

Aftercare for Separated Children

October 2010

Introduction

Aftercare is a range of services provided to a young person when they leave the care of the State aged 18. These services should support young people while they make the transition from living in care to adulthood, with the same opportunities and quality of life as their peers. There is currently no statutory obligation on the Health Service Executive (HSE) to provide support and services to young people after they reach the age of 18.

Aftercare provision is currently provided for under Section 45 of the Child Care Act 1991. However, the wording in the current legislation states that the HSE 'may' provide aftercare for children who need it. Barnardos, the Irish Association for Young People In Care and the Irish Foster Care Association have sought an amendment to the Child Care (Amendment) Bill 2009, to ensure that there is a statutory provision of aftercare for all children in care.

Current aftercare service provision is patchy and inconsistent for all children leaving care. However, for separated children the situation is particularly bleak, a fact highlighted in 2008 by the HSE's Intercultural Health Strategy, which stated that 'serious concerns are emerging around the situation of aged out minors who leave residential accommodation at the age of 18 and without adequate follow up and support, are at risk of a range of social ills.'¹ Child trafficking and related exploitation and abuse of children is emerging as an additional issue in this area.'

¹ National Intercultural Health Strategy 2007 – 2012 (2008)

Similarly, the HSE Model for the Delivery of Leaving Care and Aftercare Services published in 2006 stated that 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.

It further stated that asylum seeking non-Irish nationals on reaching 18 years of age 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 aftercare². In the majority of cases, this support is not accorded to separated children seeking asylum and they are transferred to direct provision accommodation upon reaching 18.

Current Legislation and Policy

Both the immediate and the ongoing needs of separated children seeking asylum relating to accommodation, medical and social needs as well as their application for refugee status are the responsibility of the HSE in accordance with Section 8(5)(a) of the Refugee Act 1996 (as amended) and the Child Care Act, 1991. When a separated child in the care of the HSE reaches 18 years of age (commonly referred to as 'aged out' minors) he or she may be referred by the HSE to the RIA for transfer to adult direct provision (DP) centres.

These DP centres, which are mainly in Carlow, Cork, Donegal, Galway, Kildare, Sligo and Waterford, were selected because they are family centres and are close to education facilities and other supports such as youth networks. Some also have public health nurses available on site.³

A policy document issued by RIA states that aged out separated children have a better chance of accessing supports and aftercare service from the HSE in regions

² From Separated Children living in Ireland - A report by the Ombudsman for Children's Office (2009)

³ Joyce, C. & Quinn, E. (2009). Policies on Unaccompanied Minors in Ireland. Dublin: Economic and Social Research Institute

where there is less pressure on resources⁴. It further argues that the young person would be less exposed to risks such as exploitation, crime and drug abuse if they are located outside of Dublin.

RIA has stated that each case be discussed with the HSE before placement occurs and the young person's views are taken into account. If a minor has siblings in the Dublin area, he or she should not be dispersed and no dispersals should occur within term time if a young person is studying.

The HSE contends that in circumstances where it deems a young person to be particularly vulnerable, the period in HSE care can be extended beyond 18 years of age at the HSE's discretion, for example when they are still in education.⁵ Furthermore, where a young person is in the process of completing an educational course, the HSE liaises with RIA to ensure that their educational needs are met.

Some degree of liaison between the HSE and the RIA takes place before that person reaches 18 and is due to be transferred from the former to the latter. However, despite these assertions, Barnardos is aware of cases of where separated children have been moved to RIA centres upon turning 18 and have not yet completed their second level education.⁶

In a 2009 report, Separated Children Living in Ireland, the Ombudsman for Children expressed concern at the policy of dispersing young people without any aftercare provision or general supports on the ground. The Ombudsman also reiterated that aftercare be established for all children in care, as a statutory responsibility of the HSE. The report, which was critical of the general standard of care provided for separated children by the HSE, called for the dispersal policy to be abolished for 18-year-olds still at school adding that separated children be allowed to stay in their schools until they complete their Leaving Certificates.⁷

⁴ Reception and Integration Agency (2009). Policy on the accommodation of Aged-out Minors (AOM) in RIA Accommodation Centres from the 1st January 2009

⁵ Dáil Questions – Written Answers, 19 May 2010

⁶ The Irish Times – 23 April, 2010

⁷ Separated Children Living in Ireland - A report by the Ombudsman for Children's Office (2009)

