Foster Care

An information booklet on foster care in Ireland

April 2013
SATTAL print and promotional solutions; Dublin
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Introduction

The term ‘foster carer’ throughout this booklet refers to all individuals and families involved in foster care in Ireland, be it general, relative, emergency, day, respite, private, high support or other forms of foster care. Both boys and girls come into foster care but for convenience ‘he’ is used throughout.

At the time of printing the process of setting up a Child & Family Agency separate from the HSE was underway, for the purpose of this leaflet the terms Health Board, HSE and Child & Family Agency are interchangeable.

Fostering is caring for someone else’s child in your own home – providing family life for a child who for one reason or another cannot live with his own family, either on a short or long term basis.

This booklet will give you an insight into foster care; it looks at the different types of foster care and foster carers, outlines the assessment and registration process, looks at the role of the Child & Family Agency and foster carer and the needs of young people in care.
All parents set out with the best intentions in the world; however, sometimes the realities of parenting are too much. Families are unable to manage for a variety of reasons including, but not limited to, alcoholism, drug abuse or learning disabilities. When it is assessed that it is no longer possible for children to remain at home with their parents due to abuse or neglect experiences, they are received into the care of the State, either with the agreement of their parents or through the intervention of the courts.

Foster care in Ireland is governed by the Child Care Act 1991 and the Child Care (Placement of Children in Foster Care) Regulations 1995.

The State’s responsibility to safeguard and promote the welfare of children whose parents fail in their duty falls to the Child & Family Agency by virtue of the Child Care Act 1991. The 1991 Act confers both a statutory power and duty upon the Child & Family Agency to protect children and promote their welfare.

The Child Care (Placement of Children in Foster Care) Regulations 1995 require that a Care Plan for the child is drawn up which sets out the support to be provided to the child and the foster carers and the arrangements for access to the child in foster care by parents or relatives.

The National Standards for Foster Care, 2003 have a major role to play in ensuring that foster care placements are adequately supported and that children in foster care receive the best possible care.
**Types of Foster Care**

**Short Term Placements** - Short term foster care provides temporary care for a child separated from their birth family. The child may, after a period, move back to their family or move on to a long term foster family.

**Long Term Placements** - Long-term foster care is needed for children who are unlikely to be able to live with their birth family, and who, for a variety of reasons cannot be adopted. Many children in long-term care become so much a part of their foster family that they continue to live with them until their independence, as the birth children of the foster family do. However, a child may still move back to their birth family from a long-term placement.

**Emergency Care Placements** - Emergency care is where a child comes into care very quickly and is placed with foster or ‘emergency carers’. It could also happen that an existing placement breaks down and a child needs to be moved quickly and is placed with emergency carers.

**Respite Care** - Respite care is defined in the National Standards for Foster Care as ‘short term care provided to a child in order to support the child, his or her parent(s) or foster carers by providing a break for the child and his or her primary caregivers.’ Respite can play an invaluable role in preventing placement breakdown. Respite care is not a ‘right’ for the foster carer and must form part of the child’s Care Plan.
**Day Foster Care** - Day foster care is a form of support for parents which endeavours to, where it is assessed as safe to do so, maintain a child at home with birth parents through the provision of alternative care during the day. The child is not separated from their family, as they go home each evening, yet benefit from the additional care offered in the foster home. There is minimal disruption to family life, while the parents can obtain practical help, advice and support from the foster carers.

**Parent and Child Placements** - In some situations, where it is judged to be in the best interest of the mother or the baby, a young mother and her baby may be placed in foster care.

**Note:** in parent and child placements the baby/child may not be in foster care but will reside in the foster home with his/her mother who is in care. (See Child & Family Agency Policy, Procedures and Best Practice Guidance on the Status and Care of Babies of Young Parents in 2012)

**Special Foster Care** - Special foster care is a provision for children and young people whose behaviour is such that it poses a real and substantial risk to their health, safety, development or welfare. Special foster care is provided by carers who are specifically trained and skilled to care for children with high level needs.
Many different types of people can provide foster care.

- Couples – married, co-habiting, same gender
- Single people – widowed, separated, divorced
- People with disabilities – provided your disability or medical condition does not prevent you from caring for a child
- People with or without children
- People who own their own homes, are in private rented accommodation or local authority housing
- Employed / Unemployed people
- People from different cultures, ethnic or religious backgrounds – having carers from different cultures allows matching of children and young people with suitable families.

