specialist services in the local community.
- A designated staff member is responsible for working in partnership with the young person on subjects such as: smoking; alcohol, diet and exercise; physical and sexual development; sexual health and sexually transmitted diseases; and the use of illegal substances and on how the young person can access relevant agencies in dealing with any of the above issues.
- Centre staff ensure that young people are facilitated to obtain a medical card and other medical benefits to which they are entitled.
- Young people are encouraged to register with a GP, dentist and other medical professionals who are relevant to their ongoing health and well being.

Recommendations for Good Practice

It is imperative that young people learn to take responsibility for their own health needs, and the centre may facilitate this through empowering young people to make their own medical, dental and ophthalmic arrangements as well as by helping them develop an increased awareness of healthy living.

Standard 10 Premises and Safety

Accommodation

- The centre is kept in good structural repair and decorated to a standard that creates a pleasant ambience.
- The furnishings and facilities are adequate and sufficient for the number of young people living in the centre and the service it aims to provide, i.e. there are sufficient bathrooms, kitchens if the centre contains individual bedsits, or sufficient individual apartments.
- The centre is adequately lit, heated, ventilated and has suitable facilities for cooking and laundry, and all equipment is as domestic in style as possible.
- The centre involves young people in decision making when physically relocating, furnishing and decorating the premises.
- The centre is adequately insured against accidents or injuries to young people, and details of insurance coverage are made available for inspection purposes.

Maintenance and repairs

- Repairs to the centre are dealt with promptly and a record is kept of all such repairs, detailing the need for the repair, the action taken and the date of completion. There is a clear reporting system for young people and staff members whereby items in need of repair can be logged.
- External line managers routinely monitor the premises to ensure the maintenance of standards and safety.
- Managers have a programme of maintenance and capital works that will ensure the structural and decorative order of the unit is maintained.

Safety

- The centre has satisfied itself, by undertaking a proper risk assessment, that the centre is a safe and secure place for young people to live in and staff to work in, and has systems in place for reporting accidents and injuries.
- The centre has an up-to-date Health and Safety statement, which has been developed in consultation with relevant health and safety authorities, and a member of staff is a designated Health and Safety Officer.
- There are effective ways of recording and reporting health and safety hazards in the centre, and any such reports are dealt with promptly.

Fire safety

- The centre has written confirmation from a certified engineer or a qualified architect that all statutory requirements relating to fire safety and building control have been complied with.
- The centre has an up to date statement on fire safety, fire precautions and emergency procedures, which has been drawn up in consultation with the fire safety authorities.
- Adequate precautions are taken against the risk of fire, including effective means of escape, arrangements for detecting, containing and extinguishing fires and maintenance of fire-fighting equipment.
- Staff and young people participate in regular fire drills, which are properly recorded.
- Staff and young people have received training in fire prevention and evacuation.

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Fahlberg, V, (1991) *A child's journey through placement*, London: British Agencies for Adoption and Fostering (BAAF).

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Gogarty, H, (1995) '*The implications of the Child Care Act for Working with Children in Care*', in Ferguson, H, (1995) *On Behalf of the Child; Child Welfare, Child Protection and the Child Care Act 1991*, Dublin: Falmer.

Kelleher, P, Kelleher, C, and Corbett, M, (2000) *Let Out on their Own. Young people leaving care in Ireland*, Dublin: Oak Tree Press.

Stein, M, (1992) *Leaving care – From research into Practice*, London: The National Leaving Care Advisory Service, First Key.

Stein, M, (1997) *What works in leaving care*, Essex, Barnardos;. Crosscare.

Useful Addresses:

First Key,
2nd Floor,
7, Elmwood Avenue,
Belfast BT9 6AZ,
Nr. Ireland.
(Training Providers)
(048) 90669022.

Voice of Young People in Care,
12, Talbot Street,
Belfast BT1 2LB,
Nr. Ireland.
(048) 90231300.

Barnardos Leaving Care Project,
171, University Street,
Belfast BT7 1HR,
Nr. Ireland.
(048) 90231300.

Young Independent Group,
C/o Foyle Trust,
3, Aberfoyle Terrace,
Strand Road,
Belfast BT48 7NP.
Nr. Ireland.
(048) 71271732.

Aftercare,
Social Service Council,
Henry Street,
Limerick.
(061) 313133.

<http://www.aftercareireland.ie>

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Fr Val Collier,
Don Bosco House.

Donal Dunbar,
Don Bosco House.

Kevin Pendred,
Belevedere Social Services.

Sabrina Murray,
Balcurris Boys Home.

Maeve Geraty,
Streetline Hostel.

