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Aftercare

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This paper has been prepared by staff in the Department of Public Expenditure & Reform. The views presented in this paper are those of the author alone and do not represent the official views of the Department of Public Expenditure and Reform or the Minister for Public Expenditure and Reform.

Under *A Programme for a Partnership Government*, the Department of Public Expenditure & Reform has established a Prevention and Early Intervention Unit (PEIU). The focus of the PEIU's work is on prevention and early interventions that can improve the life outcomes of children as well as the quality of life of older people dealing with long term conditions such as chronic illness; which the PEIU is locating within the context of population health.

These types of interventions have a strong common-sense appeal; most people are familiar with the idiom that "prevention is better than cure". However, effective prevention and early interventions rely on both knowing what to do (scientific understanding of cause and effect) and being in a position to act (the capacity of the government to intervene).

The PEIU is undertaking a series of Focussed Policy Assessments on key prevention and early interventions supported by public resources. The approach is to describe each intervention by following a common structure:

- Rationale for the intervention;
- Public resources provided to support the delivery of the intervention;
- Outputs and services provided; and
- Achievements of the intervention relative to its stated goal.

As a whole, this series of descriptive reports will provide the evidential base for a thematic consideration of prevention and early interventions in Ireland.

Introduction¹

An important element of childhood development is preparing for adulthood in a way that ensures a successful transition to independent living. For most children in Ireland progression through this developmental stage takes place within their birth families. However, there is a cohort of children who have very different family backgrounds. This cohort includes those who have been in statutory care. Compared to their peers, these young people can face an accelerated transition to adulthood, especially those who have not had enough time to develop relationships with carers to create a stable placement or ensure supports are in place for their future.

The aim of the *aftercare* services is to provide the range and continuum of services to assist young people who are preparing to leave care and those who have left care to enable them achieve a successful transition from their placement to independent adult life in the community. An assessment of need for an aftercare service is undertaken before a young person reaches the age of 18 years and services are provided from 18-21 years of age (this can be extended to 23 years of age to complete a course of education).

*Tusla – Child and Family Agency*² has a statutory obligation to produce an aftercare plan. Based on an assessment of need, the aftercare plan seeks to provide the young person with ongoing support in order to help them achieve their potential and make a successful transition to independent living.³ The most important requirements for young people leaving care are for secure, suitable accommodation as well as further education, health and well-being, employment or training and family support. The identified needs that are met by relevant agencies (e.g. Health Service Executive, Department of Employment & Social Protection, Department of Housing, Planning & Local Government and so on) are not replicated by Tusla.

While aftercare is an adult service, a lot of important preparation work takes place prior to the child achieving the age of 18 years. Social workers, foster carers and residential staff have key roles in supporting young people in their preparation and transition for adult life. The child's social worker is responsible for the statutory care planning process and it is within this process that formal preparation for leaving care occurs. While very much dependent on each case, this process can commence from the age of 16 years⁴

The purpose of this report is to describe the *Aftercare* programme in terms of its rationale, the public resources provided, the services delivered and the results achieved. This is one of a series of descriptive reports that taken together will inform a thematic consideration of prevention and early interventions in Ireland.

¹ The authors are grateful to colleagues in the Department of Public Expenditure & Reform for their comments and Department of Children & Youth Affairs and Tusla for providing comments and additional data.

² Tusla - the Child and Family Agency has statutory responsibility under the Child and Family Act 2013 for supporting and promoting the development, welfare and protection of children as well as the effective functioning of families. Tusla also has responsibility for offering care and protection for children where parents have not been able to (or are unlikely to) provide the care that a child needs.

³ Tusla – The Child & Family Agency. 2017a. *National Aftercare Policy for Alternative Care*. https://www.tusla.ie/uploads/content/4248-TUSLA_National_Policy_for_Aftercare_v2.pdf Accessed: 29 June 2018.

⁴ Tusla, 2017a.

Box 1 - Brief Summary of Key Aftercare Policy Developments

The statutory antecedents of the aftercare policy are evident in the Child Care Act 1991. While subsequently amended by the Child Care (Amendment) Act 2015, Section 45 (1)(a) of the Child Care Act 1991 provided that where a child leaves the care of a health board, the board may assist them for so long as the board is satisfied as to their need for assistance up until the age of 21 years. The associated regulations that were introduced in 1995 stated that the health board should consider, in the case of a child who is due to leave the care of the health board within the following two years, the child's need for assistance.⁵

The *Youth Homelessness Strategy* (2001: 27) set out an aftercare protocol and required each health board, in collaboration with the local authorities and other relevant statutory and voluntary agencies, as part of its two year plan to address youth homelessness to devise a comprehensive strategy for effective aftercare having regard to the protocol. The aftercare protocol stated that "aftercare is an integral part of the care process, it is not an optional extra."

Over subsequent years, aftercare policies, procedures and services were implemented on a legacy basis within former Health Board areas.

In June 2010, the Minister for Children wrote to the HSE regarding Section 45 of the Child Care Act, 1991 which outlines how a care leaver may be supported. In particular, the Minister noted that "my Office has clear legal advice to the effect that this provision places a statutory duty on the HSE to form a view in relation to each person leaving care as to whether there is a 'need for assistance' and if it forms such a view to provide services in accordance with the section and subject to resources." The Minister directed that the HSE formulate and implement appropriate administrative policies, procedures and guidance, and that the approach should be in accordance with the Ryan Implementation Plan. In 2011, the HSE developed a *National Aftercare Policy* and a national implementation plan was developed in 2013 that addressed the national standardisation of financial payments, the assignment of dedicated aftercare services to each of the 17 administrative areas and the development of dedicated inter-agency committees.⁶

The Child Care (Amendment) Act 2015 is primarily concerned with aftercare, in particular the planning and support put in place to meet the needs of a young person who is leaving care at 18 years of age to assist them in making to transition to independent living.⁷ Following the introduction of the Child Care (Amendment) Act 2015, Tusla published its *National Aftercare Policy for Alternative Care* (2017) and *Best Practice and Guidance Documents for Aftercare Services* (2017) as well as other relevant policy documents.⁸

⁵ See: Section 18 (5)(v) of the Child Care (Placement of Children in Foster Care) Regulations, 1995 and Section 25 (5)(v) of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

⁶ Health Service Executive. 2012. *Annual Review on the Adequacy of Child Care and Family Support Services Available 2010*: 56.

https://www.tusla.ie/uploads/content/Publications_reviewofadequacy2010.pdf Accessed: 5 September 2018; Tusla. 2014. *Annual Review on the Adequacy of Child Care and Family Support Services Available 2013*: 60.

https://www.tusla.ie/uploads/content/S8_Review_of_Adequacy_Final.pdf Accessed: 5 September 2018.