A General foster carer is a person who having completed a process of assessment and training is placed on a panel of approved foster carers to care for children in care of the State in accordance with the Child Care (Placement of Children in Foster Care) Regulations, 1995, and the Child Care (Placement of Children with Relatives) Regulations, 1995. Foster carers provide a service to the Child & Family Agency or Private Fostering Agencies.

A Relative carer is a person who is a friend, neighbour or relative of a child or a person with whom the child or the child’s family has had a relationship prior to the child’s admission to care and who is taking care of that child on behalf of and by agreement with the Child & Family Agency, having completed or, having agreed to undertake a process of assessment within 12 weeks of a child being placed for approval as a relative carer in accordance with the Child Care (Placement of Children with Relatives) Regulations, 1995.
The Staff

Child and family social worker: is the social worker assigned to carry out the Child & Family Agency statutory functions for the safety and welfare of a child in foster care.

Fostering social worker (Link worker): is the social worker with responsibility for carrying out the assessment of general and relative care applicants, delivering pre and post placement training and may also be responsible for the on-going supervision and support of carers post approval. Also like the child and family social worker, the fostering social worker’s statutory obligation is primarily to the child in care.

Foster care monitor: refers to the person who is appointed to quality assure and monitor foster care services separate from the Child & Family Agency line management structure. The monitor ensures compliance with statutory requirements and standards and ensures equity of service provision.

Foster Care Register: The Child & Family Agency maintains a Register of all approved foster carers who are fostering on behalf of the Agency and Private Foster Care Agencies.
Recruitment of Foster Carers

The Child & Family Agency and Private Foster Care Agencies operate within equality legislation and bear a commitment to equal opportunities. Enquirers into foster care are welcome irrespective of race, religion, sexual orientation, ethnicity, gender, disability or marital status.

Enquiries are managed initially over the phone and should be followed up by a home visit.

This is an opportune time for
• Potential carers to;
  1. Understand what is required of them as foster carers
  2. Ascertain their willingness to participate in an assessment that can be quite invading of privacy

• For the social worker;
  1. It is a process of encouraging and supporting potential carers to make an application.
  2. However it is not a question and answer session but should be a screening process to eliminate those who do not meet the criteria.

The assessment process is a long, time consuming and costly exercise for both parties. It is therefore important that the initial screening phase is carried out.

Once it is agreed that a potential carer meets the criteria and is still interested in becoming a carer an application form and information pack is sent to them.
Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by a Child & Family Agency Foster Care Committee prior to any child or young person being placed with them.

The assessment will require:
- Garda vetting.
- Child protection checks.
- Medical reports: physical and mental health.
- Public Health Nurse’s report if applicable.
- Name of two referees who are not related to the applicant. Where applicants have previously worked or currently work with children, an additional third reference will be requested by the social worker from their employer seeking their opinion on their suitability to foster. Referees will be interviewed briefly by the social worker.

Other documentation required includes but is not limited to:
- Birth, Marriage Certificate or Separation/Divorce documentation.
- Statement of earnings from employers or social welfare number.

An analysis of the above gathered information is presented in a standardised report with a recommendation made in relation to the suitability of the potential foster carer to meet children(s) assessed need and meet the criteria for fostering. The report is compiled by the social worker and quality assured by their team leader and/or principal social worker and presented in person to the Foster Care Committee. Fostering applicants are given the opportunity to see and sign the report prior to the report being sent to the committee and invited to make comments on same. Applicants have the option to meet the Foster Care Committee which will consider their application.
They will be advised beforehand that there are three possible outcomes from the presentation of their assessment report:

- The application may be recommended.
- It may be refused.
- The assessing social worker may be asked to provide more information.

No assessment will take place until the Garda vetting of potential carers has been completed and cleared by the supervising foster care Team Leader.

Relative Care: Section 36(1) (d) of the 1991 Child Care Act allows for the emergency placement of a child or young person with relative carers prior to full approval. Relatives who apply or are requested to apply to care for a child or young person participate in a comprehensive assessment of their ability to care for the child or young person and should be formally approved by the foster care committee within 12 weeks of placement, unless more time is required. Relative carers should be informed of the reasons for any extension by the assessing social worker and given a new completion date.

