empowering people in care

Submission to the Department of Children, Disability and Equality on the Development of a National Alternative Care Strategy

December 2025

EPIC Empowering People in Care

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Introduction

EPIC welcomes the opportunity to contribute to this important National Policy Framework which will articulate a future, whole-of-government vision for alternative care in Ireland. This plan and vision must be the blueprint for a brighter future for all children in care and care-experienced young people. This submission outlines the key issues which EPIC would like to see prioritised in the Framework. The submission is strongly based on the work of EPIC's advocacy team, as well as input from our youth council and the broader care community.

EPIC believes that the Framework should be underpinned by international children's rights standards. Central to the framework must be the voice of children in care and young people with care experience. Children must be listened to and meaningfully involved in decision making about their care. The experiences of those who have been through the care system must be at the heart of policy and practice. It is important that DCDE prioritises input from children in care and young people from care experience who should have a central involvement in the consultation process for this Framework, as well as in its oversight and implementation.

In terms of a vision for alternative care, EPIC want to see a shift within Government to ensure that children in care and young people with care experience are the responsibility of the whole of Government as corporate parents. There must be shared responsibility across Government Departments to work proactively to ensure children in care and young people with care experience can thrive. Proper planning across Government Departments and Agencies must lead to a cross-government and multi-agency approach to meeting the need of children in care and young people with care experience. This should also include a focus on supporting families to prevent separation of children from their families, except when separation is in the child's best interest.

A cross-Departmental approach is particularly important in relation to disability, separated children, aftercare and youth justice. The Framework should strengthen obligations on relevant State Departments and agencies to provide access to services for children in care and young people with care experience, such as access to disability services, educational supports, mental health and other health services and addiction services.

Building Capacity will require multi-annual budgeting and a comprehensive approach to workforce planning. Issues relating to recruitment and retention of social workers requires a cross-departmental and longer-term approach. This approach must also address issues around the education and training of social workers. The framework should include a focus on protecting, maintaining and building upon foster care and increasing recognition and support for kinship care. The longer-term vision for alternative care should include implementation the *External Review of Special Care* (2025) in full, including infrastructure funding for a centre of excellence and recommendations in relation building capacity in residential care and step-down facilities. This should also include a commitment to rebalance the residential care system in favour of public ownership and end the over reliance on private providers.

Removing barriers to aftercare is a particular focus for EPIC and our youth council, including the current strict eligibility criteria and upper age limit and the need to increase the aftercare payment. Of particular importance is the need to strengthen cross-government co-ordination and responsibility in relation to transition from care and aftercare, including access to accommodation, education and disability services. The Framework should address the needs of separated children. We need to see a return to equity of care, particularly as they turn 18, ensuring equitable access to aftercare services and supports.

EPIC would like to see a focus on in the Framework on fostering relationships between siblings in care and with care experience. Barriers to facilitating sibling access, including resource constraints, should be prioritised. Experiences of care-experienced parents should also be examined, with a view to developing a policy to support them. EPIC regularly supports children and young people regarding both issues.

Any Policy Framework will only be as good as the resources and focus it receives. This vision must have an ambition for the alternative care system and the quality of services it provides to children and young people that inspires commitment from all stakeholders, ensuring that every care-experienced child and young person can reach their full potential. The Framework will require strong key performance indicators, and the vision must be underpinned by a robust oversight structure that listens to the voice of care-experience and can live beyond the life of any individual government. Central to this success of this Framework is the recognition that the success of children in care is intrinsically linked to their access to the services that the state provides.

Whole-of-Government Approach

While Tusla play a central role in the lives of children in care, the State as a whole is the corporate parent. There must be shared responsibility, proactively pursued, across each government department and agency to ensure children in care and young people with care-experience can thrive. The Framework should support a shift away from thinking about children in care and young people with care-experience and children as risk as solely the responsibility of Tusla and promote “whole-of-government” accountability for these most vulnerable children in society. A “whole-of-government” and “whole child” approach can only be achieved through co-operation and systemic change across departments and agencies rather than through piecemeal change.

Proper planning across departments and agencies must lead to a cross-government and multi-agency approach to meeting the needs of children in care and young people with care-experience. It is positive to see a stronger duty to co-operate under the recently published Child Care (Amendment) Bill, including the provision to establish a National Child Care Implementation and Inter-Agency Committee, with a corresponding legal duty on “relevant bodies” to cooperate and collaborate with Tusla in the planning and delivery of services to children and families. This approach should also extend to the provision of aftercare services for young people with care-experience. The National Policy Framework should clarify specific obligations of relevant Departments and agencies about children in care and young people with care-experience, particularly in relation to meeting health, mental health, education, disability and accommodation needs.

International Children’s Rights Standards

The Framework should be underpinned by international children’s rights standards. While all rights under the United Convention on the Rights of the Child (UNCRC) are indivisible and relevant to children in care, there are several provisions that are of particular relevance to and should be at the heart of the development of the National Policy Framework.

Article 12 enshrines the right of children to be heard and to have their views given due weight, requiring actions to be taken to assure “the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child.” Article 3(1) requires the right of children to have their best interests as a primary consideration in all decisions, while article 3(2) requires that children should have the right to such protection and care as is necessary for their wellbeing. The UNCRC committee have stated that the assessment of a child’s best interests includes respect for the child’s right to express his or her views freely and to have due weight given to those views in all matters affecting the child.

Article 20 enshrines that children temporarily or permanently deprived of their family environment have the right to special protection and assistance provided by the State, including alternative care for such a child, which pays due regard to the child's ethnic, religious, cultural and linguistic background. Article 22 states that unaccompanied migrant and refugee children shall be afforded the same protection from the state as any other child who is deprived of their family environment. Article 25 states that children in alternative care have the right to have their placement reviewed periodically by the competent State authorities.

The principle of non-discrimination under Article 2 cuts across all of these rights and requires States to ensure the rights set out in the UNCRC apply without discrimination of any kind, and to take all appropriate measures to ensure that the child is protected against all forms of discrimination. This principle prohibits all forms of discrimination in the enjoyment of rights under the UNCRC, but also requires the State to take appropriate proactive measures to ensure effective equal opportunities for all children to enjoy the rights under the Convention. The Committee on the Rights of the Child has made it clear that this may require positive measures to redress a situation of real inequality.

Obligations under the UN Convention on the Rights of People with Disabilities (CRPD) should also be considered. Some provisions are particularly relevant to children with disabilities in alternative care or at risk of family separation. Article 3 of the UNCRPD underlines general principles of the CRPD, including, non-discrimination, full and effective participation and inclusion in society, and respect for the evolving capacities of children with disabilities. Article 7 states that the best interests of the child should be a primary consideration; and that children with disabilities have the right to express their views freely, on all matters affecting them;

Article 19 outlines the equal right of all persons with disabilities to live in the community with choices equal to others, and their right to independent living with access to a range of in-home, residential and other community support services necessary to support living and inclusion in the community. Article 23 states that children with disabilities have equal rights with respect to family life, that they should not be separated from their parents against their best interests, and never on grounds of disability; and, if alternative care is necessary, every effort should be made to provide it within the wider family, or within the community in a family setting.