⁷ Tusla. 2016. *Annual Review on the Adequacy of Child Care and Family Support Services Available 2015*: 28-29. https://www.tusla.ie/uploads/content/Review_of_Adequacy_2015_Final.pdf Accessed: 5 September 2018.

⁸ See: <https://www.tusla.ie/services/alternative-care/after-care/national-aftercare-policy-for-alternative-care/>

Rationale

One of the four objectives of the *Youth Homelessness Strategy* (2001) was to strengthen aftercare services for children leaving alternative care, foster care and residential care to support them in making the transition to living independently or returning to their families.⁹ This followed a conclusion by the Irish Social Services Inspectorate (2000: 29) from an inspection of health board residential centres¹⁰ that while there are:

...examples of staff from some centres providing aftercare support for young people on an outreach basis... this role was not formally recognised by the [Health] Boards and this essential task was largely being maintained in some parts on the basis of staff goodwill.

Moreover, the Inspectorate found:

Rarely was there evidence of a clear and costed programme in place for the support of young people leaving care. Generally, planning for young people leaving care is being left late and in some cases it is not happening at all. Too often young people are leaving care in an unplanned way, and this is not conducive to promoting their welfare.¹¹

In 2014, the Joint Committee on Health and Children (2014: 18)¹², drawing on submissions by stakeholders as well as the 2012 *Report of the Independent Child Death Review Group*, noted that poor outcomes such as homelessness, addiction and in some cases death, are associated with young people in care who have received little preparation for leaving care, have been given little or no aftercare support, left care in an unplanned way and have not been adequately consulted about arrangements for moving on from care.¹³ The Joint Committee's report was not in a position to set out relevant quantitative evidence. The paucity of data in this policy area impacts not only on providing an empirical justification for the need to intervene but also for determining the nature and extent of the problem and whether or not the interventions are delivering the intended results. A number of stakeholders who made submissions to the Joint Committee (2014: 18) highlighted the lack of comprehensive information on children's services including a deficit of data on children in the care system and

⁹ Department of Health & Children. 2000. *Youth Homelessness Strategy*.

https://www.dcy.gov.ie/documents/publications/youth_homelessness_strategy.pdf Accessed: 4 September 2018.

¹⁰ This refers to a small share of children in State care as the vast majority are in some form of foster care. (See Figure 1 below.)

¹¹ Irish Social Services Inspectorate. 2000. *Report of findings relating to inspection of children's residential centres*.

<https://www.lenus.ie/bitstream/handle/10147/44498/9173.pdf?sequence=1&isAllowed=y> Accessed: 4 September 2018.

¹² Joint Committee on Health and Children. 2014 *Report on General Scheme of the Aftercare Bill 2014*: 42. http://opac.oireachtas.ie/AWDData/Library3/Aftercare_Report_084024.pdf Accessed: 29 June 2018.

¹³ For instance, in a report on the foster care service in Galway and Roscommon, the inspectors noted that all staff recognised the impact of poor aftercare on the wellbeing of young people and their statistical over representation in deaths and serious incidents. Health Information & Quality Authority. 2015. *Statutory Foster Care Service Inspection Report – Galway / Roscommon*: 24.

<https://www.hiqa.ie/system/files?file=inspectionreports/FC717%2016062015.pdf> Accessed: 29 June 2018. Tusla notes that between 2014 and 2017 (inclusive) there were three deaths of young people in aftercare notified to the National Review Panel: one young person died of a terminal illness, another died in a road traffic accident while the remaining young person died of a drug overdose (misadventure). The total number of child death notifications for the years 2014-17 (inclusive) is 100.

their outcomes and how this hinders efforts to describe or undertake evaluations of whether or not services are meeting the aims and objectives of the national child care policy.

Mayock and Corr (2013: 23) identified three broad pathways or routes ‘into’ homelessness: a history of State care; family instability and family conflict; and problem behaviour and negative peer associations.¹⁴ The childhoods of young people who have become homeless having left State care have been characterised by periods of separation from family and multiple care placements, all of which contributed to high levels of instability and disruption. Mayock and Corr (2013: 66) noted that, despite the supports offered to young people in State care or transitional settings, many found the transition to independent living challenging. They concluded that aftercare support is critical as leaving care is a major life event involving a transition to “self-sufficiency” from dependence on State accommodation.

Resources

Expenditure on Aftercare Services

Table 1 sets out details of total expenditure on aftercare services between 2014 and 2017 (+19%).

Table 1 – Tusla expenditure on Aftercare Services

	2014 €m	2015 €m	2016 €m	2017 €m
Aftercare Services	21.78	21.89	24.04	25.95

Source: Tusla.

Tusla undertakes audits of the aftercare service (as did the Health Service Executive).

Aftercare Workers

There has been a notable increase in the number of aftercare workers. In 2012 and 2013, the Health Service Executive stated that it had 45 dedicated aftercare workers (on a whole-time equivalent basis).¹⁵ In 2016, Tusla stated that it had a total of 80.2 dedicated aftercare workers.¹⁶

In Tusla, various grades fulfil aftercare worker roles. (In cases where children have been in stable foster care, the social worker provides aftercare support alongside the foster carer.) While Tusla has not been in a position to estimate the full-year cost of employing an aftercare

¹⁴ Mayock, P. and M.L. Corr. 2013. *Young people's homeless and housing pathways: key findings from a 6-year qualitative longitudinal study*. Dublin: Department of Children & Youth Affairs.

<https://www.homelessdublin.ie/content/files/Young-Peoples-Homeless-and-Housing-Pathways.pdf>
Accessed: 29 June 2018. This is a qualitative longitudinal study of homeless young people in Dublin city (40 homeless young people recruited to the baseline phase). The study was initiated in 2004 and involved three waves of data collection over a 6-year period.

¹⁵ PQ 17931/13 <http://www.parliamentary-questions.com/question/17931-13/> and PQ19075/13 <http://www.parliamentary-questions.com/question/19075-13/>.