Emergency approval is only permissible in the circumstance of relative care and involves:

- Completion of a garda vetting form.
- Completion of child protection checks.
- Initial screening of the home environment to ensure it fulfills certain minimum suitability standards, i.e. safety and living conditions (space, hygiene).
- Interview with all adults in the home.
- Interview with at least one referee.

Approximately 30% of carers in Ireland are relative carers.
Some of the topics discussed with prospective carers during the assessment home visits include but is not limited to:

- Family history including life experiences from an early age as these may be of help in taking care of foster children.
- Experience of parenting and looking after children, as well as the needs of any child/children already in their care.
- Relationships with own family, e.g. how decisions are made and how prospective carers spend their time.
- Relationships with former partners.
- Relationships with the children's birth parents/grandparents and extended family.
- How prospective carers will work with social workers and other professionals who are involved in the foster children's life.
- Practical issues e.g. accommodation/work/babysitting arrangements which will be affected by fostering.

**Qualities Applicants are expected to demonstrate:**

- A healthy respect and love of children/young people
- Flexible attitudes and non-judgmental perspective on life.
- Ability to negotiate and compromise when faced with change, stress and challenge.
- Ability to understand and accept a child who has been abused or neglected.
- Ability to understand and accept the circumstances of the child's parents.
- Ability to accept the child's behaviour as a communication of their feelings.

No child will be placed with a non-relative carer unless they have been assessed and approved by the Child & Family Agency Foster Care Committee.
• Ability to help the child understand the reason for the separation from their parents without prejudice.
• Openness to training to increase their skills and knowledge about foster care once they have a child placed.
• Openness to involvement with social workers who supervise and support foster care placements.
• Openness to support regular contact between the child and their birth family.

**Allowances and supports for foster / relative carers:**

• Fostering Allowance. The Department of Children and Youth Affairs set the amount of the allowance. The allowance does not affect other social welfare allowances.
• Child Benefit
• Medical Card for each foster child.

**Criteria against which foster care/relative applicants are assessed:**

• Ability to meet the overall needs of children who have experienced abuse or neglect and those who need care and protection.
• Ability to meet the child’s assessed needs as outlined in the care plan where applications pertain to specific children.
• Interest in and concern for children and their rights is the primary motivation to foster.
• Ability to provide safe care to children who have experienced abuse or neglect.
• Ability to manage children’s behaviour without the use of physical or demeaning punishments.
• Commitment to facilitate contact between children and their birth families, where desirable.
• Commitment to preserve a child’s ethnic and cultural identity.
Assessment & Approval

- Commitment to include the foster child as a full family member while accepting the possibility of the child’s reunification with his/her birth family.
- Commitment to safeguard the child’s confidential information.
- Commitment to promote children’s education and health.
- No criminal convictions for offences against the person which indicate possible safe care concerns for children in care.
- Enough time in applicants’ lives to enable them to care for foster children as well as their own children, where relevant.
- Good enough physical and mental health for all members of applicants’ immediate family.
- No current addictions amongst applicants’ household members.
- No current domestic violence experience in applicants’ lives.
- Applicants are of an age that ensures there is a reasonable expectation that they can provide adequate care for the child in the future.
- Stability in applicants’ own lives and in their close relationships.
- For childless applicants, an ability to accept that the child they may foster cannot replace the child they might have had themselves and evidence of equal motivation in joint application.
- Youngest child in applicant’s family is aged not less than three years old. (Exceptions may be made for relative care applicants in some instances).
- Adequate security and stability in applicant’s children’s lives to enable them to withstand the challenges of foster care.
- Adequate accommodation to provide a safe and healthy environment to cater for a foster child’s development.
- Ability to manage personal finances in a satisfactory manner.
- Commitment to use the foster care allowance to care for the child.
- Adequate personal support structures to assist them to foster.
- Evidence that applicants can seek and accept support when necessary.
• Commitment to protect children from the effects of passive smoking in the foster home by providing a smoke free environment.
• Commitment to attend pre-placement and post-placement fostering training.
• Ability to work as part of a team with the Child & Family Agency/Private Fostering Agency with a commitment to operating within relevant standards, policies and guidance.