UN General Assembly Guidelines for the alternative care of children (UN 2010) provide further guidelines to safeguard children's rights and well-being in alternative care arrangements, aligning with the broader principles of the Convention. The guiding principles also include the preference for family-based care, an individual approach to the consideration of the best interests of the child, avoidance of discrimination, monitoring and standards for quality in alternative care, and the participation of children.

The Voice of the Child Must be Central

The voice of children and young people with care-experience must be heard throughout their care journeys, with real weight given to their wishes in line with the UNCRC. The participation of children with disabilities should be prioritised and effectively accommodated, particularly in respect of better access to family-based care, tailored support services, and safeguarding their rights. It is important to include children who are non-verbal and develop ways in which their voices can be heard and represented.

Listening to children and young people should be honest and transparent so that they understand decisions that have been made and why. The Framework should ensure that the perspectives of children and young people with care-experience are integral to decision-making, policy development, and practice. Appropriate resources should be provided to enable a range of methods for children's voices to be heard and to ensure their experiences inform the development and ongoing review of policy and practice. Care experienced young people must have a role in the review and oversight of the Framework.

The Care-experiences Programme is a very positive development in this regard, and it is important that this programme is supported to continue and that its findings are embedded in policy and practice on an ongoing basis.

What EPIC's Care Community Has to Say

"Care-experienced people must be meaningfully involved in the conversations shaping reform. Not after the decisions have been made. Not just as a tick-box. But right from the start – at the centre and throughout. Because a top-down approach alone won't build the kind of change that lasts. It might build something that looks right from a distance, but the real test is how it feels to the people living within it."

Building Capacity

Building capacity within the alternative care system will require multi-annual budgeting. Workforce planning, including issues relating to the recruitment and retention of social workers, requires a cross-departmental and long-term approach. This approach should also address issues relating to the education and training of social workers.

EPIC recognises that foster care is the best option for children where out-of-home care is required. It is very positive that the high proportion of foster care placements in Ireland compares favourably with care systems internationally. However, the continued decline in the overall percentage of children in foster care - from over 90% to the current 87% - is a cause for concern. A particularly concerning consequence of the falling number of foster carers is the growing number of children under 13 years of age being placed in residential care.

EPIC supports the full implementation of the Foster Care Strategy. It is imperative that all options to support and strengthen existing foster carers, as well as to encourage new fostering arrangements, are considered. Foster parents must be supported in both practical and financial terms to meet the therapeutic, medical, and educational needs of children in their care. The introduction of new types of foster care placements should also be considered, including professional and specialist foster care roles. EPIC further supports increased recognition and support for kinship care and welcomes the current process within DCDE to develop a national policy on the rights of children living in informal kinship care.

Supporting Families

The National Framework should include a strong cross-government focus on supporting families to prevent separation of children from their families, except when separation is in the child's best interest, in accordance with article 9 of the UNCRC. Decisions taken about support must involve children and families and should focus on meeting their needs, as opposed to the system's needs.

Article 7 of the UNCRC states that, as far as possible, children have a right to be cared for by their parents, while article 18 make clear that all children should grow up in a family environment and that priority should be given to support the child's parents and extended family to enable them to care adequately and to prevent unnecessary separation.

The Preamble of the UNCRC, which notes that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community. It further notes that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.

The National Framework should consider learnings from the Care Review in Scotland, which opened up a public conversation about the Scottish care system. The final report documents how "family support" services were perceived as providing maximum support at the expense of safety, whereas welfare services were perceived as having a focus of reducing risk to maximises a sense of safety but does not support families to create a loving environment. The Scottish Care Review has committed to a more holistic understanding of risk that includes the risk to the child of removing them from their family, shifting the focus from the risk of possible harm to the risk of lacking stable, long-term, loving relationships.

Supporting Children at Risk

As recognised by the Ombudsman for Children's current research project Young Lives at Risk, there are gaps in policy and services for Ireland's most vulnerable children and young people who are exposed to adversities such as family breakdown, poverty, educational exclusion, criminal and sexual exploitation, care involvement, addiction, homelessness, and repeated crises in mental health.

Children in these situations often slip between services and miss out on the help they need. There is a need for a cross-government approach to put a system in place to identify and provide targeted and specialist supports to these children. Early intervention should go beyond traditional child protection, addressing not only the risk of harm from adults but also risks arising from adversities, including risks children may pose to themselves.

Increased coordination between the Department of Children, Disability and Equality and the Department of Justice is required to support children who are offending. This approach must move beyond a crime prevention focus and identify supports and interventions required in relation to children who are offending, particularly in the absence of a dedicated Irish Youth Justice Service.

Improved Data Collection

Significant improvements in data collection on children in care and those with care experience have occurred in recent years. In particular, EPIC welcomes the establishment of the Care Experiences Programme, a research and data programme examining the lives of children in care and adults who were in care as children. This programme was established in response to the Ryan Report (2009) recommendation to implement longitudinal research tracking young people as they leave care and transition into adulthood. However, further improvements are needed in the type and quality of data recorded to ensure that legislation, policies, strategies, and budgets can be developed in the most robust way. This includes data relating to children in care with disabilities, the extent to which children in care come into contact with the criminal justice system, the nature and quality of aftercare provision, and more detailed data on the experiences of children in care within the education system.

Independent Advocacy

Children in care and care-experienced young people often have to navigate a complex array of systems, processes, and professionals that many adults would find difficult to manage. At EPIC, we believe that all children and young people with care-experience should have the right to independent advocacy, as this fulfils a crucial role in enabling them to communicate their wishes and feelings and play an active role in decision-making regarding key aspects of their lives. Independence is essential for an advocate to be able to act on behalf of the child or young person.

Children in care with whom EPIC works often report feeling powerless, unclear about what is happening in their circumstances, and excluded from decisions fundamental to their wellbeing. An advocate can bring clarity and understanding, ensuring the child remains everyone’s focus throughout their care, helping to uphold child-centred practice. In practical terms, the nature of an advocate’s role can vary - from providing basic information and supporting a child or young person to know and understand their rights, to practical support, such as working with other professionals to ensure the best outcomes for the child, or a higher level of engagement, where an advocate attends a care review or court proceedings with a child or young person.

EPIC welcomes an explicit focus on centring the best interests of the child and the voice of the child in any decision-making process about their care and in service provision in the recently published Child Care (Amendment) Bill 2025. It is a very welcome to see the role of the Guardian ad Litem in ensuring that the views of the child are heard and ascertained in child-care proceedings being established on a statutory basis, as well as the establishment of the national standardised Guardian ad Litem service.