Appendix 17:

Guideline re non-Irish national young people

Appendix 17: Non-Irish National Young People

The non-Irish national group of young people in the care of the HSE form three groups that are of particular significance with regard to the provision of aftercare services once they have reached 18 years of age

Status	Services
1. Official Refugee Status	<p>Eligible to access SWA, financial support for further and higher education i.e. the Free Fees Initiative and the Higher Education Grants Scheme, employment and accommodation.</p> <p>Entitlement to SWA and financial support for higher and further education is subject to satisfying the eligibility criteria/requirements. Please refer to the Department of Education and Science website: HYPERLINK "http://www.education.ie" www.education.ie for the booklet on "Financial Support for Further and Higher Education 2005/2006".</p> <p>SWA is not payable to persons in full-time education (section 172 of the Social Welfare Consolidation Act 1993 – see appendix 3).</p>
2. Humanitarian Leave to Remain	<p>Eligible to access SWA, the Higher Education Grants Scheme, employment and accommodation.</p> <p>Entitlement to SWA and the Higher Education Grants Scheme is subject to satisfying the eligibility criteria/requirements. Please refer to the Department of Education and Science website: HYPERLINK "http://www.education.ie" www.education.ie for the booklet on "Financial Support for Further and Higher Education 2005/2006".</p> <p>SWA is not payable to persons in full-time education (section 172 of the Social Welfare Consolidation Act 1993 – see appendix 3).</p>
3. Asylum-seeking non-Irish nationals	<p>Services in relation to accommodation and basic needs, i.e. food and weekly allowances, are provided through the Reception and Integration Agency's managed accommodation services. All payments made to asylum seekers residing in this service are made through the Community Welfare Service.</p> <p>Adult literacy and language tuition may be provided free of charge to adult asylum seekers. Access to third level education for asylum seekers is conditional on satisfying the eligibility criteria, e.g. course entry requirements, and on payment of the economic fee, with no entitlement to maintenance or fee support.</p>

Asylum seeking non-Irish nationals:

On reaching 18 years of age, young people in this group are currently unable to access social welfare allowances, further and higher education, employment or accommodation. Therefore, when undertaking their needs assessment, it may be necessary to consult with the Director of Child and Family Services in the Reception and Integration Agency in relation to their aftercare needs. Contact details are as follows:

**The Director of Child and Family Services,
Reception and Integration Agency,
Department of Justice, Equality and Law Reform,
Block C,
Ardilaun Centre,
112-114, St. Stephen's Green,
Dublin 2.**

Ph: 4183200
Fax: 4183271
Email: info@justice.ie

However, all cases in respect of young people in the above category, who have been in care under the Child Care Act, 1991, will be considered on an individual basis by the HSE with a view to meeting the young person's needs in aftercare.

Young asylum seeking non-Irish nationals who are between 17 and 21 years of age can be helped and supported by the **Transition Supports Project** with regard to accommodation, building social networks, health issues, education/training, recreational activities (sports, outdoor activities). The project incorporates a mentoring service and will help young people to move to direct provision services. Contact details are as follows:

**Transition Supports Project,
CDVEC Adult Learning Centre,
1, Parnell Square,
Dublin 1.**

Ph: Manuela: 087-1328274
Andrew: 087- 1322320
Itayi: 087-1248368

An aftercare worker will be assigned to the individual young people in this category to provide general support to the young person and in particular help the young person with regard to progressing their application to establish their refugee status. As part of the young person's leaving and aftercare plan, the option of a voluntary return home should be considered. The young person may be supported to make application to return home through the **International Organisation for Migration** which provides an assisted voluntary return home programme.

This organisation will provide help and support in acquiring travel documents, funding for travel and accommodation in 'half-way houses' to facilitate the young person's reunification with their family. For further information please refer to the website <http://www.iom.int>.

Appendix 18:

**Aftercare workers/fostering aftercare workers
- contact details**

Appendix 18:

Aftercare / Fostering Aftercare Workers - Contact Details

Aftercare Workers — contact details

Organisation	Contact:	Phone no.:	Email address:	Aftercare Workers:	Email address:	Phone no.:
Focus Ireland, 494, North Circular Road, Dublin 1.	Niall Keane, Project Leader.	086-1736034	nkeane@focusireland.ie	1. Karen Doyle 2. Catherine Ryan	kdoyle@focusireland.ie cryan@focusireland.ie	086-1738064 086-1738031
Don Bosco House, 1, Ballymun Road, Dublin 9.	Martin Burke, Deputy Director, Don Bosco House.	8340501	Martinfburke@eircom.net	1. Barry Keeney 2. Katherine Griffin	outreachdb@yahoo.ie outreachdb@yahoo.ie	087-0614184 085-7817506

Fostering Aftercare Workers — contact details

Local Health Office:	Name:	Email address:	Phone no.:
North West Dublin	Ruth Coakley	ruth.coakley@maild.hse.ie	087-0509531
North West Dublin	Ann McGinn	ruth.coakley@maild.hse.ie	086-8227424
North Central Dublin	Trena Ratcliffe	trena.ratcliffe@mailc.hse.ie	086-8106379
North Dublin	David Holgate	david.holgate@mailc.hse.ie	086-8305464

Appendix 19:

**Young people leaving the care of the Health Services Executive
who are deemed to be within the range of Borderline Intellectual Disability-
Guideline for the delivery of a leaving care/aftercare programme.**

Young People leaving the care of the Health Services Executive who are deemed to be within the range of Borderline Intellectual Disability- Guideline for the delivery of a leaving Care/ Aftercare Programme

Background:

Young people in care who are deemed to be within the range of borderline intellectual disability require planning for their leaving and aftercare that is designed to meet their specific needs with regard to their intellectual capacity and their level of functioning. In order for adequate and appropriate service to be provided, the fact that young people assessed as being in this category are unlikely to qualify for adult services, that they may not have family support and that they are vulnerable to homelessness and exploitation needs to be taken into consideration. The needs of this group of young people were highlighted in the context of leaving and aftercare services through the Child Care Residential Placement/ Discharge Committee, the Fostering Placement Committee and the Placement Planning Committee, and supported by the profiling initiative that is outlined hereunder.