Having an available panel of assessed, trained and approved foster carers to choose from allows fostering teams match children with carers best placed to meet their needs.
Foster carer reviews refer to the process whereby foster carers, including relative carers participate in regular reviews of their continuing capacity to provide high quality care and to assist with the identification of gaps/ supports in the fostering service.

The reviews should be held one year after the first placement and then every three years. Additional reviews are held following allegations or investigations of abuse or neglect (if confirmed or inconclusive), serious concerns (if confirmed or inconclusive) or in other circumstances where, in the opinion of any party involved, one is warranted.

Foster carer review agenda will include the following:

- An update of information
- Any changes in circumstances e.g. change in family composition/new partner relationship
- Ability to care (performance)
- Foster carers’ experience of fostering
- Complaints, serious concerns or allegations
- Training and support needs
- Foster children’s views
- Birth parents’ views
- Foster carers’ own children’s views.

After the first review each subsequent review should include updates of Garda vetting and clearance for all household members over 16 years.
Matching Children & Carers

Matches are achieved by means of information sharing and discussion involving all relevant professionals, foster children and their families, where appropriate, and the proposed foster carers, their families and other children in the placements.

Principles of matching carers:

• Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the child/young person.
• Matching carers with children is based on the written assessment of the child's needs and their care plans.
• The child’s views are considered in accordance with their age, stage of development and individual needs.
• The needs of other children living in the family, including the carers’ own children are considered.
Fostering Contract

Foster carers enter into a contract with the Child & Family Agency / Private Foster Care Agency that they will:

1. Take the child into their home and care for the child, to the best of their ability, on behalf of the Child & Family Agency / Private Foster Care Agency.
2. Fulfil the duties imposed on them under Article 16 of the Child Care (Placement of Children in Foster Care) Regulations, 1995 in respect of the child.
3. Co-operate with the Child & Family Agency / Private Foster Care Agency in the care and upbringing of the child.
4. Attend training which is provided by or on behalf of the Child & Family Agency / Private Foster Care Agency under Article 15 of the Child Care (Placement of Children in Foster Care) Regulations, 1995.

Training

Pre-assessment and on-going training is compulsory for all foster carers to equip them with the skills and knowledge required to provide high quality care.
Supervision & Support

Foster families are provided with a support system from the Child & Family Agency / Private Foster Care Agency to enable them to provide a good standard of care for the children they look after. This includes:

- Every foster carer should have access to a link social worker for supervision and support.
- Link workers should have contact with foster carers regularly via telephone and visits.
- Access to regular support/training group meetings where topics of interest are discussed.
- Each child in foster care has a child and family social worker who visits the child in the foster home and maintains a link with the child’s birth family.
- Where a child needs specialised services, professionals can be accessed if necessary, for example, speech therapists, counselling services, psychologists etc.
- Respite care for foster children may be arranged if necessary and appropriate where it is part of the care plan.

Support for foster carers: Gilligan (2000) speaks of the scaffolding of support needed by children in care and their carers and of the challenge of agencies and authorities to promote the right degree of space and support for all the partners in fostering.
Safe Care Practices

Safe care can be viewed as measures taken that are necessary for caring for and living with young people in a manner that acknowledges their right to live in as normal an environment as possible. The key to safe care is knowledge and sharing of information. The ethos of working together and sharing of information between foster carers and social workers is vital in ensuring safe care for children/young people and foster carers.

The role of a foster carer is to act as a parent for vulnerable children. All young people and children have the right to be loved and receive appropriate affection. Foster carers need to find a balance between this and safeguarding themselves and their families.

Practice Tips

- Most homes have accepted norms within daily living, therefore acknowledging that there is some behaviour that is not within the norm. For example everyone in the home is appropriately dressed at breakfast, doors are closed at shower time (for older children). Letting children and young people know what is acceptable within the household is important from early in the placement. They will then experience these norms within their daily experiences of the family.
- Have an awareness of children/young people’s life experiences and use this information to advise and inform in relation to making decisions about time alone, contact with friends, sharing bedrooms, bath times, play etc.
- Social workers and foster carers should have discussions and share their experiences when making decisions about overnights, discos, access to social media, etc.
Teaching children/young people boundaries and assisting them in expressing their emotions in a way that is positive for them and those around them is an important developmental role of fostering. This would include teaching appropriate means of displaying affection and ways to communicate anger, hurt and upset.