¹⁶ Letter of 28 June 2017 from Tusla to Bernard J. Durkan, T.D. in response to PQ30079/17.

worker, it calculates that the total cost¹⁷ of employing people at the following grades (based on the midpoint of the salary scales) are:

- €67,374 for a Social Care Leader; and
- €52,485 for a Social Care Worker.¹⁸

The information available suggests that Tusla's total cost of employing aftercare workers is of the order of €5m.

Aftercare Allowance¹⁹

An *Aftercare Allowance* of €300 a week is made by Tusla in respect of the young adult between the ages of 18 and 21 (or 23) who are still in training or education. The purpose of the allowance is to cover the day-to-day costs associated in supporting the young adult as they progress in education or accredited training. Where a young adult in education/training remains in placement, the *Aftercare Allowance* is payable to the foster carer or supported lodgings provider. Where a young adult continues with education/training and is in independent living, the *Aftercare Allowance* is payable directly to the young adult.

This Allowance also incorporates a once off payment of an *Aftercare Grant* which is paid to the eligible adult when they leave placement and is a grant to assist with rent / deposit (month's rent and deposit to a ceiling as set by the Department of Employment & Social Protection) and start-up costs associated with initial moving home expenses (€300).

Table 2 sets out expenditure by Tusla on the *Aftercare Allowance*. Expenditure on the aftercare allowance has increased by 20% between 2014 and 2017 though most of this increase occurred between 2014 and 2015.

Table 2 – Tusla expenditure on the Aftercare Allowance

	2014 €m	2015 €m	2016 €m	2017 €m
Aftercare Allowance	14.395	16.096	16.650	17.248

Source: Tusla. Various Years. *Annual Financial Statements*.

¹⁷ Basic Pay plus PRSI plus Non-Pay Costs.

¹⁸ Letter of 29 June 2017 from Tusla to Donnchadh Ó Laoghaire, T.D. in response to PQ28702/17.

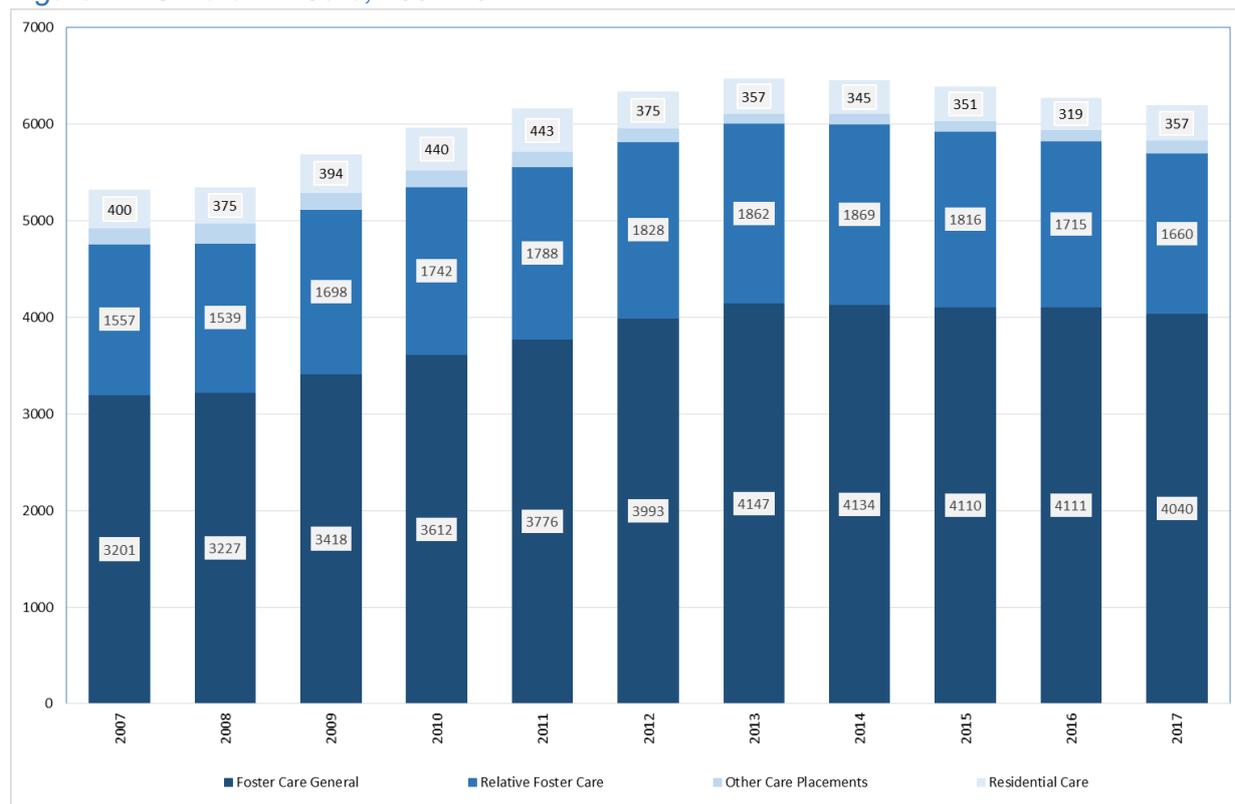
¹⁹ Tusla. September 2017. *Financial Support in Aftercare*.

https://www.tusla.ie/uploads/content/4254-TUSLA_Finance_Aftercare_v3.pdf

Outputs and Services

An important aspect of the aftercare service is to prepare young people for leaving statutory care, adulthood and independent living.²⁰ In Ireland, the number of children in care has increased over the last decade from just over 5,300 in 2007 to 6,190 in 2017. (The number of children in care peaked at almost 6,500 in the years 2012 and 2013). Over the period 2012-17, there has been an average of about 6,350 children in care in Ireland. The vast majority of these children are in foster care, either general foster care (64%) or relative foster care (28%), with about 5% in residential general care. (See Figure 1.)

Figure 1 – Children in Care, 2007-2017



Source: (a) 2013-2017 - Tusla; and (b) 2007-2013 – Health Service Executive. 2011, 2012. *Annual Report and Financial Statements*. Note: Data for 2017 includes 80 children in care under the Social Work Team for Separated Children Seeking Asylum; this data was not included in previous years. Data for 2014 and earlier years includes children in respite care from home and hence are not directly comparable with data for 2015 onwards.