The UNCRC is explicit in stating that the child's right to be heard should be facilitated not only in judicial settings but in all matters affecting the child, including in administrative proceedings. It is therefore EPIC's position that the views of the child must be sought and considered when key decisions beyond a care order and related proceedings are made. Many of the critical decisions in relation to the care of a child (such as child in care reviews, care planning and aftercare assessments) happen after a care order has been made and in situations where a GAL is not appointed. It is also notable that children who are in voluntary care arrangements, who make up approximately 54% of those in care, are not currently afforded a legal right to a GAL.

Following the Report of the Commission to Inquire into Child Abuse (Ryan Report), the government committed to all 99 actions contained in the Implementation Plan, including the realisation of the child's right to be heard via independent advocacy. Models to implement a statutory right to advocacy for children in care and young people with care-experience up to the age of 26, should they wish to avail of this, should be examined. Other countries have implemented this right in national law, for example, the United Kingdom enshrined the right to an Independent Advocacy for Children in Care in 1989. Independent advocacy services already exist in Ireland and have proven beneficial for other marginalised groups. The National Advocacy Service for People with Disabilities (NAS) established in 2007 for adults over 18. It is particularly notable that children in care with a disability do not have a right to access an independent advocacy service.

In 2022, the Scottish Government committed to support The Promise Scotland in scoping a national lifelong advocacy service for care-experienced people and their families. The findings from this report are being used by The Scottish Government to develop the Children (Care, Care-experience and Services Planning) (Scotland) Bill 2025, which will introduce the right to advocacy for children, young people and adults with care-experience. The bill is currently at first stage in the Scottish parliament.

Given recent advancements in formalising the right to a Guardian Ad Litem, the Framework can achieve an effective, child-centred protection and welfare system that recognises the separate and complementary roles and safeguards provided for by social workers, Guardians ad Litem and advocates. Models in other jurisdictions should be examined with a view to introducing a statutory right to independent advocacy for children in care and young people with care-experience in the longer term.

Key Themes

Disability

Children with disabilities cared for by the State are a particularly vulnerable group. International research indicates that children with a disability in the care system are at a higher risk of living in an inappropriate placement and are more susceptible to abuse and neglect compared to non-disabled children.

The Joint Protocol for Interagency Collaboration between the Health Service Executive and Tusla was reviewed and updated in 2020 to improve collaboration and integration of services for children and young people who require the intervention and support of both agencies, with a new Memorandum of Understanding (MOU) agreed. This is particularly relevant for the timely access to appropriate mental health and disability assessments and interventions for children under the care of Tusla.

However, there are still ongoing problems with the implementation of the protocol. EPIC encounters many examples where the protocol is not consistently adhered to or is only applied at a very late stage. Young people frequently encounter delays in assessments, difficulties in referral pathways, and barriers accessing therapeutic or specialist support. Pathways of transition to appropriate adult services are often unclear and access to therapeutic supports can lapse when a child moves placement or county.

Some of EPIC's advocacy cases reflect gaps in services and resources. There is insufficient availability of home-share, residential, and respite options for young people approaching 18. Disability case management is limited, and long-term planning is inconsistent. Late initiation of planning means services frequently react to crises rather than preventing them. In some areas, coordination is strong; elsewhere, agencies withdraw once the HSE becomes involved, sometimes leaving young people without important additional supports to which they are entitled. EPIC continues to see cases where the HSE and Tusla are not working together in a timely and effective manner in relation to children in care with complex needs.

In 2018, the Ombudsman for Children (OCO) published a report into the findings of the 'Molly Case', a teenager with Down's Syndrome and autism, who was receiving an insufficient level of supports and services to meet the extent of her needs. The Report noted that "a higher proportion of disabled children either had no social worker or a social worker who rarely visited them."

Reviewing the case one year on, the OCO stated ‘definite progress’ had been made for Molly but remained concerned about the ‘working relationship between Tusla and the HSE’ and that the implementation of the Joint Protocol for Interagency Collaboration has ‘progressed but there is still a long way to go’. The OCO pointed out continuing obstacles in joint planning due to the failure to agree a common understanding of the children with a moderate or severe disability. The OCO also noted that the HSE did not have disability managers to undertake case management roles.

Tulsa has highlighted the need for prioritisation of children in state care to all services provided by the State. The agency has indicated that the accommodation costs for many children and young people with disabilities is being met by Tusla, despite shared clinical management and agreement under the Protocol that these costs will be shared. Tusla also pointed to ongoing issues with the current approach to supporting young people as they transition to adult services whose needs cannot be met by a single agency or service.

In 2023, EPIC published *Headphones, Odd Shoes & A Second Chance at Life* (Deborah Erwin), an exploratory study about the lived experience of care-experienced children and young people with disabilities. Some participants noted that the period before turning eighteen and upon leaving care was a time of great anxiety and uncertainty. Some experienced disjuncture in their care as a result of the move from the care of Tusla to adult disability services. Young people reported feeling “in limbo” without clarity on what they could expect in terms of aftercare supports and services, and it appeared that responsibility for such was falling between the HSE and Tusla. This is yet another indication that the Joint Protocol is not working as it should in some areas.

The report recommended that statutory agencies with responsibility for care and disability should establish a specific role for children in care with disabilities. The report further recommended that specialised officers within relevant agencies should be identified and trained to ensure effective case management and oversight between the agencies is established and maintained, and a ‘continuum of care’ approach is adopted.

A significant gap identified in the report is the absence of specific and centralised monitoring data about children in care with disabilities, which weakens the ability of duty bearers to plan and respond appropriately to the needs of these children and young people. The absence of publicly available statistical data monitoring accessibility to health services for children in care with disabilities as a barrier to identifying and resolving any systematic obstacles or discrimination.

A fully resourced system is required to ensure that children with a disability who are cared for by the State have their needs met. Practical mechanisms should be in place to ensure that all children have their voices heard. Every child with a disability cared for by the State should have access to an independent advocate, including children who are non-verbal.

Comprehensive and timely assessments of need by the Tusla and the HSE on admission of every child with a disability entering the care system are vital, with regular reassessments thereafter. Every child in care with a disability or with special educational needs must have an education plan, and every support must be given to ensure children and young people can access education.

Given the ongoing problems with the implementation of the Protocol between Tulsa and the HSE, consideration should be given to creating clear statutory responsibility and corresponding duties across agencies where a young person in care with a disability is transitioning to adulthood. To promote the role of social work in healthcare and its intersection with child protection, consideration should be given to the establishment of the role of Chief Social Worker in the Department of Health.

The care journey of a child or young person with a disability should be consistently treated as a continuum, whereby the transition to adulthood is planned well in advance. This would allow for greater forward planning by the respective agencies and reduce the uncertainty experienced by the young person. Every young person with a disability should be allocated a designated aftercare worker to meet with regularly, have an aftercare plan, and have that plan implemented. Longer transition periods and greater flexibility in terms of aftercare supports should be considered, as well as models of extended care for children in care with complex needs.