For more information on Safe Care see the Irish Foster Care Association Safe Care Leaflet.

Role & Responsibilities of Foster Carers

Accepting the child: Building self-esteem
The carer gives the child the message that he or she is unconditionally accepted and valued for who they are: their difficulties as well as strengths. This helps the child to enjoy success and cope with setbacks.

Being available: Helping children to trust
The carer is available physically and emotionally to meet the child’s needs whether they are together or apart. This secure base helps the child to:
- feel safe
- trust that his or her needs will be met consistently
- gain the confidence to explore the world around them and
- learn to trust adults.
Responding sensitively: Helping children to manage feelings and behaviour

- The carer can ‘stand in the child’s shoes’ and can think about what the child may be thinking and feeling, and can reflect this back to the child.
- They are also aware of their own feelings and can share these sensitively with the child.
- This helps the child to learn about and regulate his/her own feelings and to understand the thoughts and feelings of others.

Co-operative caring: Helping children to feel effective

- The carer is aware of the child as a separate person with wishes, feelings and goals and as someone who needs to feel effective.
- The carer looks for ways to help the child feel more competent, such as by respecting the child’s choices (within safe limits), using negotiation and co-operation to manage behaviour.

Promote independence and life skills

- This helps the child to feel his/her views are important and to learn to compromise and co-operate.

Promoting family membership: Helping children to belong

- The carer has the capacity to include the child in their family for however long the child is to stay.
- The carer also helps the child to belong to two families – his or her birth family and the family they are part of now, so that the child learns it is possible to belong to/love two families.
- This includes a non-judgemental acceptance of the child’s birth family.
- Foster carers play a critical role in helping children prepare for adult life.
Access & Family Contact

The Child Care Act, 1991 Section 37: places a duty on the Child & Family Agency to “facilitate reasonable access to the child by his parents, any person acting in loco parentis, or any other person who, in the opinion of the Child & Family Agency has a bona fide interest in the child”

Gilligan recommends encouraging “purposeful contact with family members and other key adults from the child’s past” in order for the child to receive from his family “the crucial message that he is cared about even though his family may not be able to care for him at the present time”. Gilligan argues that if ‘threads of contact’ are kept alive, reunification will still be a possibility, even when the child becomes an adult.

Traditionally, access is seen as meaning visits for children with their birth families whereas contact is a much broader concept including exchange of cards/letters/photos/telephone contact/sharing of school reports/ etc.

There is no ‘magic formula’ for access;
- Each child is unique
- Each family circumstance is different
- Each access plan needs to be worked out, agreed with all parties and form part of the Care Plan

It is very important for a child in foster care to know who he is and why he is in care and to maintain links with his birth family. This requires understanding and collaboration between the foster carer, social worker and birth family. Ideally some access and contact with the child’s family should take place within the foster home unless there are clear reasons why this cannot occur. It is important for families to see and have a sense of the home their child resides in and likewise it is important for the child to be
comfortable in sharing this with their family. Arrangements for how access and contact take place should be agreed with the social work department, the family, the foster carers and the child (age and stage appropriate).

Children/young people living in foster care may experience some feelings of guilt and/or anxiety in relation to family access, they may experience a sense of divided loyalties and therefore social workers and foster carers should spend time ensuring that family access is as positive an experience as possible for the child/young person.

(For more information please see IFCA leaflet on Access).

Disruption

Not all placements have a happy ending, it is a fact that some placements do not work out with the end result that the child has to move on. Disruption is the term used for the premature ending of a planned placement of a child in foster care.

Disruption in foster care is a process which frequently entails a series of difficult events involving the child, his/her foster family and birth family. Only in an extremely serious situation will a disruption arise from an isolated incident. Following a disruption in placement a disruption meeting must be
convened. The challenge in convening a disruption meeting is to manage and engage individuals, some of whom may be in a heightened state of emotion; bring them together to share their thoughts, feelings and ensure that all in attendance have their voice heard and positions acknowledged. It is often extremely difficult to work with children, carers and birth families after a disruption in foster care.