A comprehensive assessment of need is used to determine the level of service that will be offered to the young person who refers to the aftercare service. The decision on the level of service to be offered and provided is the combined consideration of their needs that should include their capacity to live independently; placement / accommodation, financial resources; employment, education and/or training; emotional and psychological needs, health needs and support networks.²¹

As is evident from Figure 2, the number of young adults in receipt of aftercare services has increased over the last decade, from 815 in 2006 to almost 2,040 in 2017 (+150%); it increased

²⁰ Tusla, 2017a: 6-8.

²¹ Tusla. September 2017. *Allocation of an Aftercare Worker*.

https://www.tusla.ie/uploads/content/4255-TUSLA_Allocation_Aftercare_Worker_v3.pdf

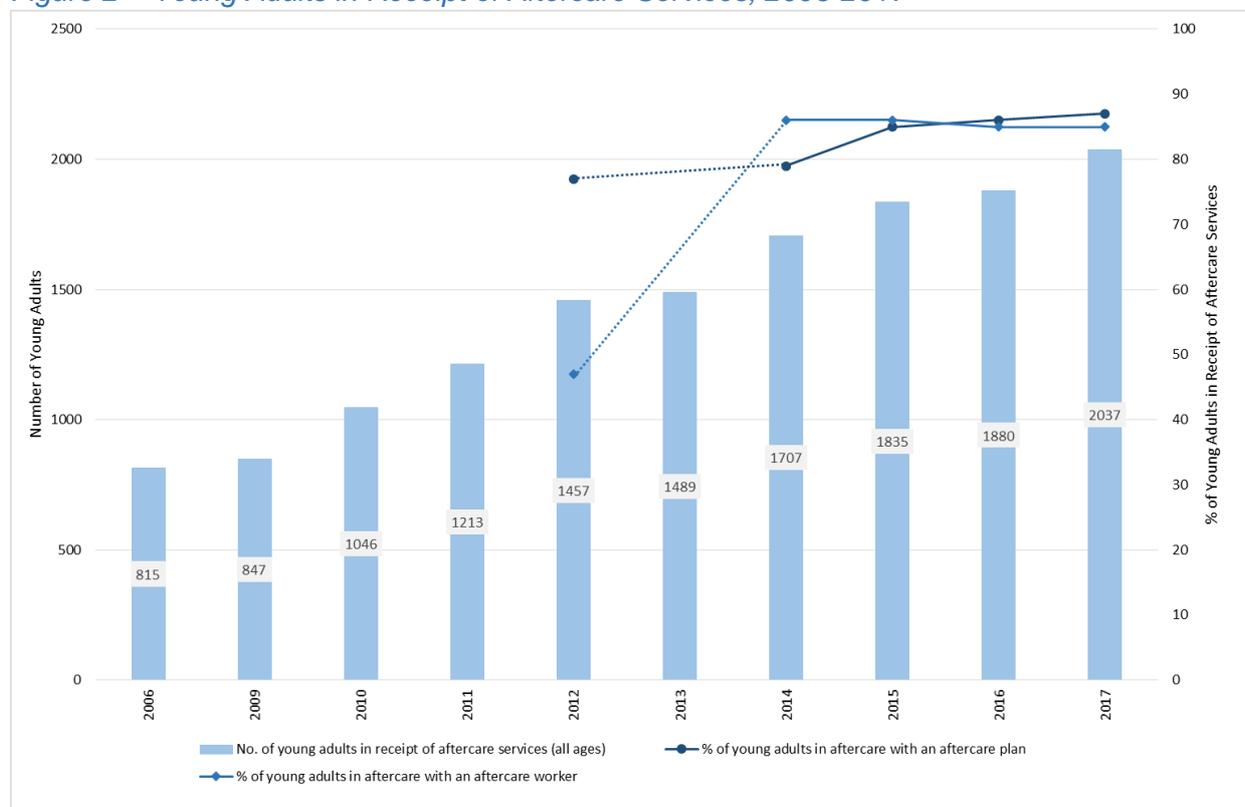
by 19% between 2014 and 2017. Most of those who receive aftercare services are aged 18-22 years (over 96%).

The data provided by Tusla indicate that, an average of:

- 521 young adults are discharged from care by reason of reaching 18 years of age (at end 2015-17);
- 503 of these young adults discharged are eligible for an aftercare service (at end 2015-17); and
- 462 of those who are eligible for aftercare service avail of an aftercare service (at end 2016-17).

From this data it is evident that most young adults who leave care by reason of reaching 18 years of age are eligible for aftercare (96%) and that most of these decide to avail of the service (92%). Alternatively, 89% of young adults who leave care by reason of reaching 18 years decide to avail of the aftercare service.

Figure 2 – Young Adults in Receipt of Aftercare Services, 2006-2017



Source: (a) 2012-2017 - Tusla. Various Years. *Annual Review on the Adequacy of Child Care and Family Support Services Available*; and (b) 2006-2011 – Health Service Executive. Various Years. *Annual Review on the Adequacy of Child Care and Family Support Services Available*. Note: for percentage of young adults with aftercare plan and aftercare worker, for the years 2015-2017 the cohort is those aged 18-22 years; prior to 2015 those aged 23 years of age were included.

Based on the available evidence, it would appear that the estimated average number of young adults assigned to each aftercare worker has increased from about 15 in 2012 to about 22 in 2017.²² Such a caseload is likely to contain a broad mix of young people ranging from those

²² 2012:- 1,457 young adults in receipt of aftercare services of which 47% had an aftercare worker and there were 45 aftercare workers $((1,457 \times 0.47) / 45) = 15.2$; 2017:- 2,037 young adults in receipt of

who require little or no on-going contact to those who might be very vulnerable. Furthermore, as the young adult's needs change so too do the supports required.

As noted earlier, overall expenditure by Tusla on aftercare support has increased by 19% between 2014 and 2017. When account is taken of the number of young people who are in receipt of aftercare services, average expenditure on each young adult in receipt of aftercare services has remained more or less unchanged between 2014 and 2017 though there is variation from year-to-year. (See Table 3.)

As the aftercare allowance is only paid to those who are in education / training, not all of those who are in receipt of aftercare services receive the allowance. When this element is removed, average expenditure on each young adult in 2017 was €4,272; slightly less than it was in 2014 and again with year-on-year variation. (In 2015, the Aftercare Allowance accounted for 75% of expenditure on Aftercare while in each of the other years it has accounted for between 66% and 69%.)