All social work graduates joining Tusla should have opportunities to engage with modules informed by care-experienced youth with disabilities to assist in building their capacity and knowledge. Specialised lead social workers should be appointed at regional level to advise and support social work teams on how best to support children in care with additional needs, alongside their carers. Foster carers and residential care workers should have access to ongoing, dedicated training and information on the care of a child or young person with a disability and an enhanced understanding of where to go to access relevant services and supports.

What EPIC's Care Community has to say | Disability

"For a child that is 18 and they have to fend for themselves, it's not right, so, for a young person there's so many challenges. But what I've noticed since I've been in EPIC, we've so many courageous

young people and it's kind of like 'yeah I am in care, but I'm undefeated, the system didn't defeat me'"

"When your needs aren't met you kinda feel like you've done all the work for nothing you want to do so much but then they kinda shut you down".

Mental Health

There is a need to establish a common assessment framework in relation to the mental health need of children in care. A broad definition of mental health should be adapted in relation to children in care: not just the absence of illness, but a trauma-informed approach that supports the psychological wellbeing of children in care and their ability to cope with life's challenges. Such an approach should take account of underlying learning or cognitive difficulties.

This should be reflected in the range of supports needed to address the often-complex mental health needs of children and young people in care when planning for aftercare. The mental health risks children and young people face are exacerbated at periods of transition: primary to secondary school, junior to senior cycle, and leaving school. For children in care, there is even more pressure on these transitions. Leaving care is a particularly vulnerable time and there is evidence that better supported transitions help young people to cope with independence better, and to build on gains made while in care.

Transitioning to adult mental health services can be extremely challenging for a young person who is leaving care. The Joint Committee on Health and Children recommended in its Report on the General Scheme of the Aftercare Bill 2014 that it should be recognised that young care-leavers may merit treatment as a specific priority group when it comes to applying, being assessed, and being granted State supports and services, including mental health services.

A detailed transition plan should be put in place for young care-leavers with mental health needs. Young people leaving care with mental health needs should be directed to counselling and other necessary services and should be prioritised in terms of accessing mental health supports.

Enhanced inter-agency co-operation to ensure that a range of supports will be available to young people leaving care with mental health needs should be included in the National Policy Framework. The lack of access to dual diagnosis mental health services where a young person has both addiction and mental health issues also needs to be addressed.

What EPIC's Care Community Has to Say | Mental Health

"We need mental health services that actually understand the journey we've been on."

"[We need] help with transitioning from child to adult services. Like someone to say, right, you've been with CAHMs now, but now you're going into, like, the HSE and if we had someone to like, explain that process."

Aftercare

The provision of support when leaving care is an area of significant weakness in Ireland when compared to developments internationally. The National Policy Framework should address shortcomings in access to aftercare services and supports, remove barriers to qualifying for aftercare supports, extend the upper age limit to 23 in short-term and up to 26 on a needs basis, in the longer term. This should include investment in services and supports and consideration of a corporate parenting model so that there is an obligation for relevant state agencies to provide services. Flexibility is essential to ensure that young people at risk, including those who have disengaged from education or services, can continue to access support when needed.

While there has been an increase in the number of young people receiving aftercare in the last decade, there is no data available about the nature and quality of the aftercare services provided. Consideration should be given to undertaking an audit to evaluate the quality of aftercare service provision, as well as outcomes for care-leavers at different intervals. The Care-experiences Programme is a positive development in this regard. The policy framework should also commit to developing detailed data in relation to children leaving care and the type of supports that have been provided. Data on children leaving care who have not qualified for aftercare should also be developed.

Care-leavers deserve the type of flexible support provided by most families to young people exploring independence. The Framework should emphasise the need to equip young people with practical life skills to manage aftercare, in line with the actions recommended by the Commission in the Ryan Report in 2009.

Policy, practice, and legislative provision in other jurisdictions is increasingly recognising the critical importance of extending support beyond care leaving age limits. In Scotland, local authorities have a statutory duty to prepare young people for ceasing to be looked after ("Throughcare'') and to provide advice, guidance and assistance for young people who have ceased to be looked after

("Aftercare'') on or after their 16th birthday. The Children and Young People (Scotland) Act 2014, Part 10 (Aftercare), creates a duty on local authorities to provide this support up to the age of 19 and a duty to assess any eligible needs up to their 26th birthday, or beyond on a discretionary basis. The Children (Care, Care-experience and Services Planning) (Scotland) Bill 2025 aims to further strengthen statutory aftercare provision and corresponding corporate parenting duties.

In England and Wales, legislation provides aftercare support from 16 to 21 years of age and specifies their entitlement to obtain assistance with education, employment and training up to age of 24. In Northern Ireland, local authorities support care-leavers up to the age of 21, with entitlement to obtain assistance with education, employment and training up to age of 24.

Policy options and practices in other jurisdictions should be explored, including extended care models. Specific supports should be introduced for care-leavers to ensure their accommodation, health, mental health and education needs are met by relevant authorities. Measures introduced in other jurisdictions to ensure that public authorities are meeting their responsibilities towards care-leavers should be explored with a view to strengthening statutory duties to support care-leavers.

Aftercare plans must reflect the vulnerabilities and challenges faced by young people leaving care, including accommodation, health, mental health, and education needs. The statutory duty to prepare and review aftercare plans should be upheld, ensuring they are responsive to changes in circumstances or emerging needs. A consistent, evidence-informed approach will better equip care-leavers to transition successfully into adulthood while safeguarding their rights and wellbeing.

All care-leavers should be eligible for aftercare services. Current criteria under the Child Care (Amendment) Act 2015 exclude those in care for less than 12 months. The framework should expand eligibility to include these young people, particularly if they are especially vulnerable or at risk. Special attention should also be given to children accommodated under Section 5, who do not always receive the same level of aftercare as those formally in Tusla care. EPIC, alongside the UN Committee on the Rights of the Child and the Ombudsman for Children's Office, has highlighted concerns regarding inadequate aftercare for these groups, particularly homeless young people, recommending legislative amendments to ensure their entitlement to support.

What EPIC's Care Community Has to Say | Aftercare

"We need to be supported to find our feet and figure life out as we move on from care, support that is not determined by our engagement with education. Education is valuable, yes, but we've faced things that the average 18 year old couldn't imagine, we lack the same support they have, and are often still

learning to heal. Education is not always our top priority leaving care, some of us are trying so hard just to learn how to survive. For us, we were trying so hard just to survive, while our peers were given the time to grow and dream, and figure out what they want. Our support should not be solely dependent on educational attendance."

"You're supposed to technically meet your aftercare worker when you're 16. That's not happening all around the country."

"It's very, very hard for a young person the week they turn 18… constantly getting phone calls saying… you've aged out of this."