**Responding to ‘Difficulties in Placements’:**

The Report of the Working Group on Foster Care: Foster Care a Child Centred Partnership (2001) states that “in general, minor problems relating to day-to-day issues in foster care should be resolved in a partnership spirit between the parties involved”

(Section 8.35)

Difficulties in placements are usually things the child may not like about living in the foster home. Reports of difficulties can come from a wide variety of sources; from the child, the social worker, the foster carer or another professional.

Foster carers should be encouraged to accept that:

1. The placement has not worked for a valid reason or combination of reasons. It is not the first time such a situation has occurred and it will not be the last.
2. It may be agreed that it is in the best interests of the child to move on. All members of the foster family should be helped to understand this.
3. The foster family’s initial motivation to help this child needs to be reactivated to prepare for moving on.
4. Careful planning for the future must take cognizance of the hidden factor – the one which contributed to the disruption of the placement. All involved must be helped to understand what happened and why.
Allegations/Complaints/Grievances

All children in alternative care, their parents, carers, staff or anyone with a bona fide interest in the welfare of the child is entitled to make a complaint or express a grievance. In any assessment of an allegation of abuse or complaint in relation to the care of a child in alternative care, the child’s welfare is always considered to be paramount.

Under proposed legislation the reporting of abuse against children will be mandatory. All allegations of abuse of a child in care must be reported to the Child Protection team under Children First National Guidance for the Protection and Welfare of Children 2011. It is everyone’s responsibility to ensure children are protected.

Definition of ‘complaints’ and ‘grievances’:
It is very important that all reports received in relation to children in care are documented and defined in order to determine the response given. It is also important to note that, in the process of assessment of the report, the definition may change, for example, a complaint may be re-defined as an allegation when investigated.

The Oxford English Dictionary defines a complaint as ‘a statement that something is unsatisfactory or unacceptable’ and a grievance as ‘a real or imagined cause for complaint, especially unfair treatment’, ‘an official statement of a complaint over something believed to be wrong or unfair’ alongside ‘a feeling of resentment’.

The National Standards for Foster Care in its ‘Guidance Note on Children’s Complaints in Foster Care’ defines a complaint as ‘any expression of dissatisfaction about the quality, lack of, or refusal, of a service that the person complaining is entitled to use’.
Examples of a complaint can fall under several categories including access and contact arrangements, children’s rights, physical environment, self-esteem and development. Examples can include:

- failing to keep the child’s family alive in the child’s life;
- carers not being respectful about child’s family/background;
- child not being informed of their rights or of events relevant to their care;
- bedroom in a poor condition;
- food preferences not taken into account;
- clothing is poor quality and ill fitting;
- child not being allowed to continue with a hobby that they want to do and are good at (as agreed in their care plan);
- child feeling he or she is treated differently to the rest of the children in the foster family.

Careful assessment of each complaint is necessary to ensure the complaint does not fall within the category of ‘abuse’; for example the withdrawal of food as punishment for bad behaviour or persistent failure to clothe and feed a foster child adequately.

There is no doubt that many difficulties experienced by children within the care system can be resolved by meeting with the child and carer(s) and relevant professionals to identify areas of disagreement and conflict, and to plan for their resolution.

**Responding to complaints and grievances in relation to children in foster care:**

All Child & Family Agency areas are required under the National Standards for Foster Care to have a complaints system for children in care in place and ensure children in care are aware of same.
Allegations/Complaints/Grievances

Responding to allegations of abuse and neglect in relation to children in foster care:
All allegations, disclosures and reports of child abuse and neglect should be dealt with under Children First: National Guidance for the Protection and Welfare of Children, 2011 and each report should generate an ‘Intake Form’ to formally record the start of the assessment process.

It is important that the child’s social worker supports the child through the process, ensuring the child knows he or she has been heard and that action has been taken to stop the incident or concern from happening again.

When an allegation of abuse or neglect or suspected abuse or neglect is raised the Child & Family Agency carries out an assessment of possible risk to all children in the foster placement including the carer’s own children. This assessment informs the decision whether to maintain the placement.