A sub-group of the Aftercare Action Group for HSE North Dublin, North West Dublin and North Central Dublin (see appendix 2 attached to *this* document) was established in 2005 to identify the needs profile of young people in care deemed to be within the range of borderline intellectual disability. Nine young people aged 16 years of age and over were proposed for profiling, and interviews were undertaken with their social worker/keyworker. The sub-group had access to individual care plans. The profiles indicated the following characteristics and needs of these nine young people, and consequently of other young people in care deemed to be within the range of borderline intellectual disability:

Children in care deemed to be within the range of borderline intellectual disability	
Characteristics	
•Over 16 years of age	•Not involved with the intellectual disability services
•Borderline/high mild intellectual disability	•Problems being linked into services
•Drop-out from/difficulties in education – both mainstream and special needs schools	•Poor support networks
•Family breakdown	•Poor interpersonal and social skills
•Allegations of sexual inappropriateness	•No safe environment in which to live
•Sense of failure in their lives	•On the edge of society
•Very vulnerable	

Needs	
•Psychological assessment	•To be linked to mainstream services e.g. schools, National Training Network
•Accommodation	•To be linked in with a job coach
•Daily support for the young person	•Hot food
•Support for carers	•Mental health awareness promotion, e.g. physical, sexual health
•Guidance and direction	•Provide client group a sense of personal achievement to combat history of failure
•Basic skills training	•Respite for foster carers
•Social skills training	•Promotion of a sense of inclusion and belonging
•Facilitation of friendships	

Context:

- Leedham (2002) describes the difficulties that a target group of homeless young people with mild learning disabilities display:
 - Being influenced or led in a negative or exploitive way. Increased vulnerability inherent in many of the above.
 - Increased vulnerability inherent in many of the above
- Difficulties in understanding and adapting to new situations (although difficulties may be effectively masked most of the time).
- Low level of independent living skills, and of successful living over a prolonged period of time.
- Low level of motivation to get up and go.
- Difficulties in understanding the consequences of actions and in learning from past experiences.
- Problems in dealing with difficult situations or crises, so more likely to be overtaken by events.
- Difficulties in communicating, and particularly in being understood (also specific problems with filling in forms).
- Difficulties in developing or sustaining relationships — especially close, supportive friendships.
- Minimal self-esteem, linked to feeling worthless.
- Difficulties in identifying or recognising — resulting, for instance, from immaturity, an inability to locate things in a wider context and unrealistic expectations.
- A greater tendency to 'kick-off' by behaving inappropriately, due to frustration or defensiveness.
- Emotional stresses and mental health needs.
- Drug problems.

Wellsprings Outreach Service focusing on those with mild/ borderline intellectual disability — 2005 end of year report:

Wellsprings Outreach Service in Cork focuses on those with mild/borderline intellectual disability and provides a service for young women that attempts to bridge the gap from the time when a young person leaves residential care, or when a young person is out of home and is vulnerable, to help prepare them for independent living and adulthood. In 2003, Wellsprings carried out research into the significant numbers of individuals with a mild or borderline intellectual disability who had used its services and the difficulties those individuals were experiencing, e.g. maintaining a home on discharge from the service.

Documentary evidence was gathered over a period of seven consecutive years of all the clients admitted to the service. Only those who had been in the residential service for eight weeks or more were included in the study. This selection yielded 50 participants; 11 of these had a mild or borderline intellectual disability, which represented 22% of the total population. Their circumstances were examined twelve months after discharge.

Circumstances of individuals with mild or borderline intellectual disability on discharge from the service, and their circumstances 6-12 months later:

Circumstances	Re-admission	Independent accommodation	Supported living	Family home	Other service	No fixed abode
On discharge	-	7	-	2	2	-
6-12 months later	2	1	1	1	2	4

The above figures show a dramatic decrease in those living in independent accommodation: from 7 to 1, and a new figure of 4 individuals who have experienced homelessness within six to twelve months after their discharge from the service. Two individuals were readmitted to the service for further support. One left the family home, and one went into supported living. The figure that remained unchanged is of those who went into another service, i.e. 2 individuals.

Of the 39 residents whose ability was in the average range of ability, the following table details their residential status on discharge from the service:

Circumstances of individuals whose ability was in the average range on discharge from the service, and their circumstances 6-12 months later:

Circumstances	Re-admission	Independent accommodation	Supported living	Family home	Other service	No fixed abode
On discharge	-	25	1	9	2	2
6-12 months later	1	28	-	5	1	4

The above figures show that the number of individuals in independent accommodation increased slightly, one individual was re-admitted to the service, the supported living figure remained the same, and there was a reduction in the number of individuals who had gone to their family home. One individual left the other service, and there was a doubling of the number of individuals with no fixed abode.

The study concluded that acknowledgement needs to be given to the specific needs of people with mild and borderline intellectual disability, as it is inappropriate to assume that this population can achieve independent living without reliable, relevant supports. The aspiration of interdependent living as a goal is a more helpful tenet.

The study identified the following implications for policy and practice in supporting this group of people in the community:

- A holistic service response with agencies linking together to address the whole person, as opposed to a fragmented, inconsistent approach.
- An acknowledgement that interventions and supports may be relied on more heavily at different times in the person's life, and that this does not signify failure on the individual's or the services' part
- Recognition that there is a need for more intensive support around stressful events or times of change
- Recognition by services and policy makers that supports will be needed on an on-going, long-term basis.