"[Aftercare] should start to taper off at 25 and stop at 26… 70% of 25 year olds in Ireland are still living at home with their parents… we don't have that luxury."

Special Care

A review of special care was recently published which was commissioned by Tusla, to fully examine and to seek recommendations to improve the service. Two major issues within special care, as noted in this report are the insufficient numbers of staff and lack of onward placements. It is clear from court reports in relation to special care applications that these issues are having a significant impact on the children affected. Advocates in EPIC operate a visiting advocacy service to special care units and found that the issues of ongoing placements is a common theme, with many children wishing to move on from special care unable to do so.

There are currently three special care centres with a capacity of 26 beds. However, only 15 of the beds are currently operational due to difficulty in recruiting and retaining staff. This reduced capacity has resulted in many children waiting for prolonged periods of time for a special care placement, some even up to seven months. The External Review of Special Care noted that special care is no longer operating under its intended purpose as a short-term stabilising intervention and instead has become a *de facto* placement option with some children detained for up to two years.

A persistent issue in the special care list in the High Court is the lack of follow-on placement with reports from the Child Law Project detailing examples of children spending excessive amounts in special care as a result. The High Court has raised concerns about special care being used as a holding facility and that children are being institutionalised from their length of time in special care. The shortage of both residential care and foster care placements is also affecting special care capacity.

The Reports of the Child Law Project give an insight into the reasons for the child being admitted to special care. In many cases, the court has expressed frustration that children are falling between services provided by Tusla and the HSE and that appropriate psychiatric care is unavailable for some of the children in need of special care. In some cases, the judge has pointed out that gaps exist due to inadequacies within disability and mental health services and the definitions and assessments applied, as well as disagreements with respect of the statutory functions of Tulsa and the HSE.

This echoes difficulties in relation to the implementation of the Joint-Protocol between Tusla and the HSE and points to the need for clarity in relation the responsibilities of state agencies regarding the provision of disability and mental health services both to children in care, but also to children at risk who may end up on the special care list due to the absence of disability or mental health services to meet their needs. There also appears to be gaps in the provision of services in relation to alcohol and substance abuse, gender identification, dual diagnosis where both addiction and mental health issues arise, and suicidal ideation and self-harm where no there is psychiatric diagnosis.

A further issue for some children is the risk of exploitation from criminal gangs and children with patterns of offending behaviour. A more targeted approach is necessary. While outside the remit of the Alternative Care Strategy, it is notable that there is no longer an Irish Youth Justice Service to drive reform and co-ordinated initiatives in this area which have a broader focus than crime prevention, and will address underlying needs of children who are involved in offending and risk taking behaviour.

The High Court special care list also includes a small number of children with very complex needs, both emotionally and behaviourally, who pose a real danger to themselves and others. Many of these children exhibiting extreme cases of self-harm, suicidal ideation and suicide attempts, have already spent a long time in special care and may have needed a bespoke placement or a specialist facility.

Before Brexit, children were sometimes sent to specialist facilities outside of Ireland, but complex issues have arisen post-Brexit. The High Court has queried the lack of equivalency of such facilities in Ireland, particularly the fact that complex behavioural issues which fall within mental health definitions in the UK, fall outside definitions requiring psychiatric services in Ireland. This is a matter that should be addressed as part of the longer-term vision of the National Framework, including review of the relevant statutory frameworks.

EPIC supports the recommendations of the External Review to reintroduce High Support Units to support children and young people with complex needs and challenging behaviour, and to increase residential care capacity in line with the Strategic Plan for Residential Care. EPIC also welcomes the recommendation of a comprehensive model of care for the special care service to be detailed in a single document applicable across the three units, and the broadening of the mix of skills within the staff teams.

EPIC supports the introduction of an inter-agency model of care to include HSE mental health and disability services which would ensure the sharing of information and resources, and help with planning for future placements Finally, EPIC supports the recommendation to establish a new Centre for Excellence for special care services, including step down units, in one geographical campus.

Education

A key recommendation emerging from EPIC's work on education is the need to improve awareness and understanding of the school experiences educational journeys of care-experienced children and young people. The National Framework should comprehensively address the specific educational vulnerabilities of children in care and identify ways to support them throughout their educational journey. There is a clear need for the education and care systems to work together in ways that are responsive to the needs of children in care in educational settings and are flexible enough to respond to those needs in a child-centred way.

Since 2023, the Central Statistics Office (CSO) have published data on educational attendance and attainment of children in care and children who left care since April 2018.We know from this data that 29% left school early without completing the Leaving Certificate, compared with 8% of all children.

There is no single Government department with responsibility for the education of children in care. It is important to ensure there are objectives for key agencies and Departments to work together to ensure better data, better coordination across key stakeholders and improved training and resources to mitigate challenges and barriers to education for children in care and care-leavers and to respond to their specific needs.

EPIC recently commissioned Merike Darmody (ESRI) to conduct an exploratory study of the lived experience of care-experienced youth and their educational journeys. The *Care to College* Reportshows that to address challenges in relation to post-school education, we need to understand how attitudes to education start in the early years, and how they are influenced by care placement changes and school changes, learning difficulties, support needs around schoolwork, and mental health issues.

A key finding from the research is that the exit from the care system and second-level education followed by an entry into independent living and post-school education – a 'double transition' – can be challenging for many students. The research indicates that interagency collaboration can make it easier for care-experienced young people to negotiate different transition points during their educational career.

EPIC's Education Project is funded by the Tusla Education Support Service and aims to raise awareness and build capacity in schools to support children and young people in care. The *Take Care* guidance published this year by EPIC was developed with care-experienced children and young people and provides insights into their school experiences and the challenges they face. The resource contains practical recommendations for teachers, school leaders, and staff, including guidance on building a trauma-informed and inclusive school environment and strategies for supporting care-experienced students.

At a recent EPIC conference, care-experienced young people shared insight into the challenges they face at different stages of their educational journeys, as well as what helped them along the way. With regard to third-level, participants noted that while care-experienced young people are included as a sub-category of students who are educationally disadvantaged, this does not capture many of the unique challenges that arise for care-experienced students. They emphasised that these barriers require more targeted policies.

What EPIC's Care Community Has to Say | Education

"We need education opportunities that we're supported in, that aren't out of reach."

"The transition from primary to secondary school is very difficult, and some of the supports that were in place just fall away. Small transitions are also really hard - moving placements, going from access meetings back into school and it all has a knock-on throughout education."

"I don't believe I had any help with the transition out of school. Schools didn't always provide support to apply for things like DARE or HEAR, and it really depended on whether your guidance counsellor understood what being in care meant."

"When you leave care and start college at the same time, the independence can be overwhelming. There's no family safety-net, and it's very hard to manage housing, grants and college systems without coordinated support."

Private Ownership in Residential Care

EPIC is concerned about the over-reliance on privately operated residential centres and would like to see a longer-term vision where there is a government commitment to comprehensively work towards addressing this imbalance in favour of publicly operated residential centres.

