



## The family foster care system in Ireland – Advances and challenges

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### ABSTRACT

This paper sets out to give a rounded view of the Irish foster care system as currently constituted. It will cover areas such as the law and policy framework, key data, key institutional actors, views of the system from the perspective of key stakeholders (care experienced adults and young people, foster carers and their children and the biological parents of children in foster care), and distinctive features of the Irish system. It will also offer a brief review of key influences that have helped shape the current system and Ireland's move from high use of institutional care to high rates of family placement. It will also consider challenges that still face policy and practice in the Irish foster care system. The paper takes a multi-disciplinary approach drawing on evidence from various perspectives including law, history and social policy. Offering the Irish case in this paper is not to claim or imply that the Irish system is fully developed or has resolved all its challenges. As will become clear, the argument here is that Ireland is an interesting case not because of any (erroneous) claim that it is the finished article as a foster care system. It is interesting because it is both a system that is still in development, and is also one that has already made the transition from a system dominated by residential care to one heavily reliant on family placement.

### 1. Introduction

Ireland, along with Australia, has one of the highest rates of family placement (foster family care and formal relative or kinship care) in child welfare systems globally (Ainsworth & Thoburn, 2014). The latest data at time of writing (first quarter 2018) shows a rate of 92% for family placement of children in care (foster care and formal relative care (Tusla, 2018a, p.27). This high rate alone makes Ireland of interest in a global policy climate that increasingly favours family placement as the placement of choice in child welfare systems (Davidson, Milligan, Quinn, Cantwell, & Elsley, 2017; United Nations General Assembly, 2009). But the Irish case is of even greater relevance when it is also considered that, historically, Ireland previously had heavy reliance on institutional or residential care. In countries where institutional care remains dominant, the justification advanced implicitly or explicitly is that there is no viable alternative: the cultural or social conditions will not sustain foster family care. The Irish case shows how a decisive shift to foster care can occur even where prevailing conditions would initially seem to make that very unlikely. Of special note is that the major change happened while Ireland was still a strongly Catholic country (it is less so now). There are other Catholic countries in Western Europe (for example, Portugal and Belgium – see Hamilton-Giachritsis & Browne, 2012; Barbosa-Ducharme, 2018) which still rely very heavily on residential care, reflecting perhaps a tenacious belief that 'foster homes are dangerous places' (Hazel, 1976, p. 321).

This paper sets out to give a rounded view of the Irish foster care system as currently constituted. It will cover areas such as the law and policy framework, key data, key institutional actors, views of the system from the perspective of key stakeholders (care experienced adults and young people, foster carers and their children and the biological parents of children in foster care), and distinctive features of the Irish system. It will also offer a brief review of key influences that have helped shape the current system and Ireland's move from high use of institutional care to high rates of family placement. While there have been advances, the paper will also consider challenges that still face policy and practice in the Irish foster care system. A multi-disciplinary approach draws on evidence from various perspectives including law, history and social policy. Offering the Irish case in this paper is not to claim or imply that the Irish system is fully developed or has resolved all its challenges. As will become clear, the argument here is that Ireland is an interesting case not because of any (erroneous) claim that it is the finished article as a foster care system. It is interesting because it is both a system that is still in development, and is also one that has already made the transition from a system dominated by residential care to one heavily reliant on family placement.

### 2. Method

This case study draws on material from a range of sources based on evidence from social research, as well as historical and policy docu-

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ments. It also draws on knowledge gained from over forty years experience in the Irish care system in a variety of roles. These include social worker, foster carer, board member of residential care centres, researcher, social work educator with special focus on child welfare. While mainly focused on Irish evidence, the paper also draws on some selected comparative evidence to provide additional background on certain points.