Table 3 – Average expenditure by Tusla on Aftercare Services

	2014	2015	2016	2017
	€	€	€	€
Average Expenditure	12,759	11,929	12,787	12,739
Average expenditure excluding Aftercare Allowance	4,326	3,157	3,931	4,272

Preparing to Leave State Care

The aftercare protocol set out in the *Youth Homelessness Strategy* (2001: 27) stated that “each health board must ensure that a written policy in relation to aftercare is prepared and communicated to all its staff”. Similarly, an action required under the *Homeless Preventative Strategy* (2002: 26) stated that “health boards will develop and implement aftercare protocols for all young people leaving care”.²³ The aftercare protocol (2001: 27) also stated that “a designated person will be appointed to provide aftercare support for each young person leaving care including those leaving foster care or availing of other services provided by or on behalf of a health board such as supported lodgings”.

Data published by the HSE reported that by end-2009 all Local Health Offices were operating a formal Leaving and Aftercare Support Service for young people leaving care.²⁴

The Child Care (Amendment) Act 2015 imposes a statutory duty on Tusla to undertake an assessment of need for an eligible child or eligible young person who is leaving care. Section

aftercare services of which 85% had an aftercare worker and there were 80 aftercare workers $((2,037 * 0.85) / 80) = 21.6$. (Note that the percentage of those with aftercare workers is based on cohort aged 18-22 years rather than all young adults in receipt of aftercare services.)

²³ Department of the Environment & Local Government. 2002. *Homeless Preventative Strategy*. <https://www.housing.gov.ie/sites/default/files/migrated-files/en/Publications/DevelopmentandHousing/Housing/FileDownload,1798,en.pdf> Accessed: 4 September 2018.

²⁴ Health Service Executive. 2011. *Supplementary Report December 2010*.

5 of the 2015 Act (commenced in September 2017²⁵) strengthens the original provision set out in Section 45 of The Child Care Act 1991 by creating an explicit statement of Tusla's duty to satisfy itself as to the child's or young person's need for assistance by preparing a plan that identifies those needs for aftercare supports.

Tusla states that its new policy position is reflective of this change.

An assessment of need is undertaken by an aftercare service once eligibility is affirmed. This assessment takes place within four months of affirmed eligibility or six months prior to the young person's 18th birthday. The assessment of needs is intended to assist the aftercare service in determining the level of support the young adult will require as part of their Aftercare Plan and encompasses education; financing and budgetary matters; training and employment; health and wellbeing; personal and social development; accommodation; and family support. (Tusla, 2017a: 14-15.)

An Aftercare Plan is a written plan that outlines the following needs: education, training and employment; health and wellbeing; personal and social; accommodation; finance and budgeting; social network and supports; family access and contact; and supports from other services. (Tusla, 2017a: 18-19)

While it may vary from case to case, young people in statutory care should begin the process of preparing to transition to adulthood and can do so from the age of 16 years.²⁶ Each year, about 1,500 young people are of an age at which they can begin a process of preparing to leave statutory care. In terms of the overall population of children in care, the relevant age cohorts account for between a sixth (aged 16-17 years) and a quarter of children in care (aged 15-17 years).²⁷

The data published by Tusla in its *Quarterly Performance and Activity Reports* indicate that, an average of:

- 32% of children in care and aged 16-17 years have a preparation for leaving care and aftercare plan in place (at end 2015-17); and
- 36% of children in care and aged 16 and 17 years have an allocated aftercare worker (at end 2015-17).

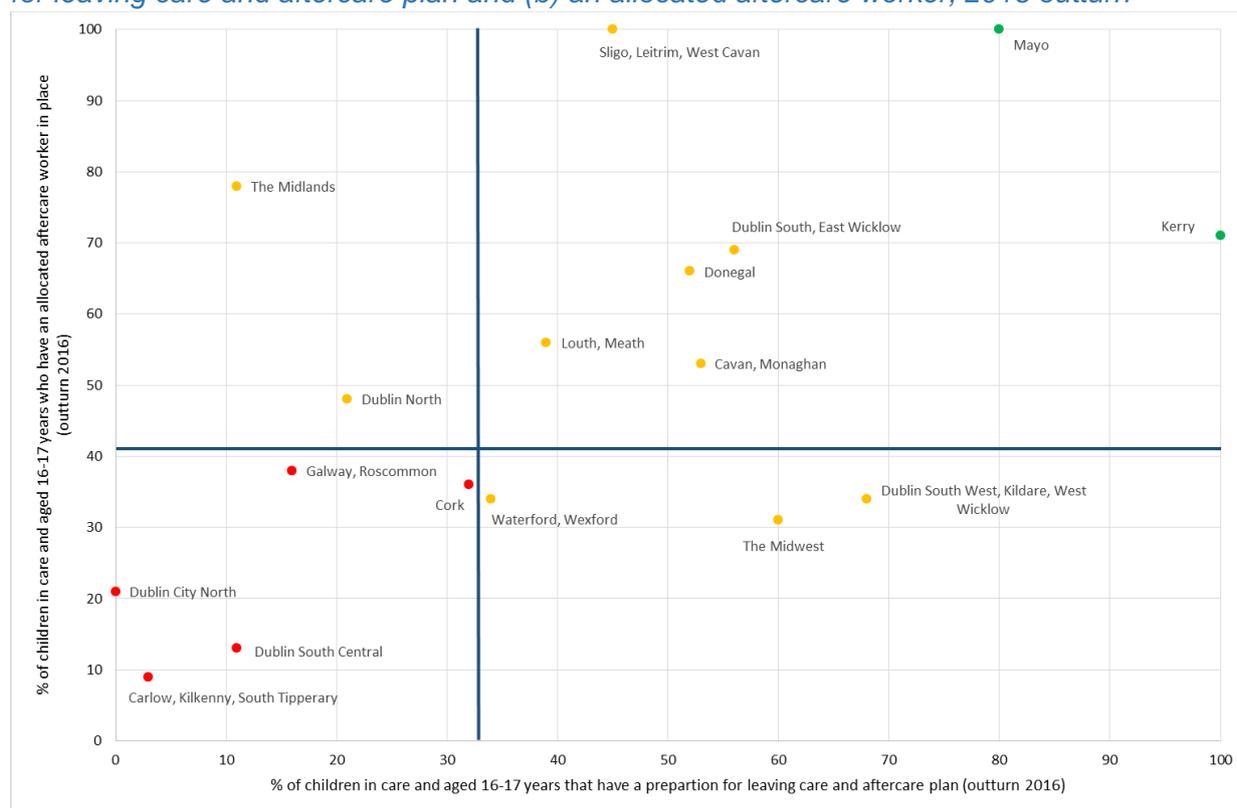
Figure 2 presents 2016 outturn data of the percentages of children in care and who are aged 16-17 years who have begun the process for preparing to leave care. The reference lines in Figure 2 refer to the overall national performance in 2016 on each of the two measures of preparation. On both measures, only Mayo and Kerry perform substantially above the national levels of performance while Dublin City North and Dublin South Central as well as Carlow, Kilkenny and South Tipperary perform well below the national levels.