Definite figures for spending on privately operated residential centres are difficult to obtain. However, EPIC is concerned at the rate of increase of privately owned residential services compared with services operated by Tusla or the voluntary sector. For example, the increase in private care costs between 2016 and 2019 accounted for 87% of the total residential care cost increase during this period, with Tusla-owned services accounting for 2% and voluntary services accounting for 4% of this increase. The remaining 7% was accounted for by administrative charges. This pattern of spending has continued into the start of this decade.

One of the major differences between Tusla operated residential centres and privately operated centres is the models of intervention and support. Tusla use the Welltree model, but this is not in use in the privately operated centres. EPIC is concerned that his has led to a two-tier system, where young people in a Tusla centre can benefit from the Welltree Model but those in privately operated centre do not. This can be confusing for the young person, especially if they move between the two systems.

EPIC also has concerns about the variation in models of care within private residential centres, which leads to great inconsistences for the young people living in them. Connected to this is the importance of stability of the residential teams. In EPIC's experience, Tusla teams have higher levels of experience, whereas privately operated units staff teams are generally less experienced, with a higher turn-over and a higher use of part-time and relief staff. This can make it more difficult for the young people to make and maintain relationships with staff in privately run facilities. The over reliance on private providers also carries the risk that if operators withdraw their services or exit the market, this would cause significant disruption to children and young people and leave significant capacity gaps.

EPIC also notes that there is currently an uneven spread of residential centres within Ireland with 36% of children living in a region that is different from their home region. EPIC advocates note that this can detach children from established familial and social ties and adds to their sense of isolation and stress. For some young people, this can result in disruption when they age out of care at 18. While this is not exclusively an issue for privately operated centres, reliance on private providers may inhibit the commissioning of residential services in areas where they are required.

EPIC also shares the view of many other stakeholders, including the OCO, that the same external regulation and inspection should apply to private and voluntary residential care centres as it applies to Tusla run centres. HIQA monitors Tusla's performance against the National Standards for Children's Residential Centres and reports on its findings to the Minister. However, those that are operated by the voluntary and privates are inspected by the Tusla Alternative Care Inspection & Monitoring Service (ACIMS).

Special Emergency Arrangements

Developing from the decrease in numbers of foster carers, the crisis in residential care and the shortage of special care placements and step-down facilities, there has been the rise in the use of "Special Emergency Arrangements" (SEAs). These placements are used by Tusla as emergency settings where a child is accommodated in a non-statutory or non-procured placement such as a hotel, B&B, or privately leased property, amongst other options. SEAs are also used for separated children seeking international protection in circumstances where Tusla has stated it is unable to increase placement capacity in line with increased demand.

The use of these placements was initially intended as a short-term emergency response where Tusla had to ensure an immediate place of safety for a child while an appropriate regulated placement was secured. EPIC is also concerned that SEAs are not subject to independent inspections by HIQA and therefore are not subject to the same standards as registered placements.

Since 2024, complaints have emerged as a main presenting issue in EPIC's National Advocacy Service and the majority of these were related to SEAs. The complaints raised by children and young people in SEAs were primarily about the placements themselves: their temporary nature, a lack of clarity about what comes next, limited information, and overall, the uncertainty this creates for them.

In 2024, Tusla funded an additional one and a half time advocates specifically to visit young people living in SEAs in the Dublin North East and Dublin Mid Leinster regions. The rise in complaints, alongside being an indicator of the kind of pressure that exists across the sector currently, underscores the importance of young people being supported and empowered to express their views within that context of instability and uncertainty. EPIC supports calls make by the Ombudsman for Children and others that that use of SEAs is discontinued and that no child or young person is placed in an unregulated and/or unregistered placement. In the meantime, it is EPIC's view that children in all SEAs should have ongoing access to independent advocacy, and that every residential setting for children should be brought under the legal remit of HIQA.

Housing

In light of the specific duty of care of the State as corporate parent, it is EPIC's position that care-leavers must be prioritised as a specific category of young people in relation to housing needs. Approximately 600 young people leave the care system each year, with an estimated 46% staying on with a foster family. This leaves approximately 324 young people in need of some accommodation support.

The National Policy Framework should require the development of a care-leavers housing strategy to address differing levels of need, particularly for those at risk of homelessness. Care-experienced young people should be prioritised for the allocation of accommodation, and the Framework should clearly state that in no circumstances should a young person move from care into homelessness. This commitment should be embedded as a minimum core standard.

A system must be put in place to ensure that care-leavers at risk of homelessness are identified in advance of turning 18. Cross-departmental planning must ensure that these young people are identified well in advance of turning 18 and that housing and accommodation needs are addressed with regard to specific vulnerabilities and supports which may be required. This should drive the development of a suite of options, including transitional housing, independent living supports and access pathways to social housing with clear targets and budget commitments.

Care-leavers should not face the uncertainty of where they will live when they turn 18, or fear of becoming homeless. With careful planning, early flagging of young people who may be at risk of homelessness, and interagency supports, better outcomes for the housing needs of young people leaving care can be achieved. An agreed prioritisation of the allocation of appropriate housing for young care-leavers would assist in planning towards the provision of suitable accommodation. This should include a suite of options, having regard to the various categories of need.

Many care-leavers are not prepared for living independently at 18 and will require additional supports, including to manage a tenancy and all that this entails. There should be semi-independent or supported accommodation available nationally to care-leavers from the age of 18.

Data from the Dublin Region Homeless Executive in 2023 found that among 18–19-year-olds, leaving care was the reason for homelessness cited by 20.2%. Leaving care was among the top six most commonly reported reasons for homelessness by young males between 18-24 and the fourth most commonly reported reason for females in the same age cohort.

With the housing crisis, many of the services that were available for young care-leavers through direct referral from aftercare services are now under the management of Housing Authorities. Funding for aftercare projects was diverted to provide general homeless services for the 18-24 cohort. In EPIC's experience, this has meant that there is a lack of appropriate transitional accommodation for young people, who may enter homelessness or return to unsafe family homes due to a lack of options.

EPIC advocates indicate that a young person's application for social housing support should commence one year, rather than six months, in advance of turning 18. This would address a lot of the anxiety experienced by young people in the year prior to leaving care and would also address the significant challenges for aftercare workers if this is properly implemented by the Housing Authorities nationally.

While not all care-leavers require Local Authority accommodation when they become adults, their living circumstances can change. Young people not entitled to aftercare, including those who enter care later and unaccompanied minors, are often particularly vulnerable and should also be considered.

What EPIC's Care Community Has to Say | Housing

"*I wouldn't say we're kind of fair on housing in a way. I know there's a housing crisis at the moment… I feel like, especially a person – like everyone deserves a home, but I feel like, if someone with a disability is left homeless, I think they're at a very vulnerable position".*

"We need access to a stable place to live, not just a roof over our heads but a home that's ours, where we can build our futures."