Facing an allegation or complaint is very difficult for a carer and the process can be very stressful. Carers need support throughout this process

- Reports will be treated with the utmost regard to confidentiality.
- The fostering Link Worker will keep the carer updated as to the progress of the assessment and may be involved in aspects of the assessment process.
- Foster Carers will be treated with respect and dignity throughout the process.
- Carers will be offered support and informed of the existence (if not already known) of the Irish Foster Care Association and given the name of the local representative whom they can contact for support and advice.

Foster carers should also be given information about the Child & Family Agency complaints procedure ‘Your Service, Your Say’ which has a formal process for receiving complaints and dealing with appeals.
Established in 1981, the Irish Foster Care Association (IFCA) is the representative body of foster carers in Ireland. Its membership is broad based and includes general/relative carers who have contracts with the HSE and private/independent fostering agencies, social/child care workers, academics and others with an interest in foster care. The Association works in partnership with the Child & Family Agency and the Department of Children and Youth Affairs on all matters relating to foster care; always ensuring that the best interests of the child are to the fore in all discussions. With over 90 per cent of children in State care placed with foster carers it is not an overestimation to assert that foster care is the backbone of the Irish care system.

**Mission Statement:**

*The Irish Foster Care Association is a ‘rights based’, child centred organisation which promotes family based solutions for children and young people in ‘out of home care’.*

*The Irish Foster Care Association believes in the highest standard of excellence in all foster care services and is committed to achieving its goal through advocacy, support, education and working in a spirit of partnership and co-operation.*

The Irish Foster Care Association believes every child has the right to a caring and functioning family. Where this is not possible with their birth family, IFCA believes they have a right to a substitute family.

The Irish Foster Care Association is a Company Limited by Guarantee with a Charity Number.
IFCA Services

IFCA provides a forum where all who are interested and/or involved in foster care can come together to support one another, air their views and where necessary, campaign for improvements in child care policy and regulation.

IFCA provides a range of services to its members:

Information and Guidance
IFCA staff are a valuable source of information and support. The welcome your queries and provide information and guidance on fostering issues.

Support & Mediation Service
The IFCA support and mediation team offers independent and professional support in fostering situations. IFCA aims to offer the best support during difficult times to make the process clearer and easier for all involved.

The service provides:
- Independent and objective advice; ensuring foster carers are adequately informed of their rights.
- Practical assistance with regard to understanding and responding to written reports.
- Accompaniment to meetings where necessary, ensuring foster carers are well represented and remain engaged in the process.

The service is confidential, responsive and personal and the level of support varies depending on the need of the carers.

Training
IFCA has developed a register of accredited trainers and training courses relevant to foster carers, social workers and others involved in foster care.
Annual seminars & conference.
IFCA national and its branches and regions host seminars each year on current issues which include research and best international practice.

The IFCA National Conference is run over a weekend in November each year; this event is hosted by an IFCA branch and/or region in collaboration with the National Office. This is a major training/social event in the foster care calendar.

Publications
Newsletter: The IFCA newsletter is circulated to members three times a year keeping them up to date on all issues relevant to foster care and upcoming events.
Leaflets: IFCA produces booklets and leaflets on topics relevant to foster care.
Books: IFCA sources books of interest to people involved in foster care. These books are available to buy through the National Office and also at all IFCA events.

Insurance
Public Liability Insurance: The Association’s Public Liability Insurance covers activities of the Association nationally, its branches and regions.

Legal Expenses Insurance: IFCA has a Group Legal Expenses Insurance scheme open to members to cover legal costs incurred should an allegation made against them or members of their family be subject of a court appearance.
Please contact the IFCA office for further details on any of the above.

Irish Foster Care Association,
Unit 23, The Village Green, Tallaght, Dublin 24
Tel: 01 4599 474 info@ifca.ie www.ifca.ie

When you have completed your assessment ask your assessing social worker for the IFCA ‘Who What Why’ booklet that gives further details on IFCA services. This booklet includes Membership & Legal Expenses Insurance Application Forms. Alternatively log onto the IFCA Website and complete your application on-line.

NOTE: First year’s membership of IFCA is free!!

References

Child Care Act 1991
Child Care (Placement of Children in Foster Care) Regulations 1995
The National Standards for Foster Care, 2003
The Report of the Working Group on Foster Care: Foster Care a Child Centred Partnership (2001)