- An inclusive vision, enabling these individuals to benefit from mainstream services, but also allowing access to specialist services when appropriate.
- Different levels of supported accommodation to be made available to suit the different levels of ability and need.
- Intensive parenting support to be made available to mothers.

Introduction:

Following on from the findings of the sub-group of the Aftercare Action Group, a working group (see appendix 2 attached to *this document*) was then established with representatives of the voluntary/statutory sector, with the aim being to develop a guideline for the delivery of a leaving care/aftercare programme to young people in care who are deemed to come within the range of borderline intellectual disability.

The findings of that working group indicate that young people with borderline intellectual disability will almost certainly present these needs from an early age; therefore a needs assessment should be undertaken at the earliest opportunity and any requirement for further multi-disciplinary assessments should be identified and acted upon. The working group recommended that here a young person does not have a family placement option that he/she should be referred to mainstream residential aftercare programmes, where appropriate preparation for independent/semi-independent living is undertaken. The group also proposed that a dedicated unit should not be established for this client group. Best practice indicates that their preparation for transition should be integrated with young people in the average range of ability in order to avoid stigmatisation. The recommended length of stay, however, in a residential aftercare programme, for a young person in the borderline range of intellectual disability, will be two years. In some cases a move on to long-term semi-supported accommodation will be required. Training for residential aftercare staff to address the needs of the young people in this category, incorporating a specific programme of care, will be identified and facilitated through the Child Care Training and Development Unit.

Aim:

To ensure appropriate preparation for leaving care, and appropriate leaving care and aftercare programmes for young people with borderline intellectual disability who are unlikely to qualify for adult services; who may not have family support; and who are vulnerable to homelessness and exploitation. This cohort may cross a number of care groups, as there maybe a dual diagnosis with regard to a learning disability and mental health. This service will seek to ensure that young people will not be stigmatised by ensuring that the service delivery, where appropriate, is not closely identified with a high-profile learning disability service or organisation. Support and services for the young person will not be time limited and will continue at the young person's request and where deemed appropriate by the relevant professionals.

Definition:

A young person who presents with higher needs. These needs will not be solely intellectual but will also take into consideration a young person who functions low socially, may have mental-health issues, and young persons who are not ready emotionally for the move on to traditional aftercare provision. The young people in question may have developmental delays, resulting from traumatic earlier experiences that inhibit them from doing that which would be expected of a person of their age. These expectations may include participating in full-time education or employment, keeping themselves safe on a daily basis and interacting positively with those of their own age and those in positions of authority, as well as looking after their physical well-being through correct eating, personal hygiene or the administering of medication. The young person may or may not have been diagnosed with a specific disorder that causes him or her to require a higher level of care.

Profile of Service:

Assessment of Need:

A young person with higher needs will almost certainly present these needs from an early age; therefore the aftercare plan should be developed by the social worker as early as possible in the young person's care placement. In order to develop the aftercare plan, a needs assessment should be undertaken, followed by a referral to the intellectual disability community support office if deemed appropriate (see appendix 1 attached to *this document*). The requirement for further multi-disciplinary assessments, e.g. psychiatric, educational, psychological and speech and language therapy, should be identified and acted upon in a planned and time-appropriate manner.

Leaving Care/Aftercare Plan:

The preparation of the leaving care plan (appendix 7 in main document) is the responsibility of the social worker, while the aftercare plan (appendix 8 in main document) is the responsibility of the social work team leader. In undertaking the development of the leaving care/aftercare plan, the following issues should be addressed:

1. The young person's capacities, strengths, capabilities; what people like and admire about the young person; and what is important to him/her.
2. Is there anything not working well in the person's life at present – what would he/she like to change?
3. What are the young person's future plans – and how would he/she like to be supported in planning the future?
4. The specific changes that are required to implement the young person's plans, how are these changes to be made, by whom, and when?
5. How will the plan be reviewed and kept up to date?

Assignment of Aftercare Worker:

The voluntary sector (Don Bosco House and Focus Ireland) has recruited aftercare workers to undertake the implementation of the aftercare plan, post leaving care, and to provide the necessary in-/outreach services that will be required. See appendix 18 in main document for contact details. An aftercare worker will be assigned to the young person six months prior to the expected date of transition from care.

The HSE fostering aftercare workers will work with the social work teams to support and facilitate the training and preparation of foster carers and young people in foster care between 16 and 18 years of age.

Aftercare Financial Support Package:

A young person, on reaching 18 years of age, has statutory entitlement to a minimum weekly income under the provisions of the Social Welfare Consolidation Acts (with the exception of asylum-seeking non-Irish nationals). He or she may also have entitlement to other discretionary payments under the provisions of those acts (see appendix 9 – main document). The administration of the Social Welfare Allowance Scheme, under which these payments arise, is the responsibility of the Community Welfare Service.

It is the responsibility of the young person's aftercare worker to make contact with the relevant superintendent community welfare officer (appendix 11 – main document) at least three months in advance of the young person leaving care, for the purposes of discussing the financial arrangements necessary to assist the young person's transition from care (appendix 12 in the main document: Aftercare Financial Support Plan Template).