"I think housing the government needs to prioritise… every single council needs to prioritise care-leavers… care-leavers aren't actually a priority group."

Youth Justice

The National Policy Framework should address issues relating to the involvement of children in care with the criminal justice system and the need for a trauma informed approach. Data published by

Oberstown shows that children with care-experience are over-represented in detention, and there is a lack of data in relation to the extent to which children in care have had contact with the criminal justice system which needs to be addressed.

Following departmental realignment after government formation in 2020, the co-located Irish Youth Justice Service that was previously part of the Department of Children and Youth Affairs no longer exists. The Department of Children continues to have responsibility for part 10 of the Children Act 2001 (children in detention). The Department of Justice has full responsibility for youth justice in the community, however, in the absence of a properly resourced and dedicated Irish Youth Justice Service, it is important that the National Policy Framework addresses the need for inter-departmental and inter-agency responsibility and commitments to consider and address the specific needs of children in care in contact with the criminal justice system.

A 2019 report, commissioned by IPRT: *Children and Young People in Care and Contact with the Criminal Justice System Irish Penal Reform Trust* by Nicola Carr and Paula Mayock made a number of recommendations which are supported by EPIC. As outlined in the Carr and Mayock report, there is a need to address reporting, areas of responsibility, joint training between different professionals, responses to incidents and the potential for restorative and diversionary approaches to address offending in care placements. Further recommendations of this report are echoed below as matters that could be included in the National Policy Framework.

An Garda Síochána should develop a national information system that allows them to report on the extent to which children in care come into contact with the criminal justice system. Tusla should develop a mechanism to systematically record and report on the numbers of these children and young people. This data should be included as one of the 'outcome' measures in the Annual Review of the Adequacy of Services and be used to inform practice and policy. Consideration should be given to how the Garda Youth Diversion Programme, and the Bail Supervision Scheme can respond appropriately to children in care.

The Department of Children, Disability and Equality and the Department of Justice should consider the development of joint training for professionals working with children in care. Training should focus on understanding the reasons that children from care encounter the criminal justice system and the means through which this can be reduced, including strategies such as de-escalation and management of challenging behaviour, restorative practices, and trauma-informed practice. Tusla should revise its guidance on Complex Needs in Aftercare to provide explicit guidance on the needs and supports required for young people in contact with the criminal justice system. The guidance should also address meaningful responses to young people who disengage from services, including the provision of more flexible in-reach supports for young people involved in the criminal justice system.

Consideration should be given to the provision of aftercare supports for children leaving Oberstown. In particular, children who have spent time in care but who subsequently end their childhood in detention centres should automatically qualify for aftercare. The Care-experiences Programme should include a focus on subsequent contact with the criminal justice system.

Sibling Contact

Sibling contact is a recurring issue presenting to EPIC for advocacy. Barriers to facilitating sibling access, including resource constraints, should be prioritised. At present, no research is available regarding sibling access in Ireland and EPIC recommends further research should be undertaken on this issue. International research has shown the benefits of sibling contact, including improved family relationships, reassurance, and the promotion of identity and belonging.

The importance of maintain sibling relationships in care was addressed in the United Nations Guidelines for Alternative care (2010) as follows:

"Siblings with existing bonds should in principle not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the child. In any case, every effort should be made to enable siblings to maintain contact with each other, unless this is against their wishes or interests."

The Commission to Inquire into Child Abuse made the recommendation to ensure that "children in care should not, save in exceptional circumstances, be cut off from their families. Priority should be given to supporting ongoing contact with family members for the benefit of the child." This recommendation reflected the Commission's findings on the lasting impact that the loss of family has on adults in later life.

EPIC advocates support many care-experience young people and who want to be involved in their younger siblings' lives. In many of these cases, these young people have been the only consistent birth family member in their sibling's life and yet they are not facilitated in attending child in care reviews or in having contact and access with their siblings.

The National Policy Framework should place a strong emphasis on protecting the relationships of children in care with their siblings, both in relation to placement provision when they are taken into the care of the State and on an ongoing basis by prioritising sibling contact. There is also a need to review the rights of siblings and consider the need to strengthen legislative protections for sibling relationships for children in care, as other jurisdictions have done.

What EPIC's Care Community Has to Say | Sibling Contact

One member spoke about her experiences in care in comparison to her brothers. Now that she is fighting for him with their grandparent's support, where she didn't really have that, she feels they are often dismissed due to their situation being familial care.

Another Youth Council member wrote a story about her relationship with her younger brother. She says she attends sports clubs, school meetings and Tusla meetings for her little brother and advocates for him when needed. Little brother said, "he loves his big sister." Their sibling bond is described as lifelong, rooted in shared understanding of their experiences: no matter what happens, they will always have each other.

Care-experienced Parents

According to recently published data from the CSO on Educational Attendance, Attainment and Other Outcomes of Children in Care 2018 – 2025, in January 2025, 12.2% of women who left care aged 18-24 were recorded as having a child, compared to 3.5% of all women in the same age group. EPIC advocates support a number of care-experienced mothers each year and consider this an issue that needs both further research and a tailored policy and practice approach.

Care-experienced parents sometimes face significant and predictable risks arising from the lack of accessible, community-based supports tailored to their needs. While some parents demonstrate considerable progress during Parental Capacity Assessments (PCAs), this progress can be difficult to sustain when they return to communities where supports are limited or absent. Without timely access to practical supports, trauma-informed therapeutic services, safe and stable housing, and meaningful relational networks, the combined pressures of poverty, isolation, and unresolved trauma can rapidly escalate. These circumstances can lead to heightened professional anxiety, crisis-driven responses, and in some cases, the long-term removal of children. This is often not due to a lack of parental capacity, but because the wider system fails to provide the stabilising conditions that enable safe, effective parenting.

Residential parenting supports are extremely limited. There are only three mother-and-baby residential services in the Republic of Ireland: Bessborough, Miss Carr's and one under-18s Tusla Teen Parenting Residential Service. This level of provision does not reflect the diversity of need among care-experienced parents and offers very limited options for those who require structured support during early parenting. A broader continuum of services is required, including community-based PCAs that support assessment and capacity-building in the environments where families live. Not all care-experienced parents require intensive residential PCA settings; however, where recommendations arise from existing PCAs, they frequently include referrals or supports that do not currently exist within the Irish system.

EPIC advocates regularly encounter positive work between by Tusla social work teams and care-experienced parents. However, many of these parents also frequently carry a deep-rooted fear of social work involvement, informed by their own experiences of entering care. As a result, Tusla is often perceived as a source of fear rather than a support which inhibits honest communication and help-seeking. When parents are fearful of disclosing struggles, opportunities for early intervention and preventative support are lost.