### 3. Family Foster Care System

#### 3.1. Overview

Of the 6151 children in care in the first quarter of 2018, 65% are placed in general foster families ('stranger' foster families) and a further 27% are placed in relative care (with foster families to whom they are related) (Tusla, 2018, p. 27, derived from Table 6). The expansion of family placement (both foster and relative care) is in many ways the result of the steady growth of relative care since it first emerged on a small scale in the 1980s. It seems to have first been used on a pragmatic ad-hoc basis by social workers pressed to find placements when options were very scarce (due to the impact of shrinking residential care, and frequent limits to the availability of vacancies in conventional foster families) (Gilligan, 1999; Munro & Gilligan, 2013). Across all forms of care, the great majority of children placed are in care for more than one year – 45% for more than 5 years, 43% for 1–5 years, and remaining 11% for less than one year (2016 data) (Tusla – Child and Family Agency, 2018, p. 61).

The current weekly rates of allowance paid to Tusla – Child and Family Agency carers (general and relative) are 325 euro per child under 12, and 352 euro for a child over 12. These allowances are not taxable, and are also not counted in assessment for income support from the state.<sup>1</sup> It is notable that in the Irish system relative carers are paid at the same rate – a policy first announced in 1995. (Minister of State for Children, 1995).

While foster care remains predominantly a public not for profit service, there has been some growth in recent years in provision of care placement by a small number of private care providers. There are 387 children placed with private foster care providers, representing 9% of all children placed with general foster carers (Tusla – Child and Family Agency, 2018, p. 27–28). Private agency foster carers represent one in eight (12%) of all approved foster carers (ibid, p. 44). Tusla pays fees to private agencies for placements they provide. This allows these agencies to offer different levels of support as compared to that which Tusla itself offers directly to its own carers.

Historically, the link between foster care and adoption in the Irish system involved the care of babies and small children in foster homes in advance of their placement with adoptive families. More recently, legal changes have gradually accommodated adoption of children and young people in foster care by their long-term foster carers. However, there is still relatively limited use of this facility, and it tends to be used when the young people involved are close to the care leaving age of 18 years. In the five years, 2012–2016 there were 82 adoptions completed for children in long terms foster being adopted by their carers.<sup>2</sup> Nineteen of these occurred in 2016.

#### 3.2. How did the current Irish foster care system emerge?

In a period of 30 years or so, beginning in the 1980s, there was a remarkable shift in the balance of placement types used for children in care in the Irish child welfare system. The background to this shift is

<sup>1</sup> Further information related to fostering allowances etc. is available from [www.citizensinformation.ie](http://www.citizensinformation.ie).

<sup>2</sup> Figure derived from statistics page for Domestic adoption on website of Adoption Authority of Ireland accessed September 14th 2018.

explored in earlier work by the author (Gilligan, 2012; Gilligan, 2009a, b). Important influences that have been identified include a policy commitment to implementing de-institutionalisation first espoused in a major policy review of institutional care conducted in the late 1960s (Committee on Reformatory and Industrial Schools, 1970) and the growth of public social work services from the 1970s, with newly recruited social workers giving considerable priority to recruiting foster carers to provide a real alternative to placement in residential care. Also influential was the contemporaneous steady withdrawal of many Roman Catholic religious orders from their previous role as main providers of care places. A further emerging factor was the growth of demand for places in care, attributable in part presumably to the growth in social worker numbers, but also undoubtedly to a growth in drug problems especially in Dublin (the capital city) (Butler, 2002, pp. 134–171). This eventually worked its way through to impacting on the demand for alternative care, as children of drug using parents were often deemed to need care placement. This increase in demand also contributed to the emergence of relative care as a formal category of care placement and as a pragmatic response to the system's loss of places in residential centres.

#### 3.3. Key institutional actors in the Irish foster care system

Tusla – Child and Family Agency and the Courts, constitute the two main pillars underpinning the children in care system, operating under the Child Care Act 1991. This governing Act provides for three main forms of alternative care: foster family care, relative care, and residential care. Established in 2014 under the Child and Family Agency Act 2013, Tusla – Child and Family Agency - is the lead public body for promoting the protection and well-being of children. Previously this work formed part of the brief of the Health Service Executive, but the new agency was established to give a sharper focus to the state's work in this area. Tusla is active in every case involving a child who may be placed in care. Tusla employs 1466 social workers as well as a range of other professionals (Tusla – Child and Family Agency, 2018, p. 63). It also maintains an active panel of 4384 foster carers, (ibid, p. 19).