Each young person will have a different set of needs and a different capacity to manage a budget. Some young people may have sources of income of their own, such as a training/welfare allowance or wages from employment. It will be the responsibility of the aftercare worker, in consultation with the social worker, and the area administrator, to agree with the young person a financial support package three months in advance of transition from care (appendix 12 in main document: Aftercare Financial Support Plan Template). Any subsequent amendments to the financial support plan will be notified to the area administrator immediately. The area administrator, in consultation with the social worker and the aftercare worker, will review the financial support package six months after the young person has left care and yearly thereafter, based on an assessment of need.

Health:

The aftercare worker, in consultation with the area administrator, should renew the young person's medical card three months in advance of the transition date. The renewal period will be for a period of three years. On reaching 21 years of age, the young person's application for a medical card will be subject to normal renewal procedures.

Accommodation:

A range of accommodation options are proposed for young people leaving care, e.g.:

- Residential aftercare programmes.
- Access to supported housing projects.
- Private rented accommodation.
- Local authority housing.
- Supported lodgings (see appendix 15 – main document)

Residential aftercare programmes:

Young people with borderline intellectual disability may be referred by the alternative care manager, on the basis of their needs assessment, to mainstream residential aftercare programmes, where appropriate preparation for independent/semi-independent living is undertaken. In some cases, a move on or direct move to long term semi-supported accommodation will be required and facilitated through Focus Ireland. Appendix 13 in the main document outlines the capacity of the residential/non-residential aftercare programmes provided by the voluntary sector.

Applications for residential aftercare programmes provided by Don Bosco House, Belvedere Social Services, Focus Ireland, Crosscare and Streetline, which offer high, medium and low support, are referred to the Child Care Residential Placement/Discharge Committee through the alternative care manager, for placement approval. The referral to the Child Care Residential Placement/Discharge Committee is by submission of the aftercare plan.

Supported Housing Projects:

If the young person is referred directly to the supported housing project, it will not be necessary to present the young person's aftercare plan to the Child Care Residential Placement Committee. The placement must, however, be recorded in the Continued Care Register by the alternative care manager, in order to facilitate tracking of young people in aftercare.

Private rented accommodation:

Threshold's Access Housing Unit operates as an accommodation agency, facilitating contact between landlords and tenants and taking an active role in the creation of new tenancies. The Unit maintains a database of suitable tenants, ensures on-going support when a client is housed, and provides information, advice and advocacy to both landlords and tenants, including mediation in the event of problems that threaten the sustainability of the tenancy.

In a partnership arrangement with the HSE, Threshold will source private rented accommodation for young people who are leaving care or have left the care system and are deemed suitable for independent living, and also for young people who are deemed to be in the range of borderline intellectual disability having left an aftercare residential programme. The initiative will include pre-tenancy preparation training, tenancy creation and tenancy sustainment and support. This arrangement is undertaken on a pilot basis initially and will be evaluated in the first year of operation. The placement will be recorded in the Continued Care Register by the alternative care manager, in order to facilitate tracking of young people in aftercare.

When a young person's needs are assessed and is deemed to require educational supports, i.e. learning support, please refer to the following listing:

Local authority housing – Dublin City Council:

Where the young person who is at least 18 years of age is in an aftercare programme of accommodation in preparation for independent living, and where the plan is for the young person to seek local authority accommodation with Dublin City Council, the following process should be undertaken:

1. The young person must be ready for independent living.
2. A housing application form on behalf of the young person should be forwarded by the social worker to the Chief Welfare Officer/Allocations Officer, Dublin City Council **three months in advance** of the expected date of leaving the programme/care.
3. Include with the housing application a brief report on the young person that will highlight any indicators that might present a difficulty in the community, outline supports, and provide reasons why a particular housing area may be the preferred choice for the young person.
4. Place the young person on the homeless list.
5. Nominate contact person in the HSE local area for the Allocations Officer to contact.
6. Arrange for HSE nominee for local area to meet with the Allocations Officer regarding prioritisation of cases.

Dublin City Council will also consider the nomination of a young person, who has left care and is on the housing list, for accommodation through the **voluntary housing committees**.

Please refer to appendix 14 in the main document for contact details of relevant Dublin City Council personnel.

Local authority housing – Fingal County Council:

Fingal County Council has agreed to make available to the HSE, transitional accommodation for use in the provision of aftercare services.

Please refer to appendix 14 in the main document for contact details of relevant personnel.

Education:

When a young person is needs assessed and is deemed to require educational supports
i.e. learning supports, please refer to the following listings