²⁵ <http://www.irishstatutebook.ie/eli/2017/si/296/made/en/print>

²⁶ Tusla, 2017a: 18.

²⁷ (a) *Children in Care aged 16-17 years* - Tusla. Various (Q4). *Quarterly Service Performance and Activity Report*; and (b) *Children in Care aged 15-17 years* - Department of Children & Youth Affairs. 2016. *State of the Nation's Children*: 211.

Figure 2 – Percentages of Children in Care and aged 16-17 years who have (a) a preparation for leaving care and aftercare plan and (b) an allocated aftercare worker, 2016 outturn



Source: Tusla. Q4 2017. *Quarterly Service Performance and Activity Report*

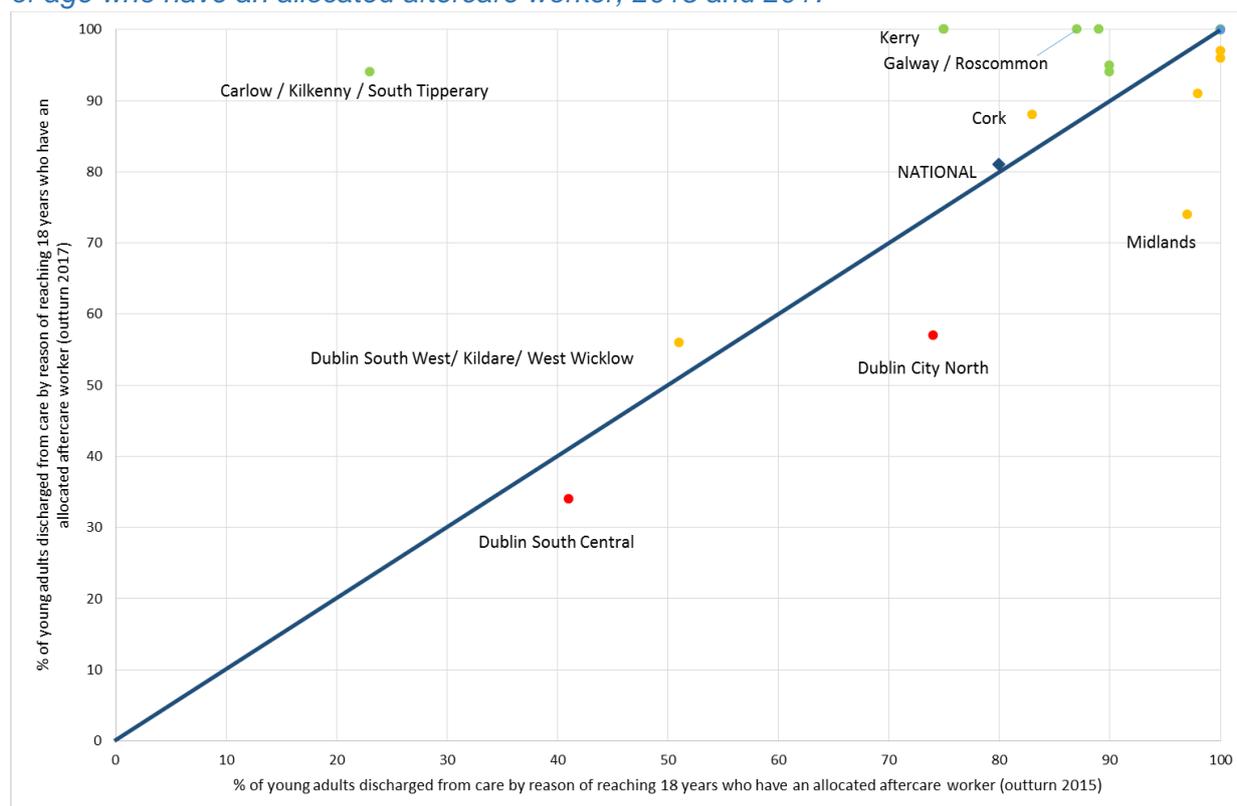
Young Adults who have left State Care

Over the period 2015-2017, four-fifths of young adults discharged from care by reason of reaching 18 years have had an allocated aftercare worker. Figure 3 compares the performance of different areas of the country in 2015 and 2017 and it is evident that the allocation of aftercare workers is uneven across the country.

In some areas performance has been strong with over 90% of those discharged from care having an allocated aftercare worker (Dublin North, Louth / Meath, Waterford / Wexford and the Midwest) with Mayo and Sligo / Leitrim / West Cavan reporting 100% allocation in both 2015 and 2017. Performance in other areas has improved (to the left of the main diagonal), especially in Carlow / Kilkenny / South Tipperary. However, as Tusla states “planning and preparation for leaving care is also not what it should be in a number of areas”²⁸ and performance has either declined (the Midlands) or remained well below the national average (Dublin South Central and Dublin City North).

²⁸ Tusla. 2017b. *Annual Review on the Adequacy of Child Care and Family Support Services Available 2016: 73.*
https://www.tusla.ie/uploads/content/Review_of_Adequacy_Report_2016_Final.pdf Accessed: 5 September 2018.

Figure 3 – Percentages of Young Adults discharged from care by reason of reaching 18 years of age who have an allocated aftercare worker, 2015 and 2017



Source: Tusla.