These challenges are further compounded by the emphasis within models such as Signs of Safety (SoS) on sourcing robust natural safety networks. While intended to enhance protective factors through community relationships, it unintentionally disadvantages care-experienced parents who often lack the very familial and social networks the model presupposes. In practice, many regions require parents to identify 3–5 safety network members to progress within SoS processes, a threshold that is frequently unachievable for care-experienced parents despite their best intentions and efforts.

This structural inequity can lead to unrealistic expectations and punitive interpretations of “insufficient support,” even when the absence of a safety network is a direct consequence of systemic failings within the care system. Consequently, children may enter care for the same relational deficits and supports that were never available to their parents.

Research should be commissioned to examine the experiences of care-experienced parents, with a view to developing a policy to support them. Policy and practice approaches should acknowledge structural disadvantage, especially regarding the absence of natural safety networks, and offer alternative pathways.

A national review of the Signs of Safety model should be undertaken, with specific attention to its impact on care-experienced parents. Investment should be increased in diverse, community-based supports, including more mother-and-baby services, varied accommodation options, and trauma-informed parenting and mental health supports. Expanded community parental capacity assessment options should be introduced to reduce over-reliance on residential assessments and to ensure recommendations are grounded in the reality of available Irish services.

Finally, there is a need to develop trauma-informed social work practices that recognises the legitimate fears care-leaver parents hold, builds trust, and reduces barriers to early help-seeking. The possibility of care-leaver peer mentoring should be explored as a possible community support project.

Separated Children Seeking International Protection

Over the past two years, EPIC has seen a significant increase in separated children seeking international protection contacting EPIC for advocacy and support, with a further increase in those turning 18. The majority of the issues relate to the uncertainty about their situation when leaving care, the lack of supports available during this time and the difficulty with either finding accommodation or having to move to an IPAS Centre.

EPIC is concerned that there is often a complete drop-off in supports available to them once they turn 18. Many young people lack support from their social worker and may not have been allocated an aftercare worker. As a result, they often feel entirely on their own and face considerable difficulties navigating systems, particularly regarding their legal status. Many struggle to find accommodation, with some accessing emergency housing without an aftercare worker despite qualifying for aftercare. Others may be offered accommodation but lack additional supports or remain in temporary housing far from their existing communities while waiting for family reunification applications to be processed.

The educational needs of separated children are also a concern. Many arrive in Ireland after they had turned 17, and upon turning 18, find themselves without access to aftercare or educational opportunities. EPIC has seen young people forced to leave school in their final years and move to IPAS or adult accommodation in other counties, resulting in disrupted education, social networks, and community connections. Local Authorities often apply strict criteria for emergency accommodation, which many separated children turning 18 do not meet. Those granted temporary accommodation frequently face relocation far from their support networks, negatively impacting education, employment, and integration.

EPIC advocates are also concerned about the lack of therapeutic supports for separated young people, many of whom have experienced high levels of trauma. It is crucial that the need for therapeutic supports for separated children is addressed, including robust processes to identify and support victims of trafficking.

Many of the issues presenting to advocates are also illustrated in a recent report commissioned by EPIC - *Be Strong, There are So Many Problems Waiting* (Ní Raghallaigh, Kelleher, and Tedam). This study explored the current and recent care-experiences of separated children and young people seeking international protection / in receipt of temporary protection. The accounts of young people and professionals in the report suggest a lack of consistency and stability in care-experiences, and reveal disparities in access to education, healthcare, and accommodation.

While EPIC acknowledges that Tusla have significantly increased capacity recently to address the challenges that have arisen with increased numbers of separated children, EPIC remains concerned about the over-reliance on Section 5 and the adequacy of the level of care and protection provided to separated children. Unaccompanied minors are not “temporarily out of home” and the current legal and policy framework does not cater for the often complex needs separated children.

Tusla endeavour to apply the ‘equity of care’ principle to separated children, which is designed to afford them the same standard of care provision as any other child. However, Section 5 does not provide the same statutory safeguards that usually apply to children in care and allows for more relaxed rules in terms of how separated children are accommodated and the requirements in relation to staff qualifications. There are also implications for entitlements to aftercare services and supports.

It is disappointing that the recently published Child Care (Amendment) Bill does not include specific provisions in relation to the care of unaccompanied minors. There is currently no provision for separated children in the Child Care Act 1991 clarifying how separated children should be admitted into the care of Tusla and the level of care to be provided to address their needs and rights. Currently, decision making rests on a discretionary basis within Tusla and there are also no specific legislative provisions addressing the transition of separated children to adulthood and their right to aftercare supports and services.

As pointed out by the OCO, the application of children’s right to non-discrimination does not mean identical treatment but rather requires States to actively identify individual children and groups of children who may require special measure to recognise and realise their rights. The UN Committee on the Rights of the Child has highlighted that the principle of non-discrimination may require differentiation on the basis of the different protection needs of unaccompanied children. The current legal and policy framework does not cater for the often complex needs separated children. Specific legislative provisions are required to bring greater clarity to the admission of unaccompanied and separated children into the care of Tusla.

EPIC is concerned about Tusla's proposed new model of care for separated children aged 16 and 17 who are required to have an "additional vulnerability" in order to be allocated a social worker and to have an aftercare plan. There is a lack of clarity on what is considered an "additional vulnerability" and how this is assessed on an on-going basis. There are also ongoing concerns regarding Special Emergency Arrangements, which allow higher numbers of children in units, shared rooms, lower staffing levels, and reduced staff qualification requirements compared to the National Standards for Residential Care.

Private and voluntary children's residential centres are subject to formal registration by Tusla and undergo ongoing inspection and monitoring by Tusla's Alternative Care Inspection and Monitoring Service (ACIMS). However, they are not subject to inspection by the Health Information and Quality Authority (HIQA), which only has a remit to inspect Tusla's statutory children's residential centres. This raises concerns in relation to children going missing, which may be at increased risk of occurring with higher staff-young people ratios, high staff turnover and staff having lower levels of qualification. Evidence from HIQA also indicates mixed practice regarding management of risk in situations where trafficking concerns had been identified.

A national interdepartmental and interagency forum should be established to develop a policy framework addressing the unique vulnerabilities, rights, and needs of separated children. This forum should facilitate collaboration across care and international protection systems, ensuring consistent nationwide supports, including access to education, healthcare, integration supports, family reunification, and advocacy. The representation of young people with lived experience on this forum should be considered.

The Department of Children, Disability, Equality should review inspection standards for separated children's services, including staff qualifications, experience, and training. Mechanisms should ensure safeguards against children going missing and robust supports for victims of trafficking. Care arrangements should be flexible to meet individual needs and reflect children's wishes. The Tusla Separated Children Seeking International Protection team must be adequately resourced and supported.

The National Policy Framework should prioritise education for separated children, ensuring that accommodation placements or transfers do not disrupt their educational pathways, including after turning 18. A variety of education options must be available to meet the diverse needs of this cohort.