<p>Dublin – City A</p> <p>Postal districts: 11, 13 and 17.</p>	<p>Margaret Carolan, Special Educational Needs Organiser, National Council for Special Education, c/o Sky Business Centre, Plato Business Park, Damastown, Dublin 15. Ph: 01 8851640</p>
<p>Dublin – City B</p> <p>Postal districts: 1 and 7.</p>	<p>Andrew Torrance, Special Educational Needs Organiser, National Council for Special Education, c/o Sky Business Centre, Plato Business Park, Damastown, Dublin 15. Ph: 01 8260161</p>
<p>Dublin – City C</p> <p>Postal districts: 9 and 11.</p>	<p>Lorraine Glynn, Special Educational Needs Organiser, National Council for Special Education, c/o Sky Business Centre, Plato Business Park, Damastown, Dublin 15. Ph: 01 8260034</p>
<p>Dublin – City D</p> <p>Postal districts: 10, 12 and 20.</p>	<p>Margaret O'Brien, Special Educational Needs Organiser, National Council for Special Education, c/o Sky Business Centre, Plato Business Park, Damastown, Dublin 15. Ph: 01 8260161</p>
<p>Dublin – City E</p> <p>Postal district: 9.</p>	<p>Margaret Carroll, Special Educational Needs Organiser, National Council for Special Education, c/o Sky Business Centre, Plato Business Park, Damastown, Dublin 15. Ph: 01 8260161</p>
<p>Dublin – City F</p> <p>Postal districts: 1, 2 and 3.</p>	<p>Helen Walsh, Special Educational Needs Organiser, Department of Education and Science, 1st Floor, Findlater House, Cathal Brugha Street, Dublin 1. Ph: 01 8734377</p>
<p>Dublin – City G</p> <p>Postal districts: 5 and 13.</p>	<p>Muireann McCoy, Special Educational Needs Organiser, Department of Education and Science, 1st Floor, Findlater House, Cathal Brugha Street, Dublin 1. Ph: 01 8734377</p>
<p>Dublin – Fingal A</p> <p>Postal district: 15</p>	<p>Jim Kavanagh, Special Educational Needs Organiser, National Council for Special Education, c/o Sky Business Centre, Plato Business Park, Damastown, Dublin 15. Ph: 01 8851646</p>

<p>Dublin – Fingal B</p> <p>Postal district: 15 and County Dublin</p> <ul style="list-style-type: none"> • Malahide • Portmarnock • St. Margaret's • Howth 	<p>Mark Reddy, Special Educational Needs Organiser, National Council for Special Education, c/o Pobailscoil Neasain, Baldoye, Dublin 12. Ph: 01 8167732</p>
<p>Dublin – Fingal C</p> <p>Postal district: North County Dublin</p> <ul style="list-style-type: none"> • Swords, • Skerries • Donabate • Lusk • Balbriggan 	<p>Paula Gormley, Special Educational Needs Organiser, National Council for Special Education, c/o Pobalscoil Neasain, Baldoye, Dublin 13. Ph: 01 8167732</p>

**(Information provided by
the Department of Education and Science)**

If the young person is out of school or is awaiting a school placement and requires **home tuition**, please contact:

Deirdre Feeley,
Executive Officer,
Special Education 1,
Department of Education & Science,
Cornamaddy,
Athlone,
Co. Westmeath.

Ph: 0906 484153

E-mail: Deirdre_Feeley@education.gov.ie

Training:

People with disabilities can access two types of training: rehabilitative training, which is provided by the Health Services Executive or by specialist agencies on their behalf, and vocational training, which is provided by FAS or by specialist agencies under contract with FAS.

Rehabilitative Training:

Rehabilitative training focuses on the development of an individual's core life skills, social skills and basic work skills, with the objective of enhancing the trainee's quality of life and general work capacity.

Trainees attending Rehabilitative Training retain their social welfare benefit/allowance and secondary benefits. They are also paid a training bonus each week. Trainees who have to live away from home in order to attend training should apply to the Community Welfare Officer for Supplementary Welfare Allowance.

The Rehabilitative Training Guidance Service (RTGS) provides support in areas of training, employment and related services to people with disabilities aged 16 to 65 years in Dublin city and county north of the river Liffey. The RTGS can be accessed directly or through:

- Family / friend
- Services to people with disabilities
- Training centres
- Other RTGS in the HSE
- Health professionals
- FAS / LES / Partnerships
- Special Schools
- NDA
- Comhairle
- Services in HSE North West Dublin, North Central Dublin and North Dublin.

Contact details for the RTGS are as follows:

**Rehabilitative Training Guidance Service,
HSE North Dublin,
3rd Floor,
Park House,
North Circular Road,
Dublin 7.**

Ph: 01 8823424

Fax: 01 8823490

Email: kamila.mahadevan@mailc.hse.ie

Training centres for people with intellectual disability that are funded by the RTGS are as follows:

1. CRC, Vernon Avenue, Clontarf, Dublin 3. Ph: 01 8332206
2. Daughters of Charity, Weavers 101, Coolmine Industrial Estate, Dublin 15. Ph: 01 8213226
3. NTDI Swords/Balbriggan, Balheary Industrial Estate, Swords, Co. Dublin. Ph: 01 8404120
4. Prosper Fingal, Piercetown, Skerries, Co. Dublin. Ph: 01 8495046

Vocational training:

Vocational training is designed to equip trainees with specific skills, such as woodwork or office skills, which will enhance their prospects of securing employment. To access vocational/employment skills training, contact the FAS office at:

**FAS,
27/33, Upper Baggot Street,
Dublin 4.**

Ph: 01 6070500
Fax: 01 6070611
Email: info@fas.ie
Web: <http://www.fas.ie>

Youthreach:

Youthreach is a specially designated programme, which does not have any entry requirements and which provides basic training leading to foundation certification either through FAS or FETAC. The training, which is full time and includes a training allowance, covers a range of vocational skills, general education and work experience. On the attainment of Foundation Level Certification, participants can advance to specific skills training or higher vocational skills training. Contact details are as follows:

**City of Dublin Vocational Education Committee
Town Hall,
Merrion Road,
Dublin 4.**

Ph: 01 6680614
Fax: 01 6680710
Email: info@cdvec.ie
Web: <http://www.cdvec.ie>

**County Dublin Vocational Education Committee,
Administrative Office,
Main Road,
Tallaght,
Dublin 24.**

Ph: 01 4529600
Email: info@codublinvec.ie

Employment:

Open employment:

FAS facilitates access to its database (jobs link) at any of its offices. A placement officer is assigned to each case. Contact details are as follows:

**FAS,
27/33, Upper Baggot Street,
Dublin 4.**

Ph: 01 6070500
Fax: 01 6070611
Email: info@fas.ie
Web: <http://www.fas.ie>

Worklink Job Club and Employment Support:

This project was set up to address the employment needs of people with mental illness and mental health difficulties, with the aim of enabling unemployed people who are ready for a job to secure the best possible job in the shortest possible time. It takes a structured approach to the identification and filling of vacancies. Membership of the club is free and open to anyone with a genuine interest in finding work. The following range of services and facilities are provided:

- Information centre
- Resource centre
- Formal training and workshops
- Individual and group support

The service is usually accessed through a service provider, e.g. Eve Ltd. Contact details are as follows:

**Eve Ltd.,
138-140 Thomas Street,
Dublin 8.**

Ph: 01 6719664
Email: eveadmin@eve.ie
Website: www.eve.ie

Enquiries should also be made to the local FAS office (check info@fas.ie)

Training – Fostering Aftercare Workers/Aftercare Workers/Residential Aftercare Workers:

Aftercare workers, fostering aftercare workers and residential aftercare workers will require specific training to address the needs of young people who are preparing to leave care or are in aftercare and are deemed to be in the borderline intellectual disability range. This training will be facilitated through the Child Care Training and Development Unit.

Foster Carers:

Financial support on a pro rata basis and/or other services will continue to be provided to carers who continue to care for a young person over 18 years of age who is assessed by the social worker/intellectual disability community support team to be in the borderline intellectual disability range, and where it is considered appropriate and in the best interest of the young person (see appendix 1 attached to *this* document). These arrangements will be subject to a yearly review.

Continued Care Register:

Each Local Health Office is required to maintain a Continued Care Register of young people in need and in receipt of ongoing support, in order to identify the necessary adequate budgetary provision required to maintain services on a year-to-year basis. Details to be entered on this register include; name of person, date of birth, current or last known address, previous care placement, date of discharge from care setting, name of allocated social work service and or social worker.

References

Leedham, Ian, *Falling Through the Net*, Tizard *Learning Disability Review*, Volume 7 Issue 1 January 2002, Pavilion Publishing (Brighton) Limited.

Wellsprings Outreach Service, Focussing on those with Mild/Borderline Intellectual Disability – 2005 end of year report (wellsprings@eircom.net).

Appendix 1

Protocol for accessing a clinical nurse assessment in the intellectual disability community support service.

- At 16 years of age, or earlier in the case of a young person who may be considered to be in the range of borderline intellectual disability, a leaving care needs assessment will be undertaken in both formats (see appendices 5/6 in the main document), and this assessment is the responsibility of the young person's social worker:
 1. Needs assessment completed by the young person
 2. Needs assessment completed by relevant person, e.g. young person's key worker, foster carer, social worker.
- If a borderline intellectual disability is identified through the above process, the social worker will make an immediate referral to the assistant director of nursing/clinical nurse specialist in the intellectual disability community support office, who will in turn undertake a clinical nurse assessment that will inform the need for a referral to a psychologist/psychiatrist to complete a functional analysis. The assessment will be undertaken by the intellectual disability community support team in North Dublin, on behalf of the social work teams in North West Dublin, North Central Dublin and North Dublin.

It is essential that the parental/young person's consent is included in the referral to the intellectual disability community support team, as failure to obtain and forward consent will delay the assessment.

The referral should be forwarded to:

Assistant Director of Nursing/Clinical Nurse Specialist,
The Intellectual Disability Community Support Team,
Health Services Executive – North Dublin,
Castle Shopping Centre,
Swords,
Co. Dublin.
Ph: 01 8403401

**(The referral should be marked: For the Immediate
Attention of the Assistant Director of Nursing)**

- The referring social worker from North West Dublin, North Central Dublin and North Dublin will arrange a venue locally to facilitate the clinical nurse assessment. This is in accordance with the aim of the service, in that it will seek to ensure that young people will not be stigmatised by arranging, where appropriate, service delivery that it is not closely identified with a high profile learning disability service or organisation.
- On completing his/her assessment, the clinical nurse specialist will report on the case to the assistant director of nursing, who will include the case for discussion at the meeting of the community intellectual disability team, which includes a psychiatrist. The team meets on a weekly basis or as required.
- The decision of the community intellectual disability team will be notified to the social worker/referring agent.
- Should the community intellectual disability team deem it appropriate that the young person undergo a functional analysis; the social worker will arrange a referral for the young person to a psychologist. All other recommended referrals deemed appropriate following the young person's clinical nurse specialist assessment/community team recommendations will also be arranged by the social worker, in partnership with the community intellectual disability team.
- The functional analysis will ascertain the young person's skills in the following areas: communications, coping and everyday living skills. It will also assess the young person's intelligence quotient.
- The purpose of these assessments is to inform the individual aftercare plans for this group of young people, whether they are in residential care or foster care.

Appendix 2

Working Group – membership.

Sheila Marshall, Senior Manager, Child Care Services – Chairperson.