Goals and Achievements

In its submission to the Joint Committee (2014: 18), the Department of Children & Youth Affairs acknowledged the importance of aftercare for young people leaving care:

Young people leaving care need ongoing support in order to achieve their potential. The provision of an appropriate aftercare service has been highlighted as a key element to achieving positive outcomes for young people on leaving care. It is essential that young people leaving care are provided with the type of transitional support that their individual situation requires.

Tusla (2017: 3) is committed to delivering and implementing an equitable, holistic and integrated aftercare service which is responsive, inclusive and relevant to each young adult's circumstances and their changing needs. Tusla (2017: 3) seeks to promote better outcomes which can be measured and defined as:

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

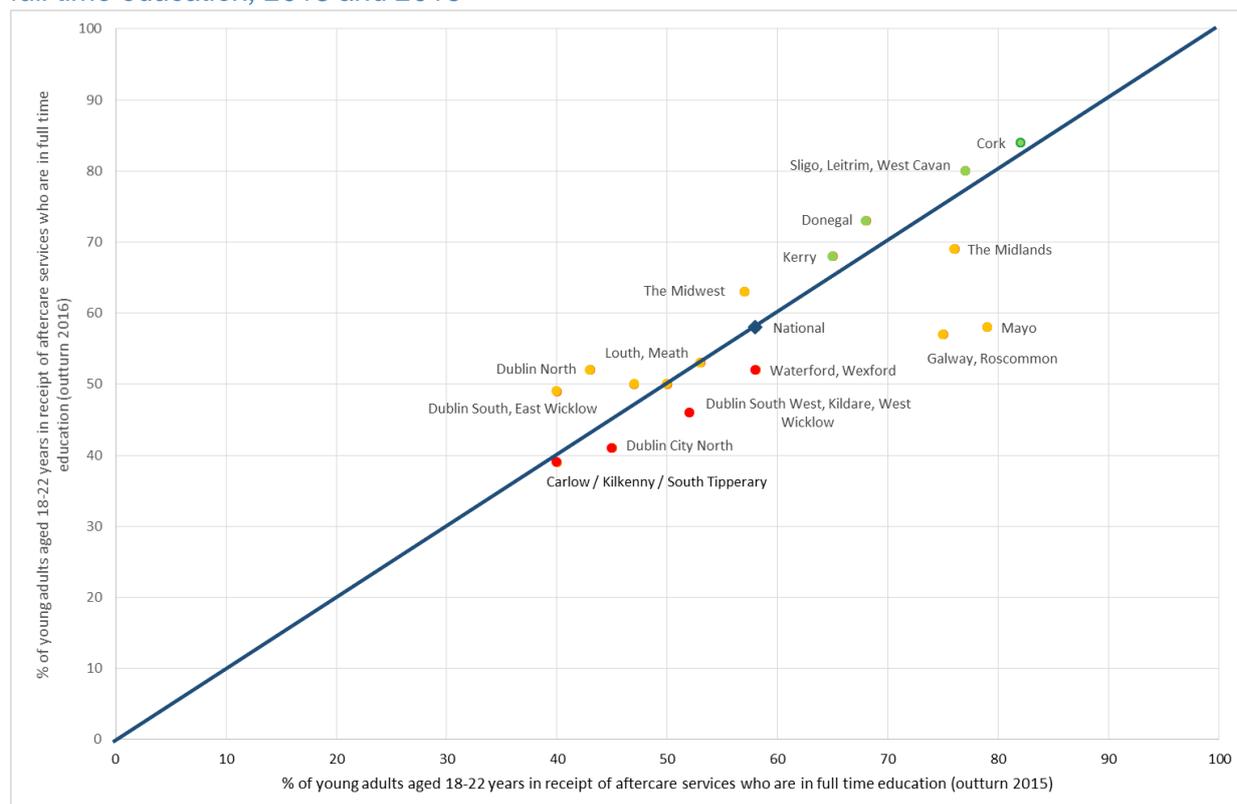
The same set of measured and defined outcomes were set out in 2011.²⁹

Education / Training

One element of the aftercare service is to support young people leaving care with their ongoing education / training. The data published by Tusla indicates that almost three-fifths of young adults aged 18-22 years who are in receipt of aftercare services are in full time education / training.

From Figure 4 it is evident that there are differences across the various areas of the country. For instance, in some areas participation amongst young adults in receipt of aftercare services is above the national average (of those in education³⁰) and increasing (Kerry, Donegal, Sligo, Leitrim, West Cavan and Cork) while in other areas it is below the national average and decreasing (Dublin City North, Dublin South West, Kildare, West Wicklow, Waterford and Wexford). In other parts of the country participation is more mixed between those areas where it was below the national average but has increased and those areas where it was above the national average but has decreased.

Figure 4 – Percentages of Young Adults aged 18-22 years in receipt of aftercare services in full time education, 2015 and 2016



Source: Tusla. Q4 2016 and Q4 2017. *Quarterly Service Performance and Activity Report*.

²⁹ Health Service Executive. 2011. *National Policy and Procedure Document for Aftercare Service Provision*. A copy of this document can be found on the Irish Foster Care Association’s website: http://www.ifca.ie/files/1514/7738/9858/Irish_Foster_Care_Association_1.pdf Accessed: 29 June 2018. This policy is no longer in operation.