Children are placed in foster care either by order of a court or with the agreement of their parents. A Care Order in a case of placement without parental consent is a court order made by a non-specialist judge sitting alone, following a full hearing. A Care Order may apply until the child reaches 18 years of age, or for any shorter period specified.<sup>3</sup> Typically, cases heard at District Court level are not written up in the form of judgements. However, a recent analysis of an available set of 69 written District Court judgments of care order application cases<sup>4</sup> gives a rare glimpse of the work of the District Court in dealing with care order applications. While remembering that this is a non-representative sample, it is still of interest to find that in the great majority of cases (55) in the sample applications were granted for the full period until age 18, while in a further eight cases the order was granted subject to review after a specified period, and in the remaining six cases the order was granted for a specified shorter period (Corbett, 2017).

Child care cases do not seem to take up a lot of court time, although there may be exceptions:

[most] hearings are short, with 81.7 per cent taking less than an hour and a further 11.6 per cent taking less than three hours. More than 96 per cent are over in a day or less. The remaining four per cent are those complex and contested cases that can take several days (Coulter, 2015).

<sup>3</sup> There are also other orders of shorter duration, for example emergency care orders and interim care orders.

<sup>4</sup> Cases based on a *non-random* sample – and an unknown total population of such cases since District Court cases are not typically written up by the judge involved.

Two features of the work of the courts are worth noting: The great majority of applications are granted with only 2.8% being refused. In 37% of cases a court order is made with the consent of the parents (such cases are different from cases of voluntary care already mentioned and discussed further below where the parents agree to placement *outside the court system*) (Coulter, 2015).

A critical point is that the role of the court in any case is not necessarily confined to the day on which the decision on a child care application is made. While the Child and Family Agency has day to day control of the child who is subject to a care order, legal decisions in the higher courts have clarified that the relevant courts (district and higher) 'retain overall control of a child' who is the subject of a care order (Gibbons, 2007). This means that the courts can potentially exert a strategic influence over key decisions affecting a child's progress in the care system. However, concerns have been raised about inconsistencies in practices across the court system in relation to the granting of care orders, citing evidence that 'judicial practices vary considerably.... in the readiness of judges to grant orders and the length of time for which orders are granted' (Burns, O'Mahony, Shore, & Parkes, 2017, p.166).

Guardians ad Litem began to play a part in the court system in 1996 when the relevant provisions of the Child Care Act 1991 finally went live. They may be appointed by the Courts to promote the interests of the child and advise the Court on the wishes of the child. In its study of the operation of the Irish court system in relation to children at risk, the Child Care Law Reporting Project (Coulter, 2015), recorded data for its sample of child care cases heard and monitored by the project including the number of applications for legal orders observed – 1194 for the period December 2012 to July 2015. In just over half of these cases (53%) a Guardian ad Litem had been appointed by the Court to the child's case (ibid, p.14).

The remaining balance of children in care xx% are placed in 'voluntary care' with the agreement of their parents and without recourse to the courts (reference). Concerns have been raised that decisions affecting children while in care in this category are not subject to the same degree of external scrutiny with consequent potential human rights implications (Corbett, 2018).

Other actors who exert influence to varying degrees in the foster care system include:

- The Department of Children and Youth Affairs (DCYA) which is a central government department with lead responsibility for children and youth issues in government (including children in care). It is led at the time of writing by a Minister who is a full member of government (full Minister at Cabinet).
- The Irish Foster Care Association, which was founded in 1981, undertakes promotional, support and information and training functions in relation to foster care. While primarily aimed at serving the support needs of foster carers, it seeks an inclusive role in the field and historically has sought to provide a meeting point for the different key stakeholders in the foster care field (carers and their families, social workers, and young people in care). Given its pivotal role in the system, and its unique listening post role, IFCA tends to have quite a degree of influence in its contact with its key partners in the system (DCYA and Tusla).
- EPIC which was founded in 2000 (and was initially known as the Irish Association of Young People in Care), serves as an advocacy organisation for young people in care, It also takes on a general role in promoting positive awareness of the needs, experiences and potential of young people in care. Its title is based on an abbreviation of its full title (Empowering people in care, a title chosen by its youth members). EPIC receives financial support from Tusla. Its governing board includes people with care experience, as well as professionals familiar with issues facing young people currently or formerly in care. EPIC also has a youth advisory board.
- The Health Information and Quality Authority (HIQA) which