Bernadette Crowe – Secretary.

Margaret Campbell, Manager of Services for Social Inclusion, HSE North Dublin.

Gerry Cobbe, Director of Nursing, St. Joseph's Intellectual Disability Service.

Gillian Farrelly, Guidance Officer, Rehabilitative Guidance Service, HSE North East.

Neil Forsyth. Manager, Focus Ireland.

Maeve Geraghty, Residential Unit Manager, Streetline.

Ken Kavanagh, Manager for Disabilities, HSE North Central Dublin.

Lorna Kavanagh, Alternative Care Manager, HSE North Dublin.

Sandra O'Hara, Residential Child Care Worker, Balcurris Boys Home.

Martin Quilty, Co-ordinator RTGS, HSE Dublin North East.

Sub-Group of Aftercare Action Group (Needs profile initiative) – membership

Olive Hanley, Clinical Nurse Specialist, HSE North Dublin.

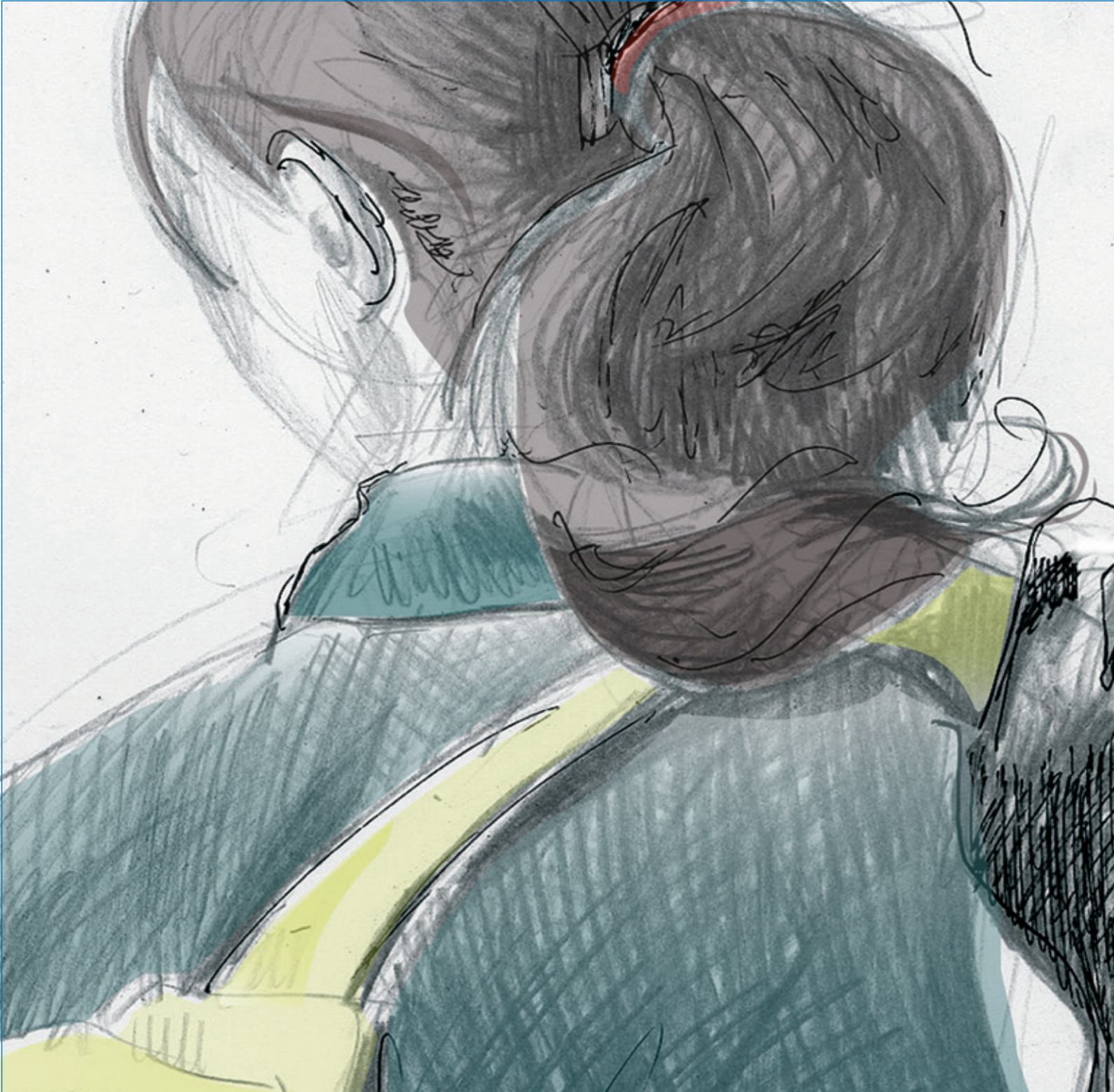
Clar O'Neill, Aftercare Worker, HSE North West Dublin.

Paul Dolan, Residential Care Worker, Streetline.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Local Health Office (Dublin North)
Primary, Community &
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Health Service Executive

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Dublin 9.
Phone: 01-8467341

LHO North West Dublin
Millhouse Building (Ground Floor),
Ashtowngate,
Dublin 15.
Phone: 01-8693504

LHO North Dublin
Swords Business Campus,
Balheary Road,
Swords,
Co. Dublin.
Phone: 01-8131867