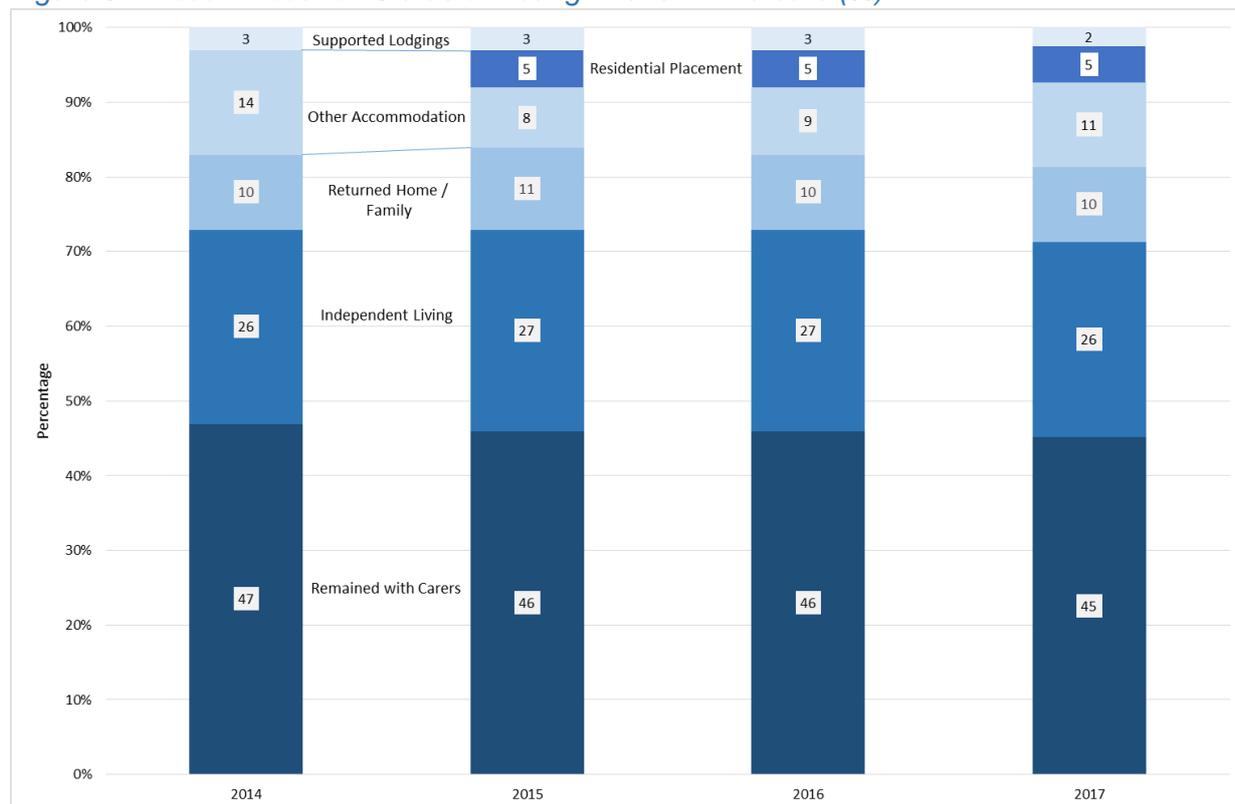
³⁰ Based on CSO data, in 2017 there are an estimated 290,865 young adults aged 18-22 years and of these 166,255 are engaged as “students” (57%).

Accommodation

Another element of the aftercare service is to assist young people leaving care with their accommodation needs.³¹

From Figure 5 it is evident that of the young people being supported by aftercare services, almost half have chosen to continue to reside with their carers while a tenth have returned home to their families. Just over a quarter of this cohort of young adults are reported as living independently. About one-in-six young adults who have left care would appear to be in need of particular supports in that they are living in supported lodgings or residential placement (or not specified other accommodation).

Figure 5 – Accommodation Status of Young Adults in Aftercare (%)



Source: (a) 2016-2017 - Tusla. Various (Q4). Quarterly Service Performance and Activity Report; and (b) 2014-2015 - Response to PQ33979/17. Note: the data for the years 2015-2017 (inclusive) refers to the 18-22 years cohort in receipt of aftercare services.

Perspectives of Young People

Aftercare was one of the issues considered in a consultation process with young people living in State care conducted by the Department of Children & Youth Affairs (2011). Participants noted the “reassurance of having support when you go out on your own” and those who had an aftercare worker felt that “they were there for you more; they are like a friend”. Participants also felt that a level of independence was vital to make aftercare work, especially “making things happen for yourself” and “learning from you own mistakes”. However, participants also noted the limited availability of aftercare workers (weekday working hours) and issues around the provision of accommodation. Participants also felt that there was a distinct lack of

³¹ In 2014, a protocol was established between Tusla and the Department of the Environment, Community & Local Government in relation to the assessment of housing needs for young people leaving care.

information about aftercare and experienced feelings of “fear of being left completely on your own”.³²

Tusla states that the *National Aftercare Implementation Plan* is addressing issues such as those relating to dedicated teams, the development of drop in services, interagency steering committees, the development of a website and so on. It also notes that a consultation process has sought to engage young people in the development of policy and that they will also be consulted with regard to the development of the website. In some parts of the country, aftercare forums have been established to engage with young adults.

On-going Monitoring and Evaluation

The Joint Committee on Health & Children (2012) noted that stakeholders highlighted the socio-economic benefits associated with the proper provision of aftercare services (the asserted benefits are reduced homelessness, welfare dependency and criminality). That said, their report also notes that this evidence is “indicative” in nature.

Action 65 from the Ryan Report Implementation Plan required the HSE, and subsequently Tusla, to conduct a longitudinal study to follow young people who leave care for 10 years, to map their transition to adulthood. In its final report on the Implementation Plan, the Monitoring Group (2014: 6) stated that resource constraints meant that it was not possible to implement this recommendation.³³

Tusla is required under Section 8 of the Child Care Act 1991 (as amended by the Child and Family Agency Act 2013) to prepare an annual report on the adequacy of child care and family support services available and submit it to the Minister for Children and Youth Affairs and other stakeholders.³⁴

³² Department of Children & Youth Affairs. 2011. *Listen to Our Voices – Hearing Children and Young People Living in the Care of the State. Report of a consultation process*: 53.

https://www.dcy.gov.ie/documents/publications/LTOV_report_LR.pdf Accessed: 29 June 2018. See also a report presenting the results of a high-level review on the Youth Homelessness Strategy that was in part based on in-depth semi-structured interviews with a selection of stakeholders and service users by S. Denyer, A. Sheehan and A. Bowser. 2013. *Every Child a Home – A Review of the Implementation of the Youth Homelessness Strategy*. Dublin: Department of Children & Youth Affairs. <https://www.tusla.ie/uploads/content/YthHomelessStratReview.pdf>

³³ Ryan Report Monitoring Group. 2014. *Ryan Report Implementation Plan – Fourth Progress Report (December 2014)*.

<https://www.dcy.gov.ie/documents/publications/20150324RyanRepFourthProgressDec2014.pdf>

³⁴ See <https://www.tusla.ie/publications/review-of-adequacy-reports/>

Quality Assurance Process

To ensure accuracy and methodological rigour, the authors engaged in a quality assurance process that involved Department of Public Expenditure & Reform line management and a Quality Assurance Group as well as taking account of observations received from the Department of Children & Youth Affairs and Tusla.