Challenges faced by separated children and aged out minors due to lack of aftercare

Before the introduction of dispersal, all aged out minors were guaranteed accommodation in one of four dedicated DP centres in Dublin where they could easily access dedicated support services. They are now being dispersed around the country, sometimes in areas where there are no adequate supports to cater for their specific needs. As a result of this significant change in their circumstances, separated children may experience a range of difficulties, which may include:

- Loss of geographical familiarity;
- Loss of integral supports as the HSE no longer provides them with care supports;
- Loss of support from voluntary organizations that would have been working with them for many years in the Dublin area;
- Uncertain living arrangements and difficulties of adjustment to culture of living in direct provision;
- Vulnerability to prostitution and trafficking, especially when they are sent to isolated DP centres where there are very little supports and they are easily targeted by human traffickers;
- Lack of information and knowledge of appropriate services in their new locality;
- Reduced motivation, particularly when it comes to continuing in education in their new locality.⁸

Specific needs of aged out minors must be recognised in two distinct cohorts – those who are seeking asylum and those granted status. Both groups of children remain vulnerable as they move into young adulthood and exceptionally vulnerable to exploitation.

⁸ Viriri, I. (2010). Opened Doors: Transition to the Future – Research into Challenges of former Separated Children Seeking Asylum who have been granted Refugee Status or Leave to Remain. UCD, Dublin.

It is imperative that appropriate aftercare services are developed to meet the specific needs of aged out minors who have either been moved to DP or those granted some form of status and left to fend for themselves. The majority of these young people come to Ireland at a very young age and become young adults in very challenging and difficult circumstances. They grow up in contrived environments without parents or guardians.

Recommendations

The Commission to Inquire into Child Abuse's Recommendation 16 found that 'Aftercare services should be provided to give young adults a support structure they can rely on. In a similar way to families, child care services should continue contact with young people after they have left care as minors.'

As a result, the Ryan Implementation Plan significantly makes several commitments, with the one of more significant ones stating that the HSE will ensure the provision of aftercare services for children leaving care in all instances where the professional judgement of the allocated social worker determines it is required.

If implemented this and other commitments could ensure that separated children's aftercare needs are met and that this would allow them to progress in life whether they remain in Ireland or return to their countries of origin.

A good example of an already existing aftercare service for separated children or aged out minors, albeit only those who have been granted some form of protection status, is the dedicated unit operated by the HSE Dublin Social Work Team for Separated Children. Social care workers provide this aftercare service to the young people living in independent flat accommodation in Lucan, Co. Dublin.

The aim of this service is to equip young people with skills to live independently and develop networks of support within local communities in response to identified needs and specifically in empowering and supporting the young people in making the transition from hostel accommodation to independent living.

The aftercare worker operates with a wide range of other statutory and voluntary services in order to provide an optimum level of care and achieve a wide network of support for the young people. According to the HSE, this service will continue depending on the numbers of young people in this group.⁹

⁹ Updated Report on the HSE Separated Children Seeking Asylum Service, April 2010.

Conclusion

The policy to disperse aged out minors without any aftercare provision and general support for young people is greatly worrying. Aftercare should be established for all children in care, as a statutory responsibility of the HSE.

The current practice of transferring separated children who have turned 18 to DP centres is completely unsuitable and exacerbates the vulnerability of these young adults many of whom have been through long and traumatic journeys and/or have been in care for a long time.

Regardless of where an aged-out minor is accommodated, it is arguable that there exists a lack of tracking or follow-up within the HSE, with a lack of resources available to social workers to follow up on cases and to provide information on their situation post-18 years.

As District Court Judge Conal Gibbons (2007) has noted this lack of resources for follow up is a wider presenting issue, with minors in care moving from “one care area to another without proper reference onwards or communication to those who should be responsible¹⁰.”

Research shows that being able to leave on a gradual basis or staying on beyond the age of 18, having stability and continuity all contribute to positive outcomes for young people leaving the care system. Whilst in care, many young people will have formed significant emotional and psychological ties with their carers.

Those leaving care need a range of practical supports including financial, accommodation, training and education, advice and information support. It is also important that they have access to emotional support, mentoring and a caring adult who will keep in touch with them.

¹⁰ Aspects of Child Care in the District Court. Text of address delivered by Judge Conal M. Gibbons at the Judicial Studies Institute National Courts Conference, 17 November 2006.