inspects provision against national standards and plays a leading role in implementing the regulatory framework for the children in care system as provided for under the Child Care Act 1991 and associated regulations<sup>5</sup> and standards<sup>6</sup>

- The Office of the Ombudsman for Children is a statutory body with a remit to protect and promote the human rights of children. Children in care are among the groups of children whose issues receive special attention from the Ombudsman

#### 4. The lived experience of foster care

There is something more needed when seeking to convey the human experience of foster care than describing the architecture of the organisational 'system'. This is especially the case for those not involved in foster care or for those living in contexts where foster care is relatively unfamiliar. The actors who play out the drama of foster care can bring us closer to the living, breathing reality of foster care through their lived experience. What follows is a necessarily selective 'taster' of material from the relatively limited body of Irish research on foster care. This helps 'uncover' some of the lived experience of the Irish system and illustrates some of the concerns of its key 'front-line' actors.

##### 4.1. Carers' motivation and approach

The following quotes from three different studies illustrate a strong sense of child-centredness over time, and in the moment, on the part of the foster carers. Their commitment to the long term and immediate needs of the child shines through the themes reflected in their comments:

###### Conveying deep commitment to the child

'My big thing for foster children is that they have to believe that you are committed to them. They don't believe that you'll stick with them and it's only over time that they see that you really will.' (Carer quoted in Hyde, Fullerton, Lohan, Dunne, & Macdonald, 2016, p. 34 [report no 4])

###### Sharing activity with the child

And I think there is something very nice about the activity of cooking. It is the one thing that, if you share it, you now feel part of the home. So I think cooking is a really, really important thing. And it's exciting. And you can talk when you're cooking ... In a nonthreatening way, because we all have to do it. And, rather than be a passive receiver of your meal, this is actually now your meal. (Sirriyeh & Raghallaigh, 2018)

###### Encouraging child's commitment to education

I say to the foster kids, 'The more tools you get in the bag, and education is a tool, it gives you a choice and an option, and you are afforded the opportunity to fill that bag'. I don't even talk about a particular subject, just get all the tools you can and put them in the bag. 'It's something you'll have accomplished' (Hyde et al., 2016 report 4, pp. 60–61).

##### 4.2. Lived experience of children and young people living in foster care

Findings from the various Irish studies reporting on children's experience of care, or more typically, the memories of care held by care leavers, reveal a mixture of positive and negative themes.

<sup>5</sup> Child Care (Placement of Children with Relatives) Regulations 1995 and Child Care (Placement of Children in Foster Care) Regulations 1995.

<sup>6</sup> Department of Health (2003) *National Standards for Foster Care* Dublin: Stationery Office.

Young people clearly greatly value a sense of feeling they have an accepted placed within the family where they are placed. This could apply in the case of relative care, or more general foster care.

A young man with a troubled history of care placements credited his eventual placement with relatives as proving transformative in his life. Looking back, he could identify the special significance, for him, of being cared for within his broader family – a point that is likely to resonate with at least some of the young people in care systems more generally. Where relative placements work well they may be greatly valued

“Well, it's just better like, it's better to be with your family than others. Like when it's your family, its people you know like. It means you're not having to meet strangers. It means that you're not feeling like nobody wants you. And that's how you feel, when you have to go to strangers, you ask 'well why could nobody in me family take me, why does nobody want me, why didn't I go to me uncle or aunties like. Why am I thrown into a home?'" [Male, 19 years]. (Tobin, 2013, p. 47)

Eibhlin had a fear of instability and had had a series of placements until she was placed in a general foster family at age 12 where she grew to feel very settled and at the time of interview was living with the family with her baby.

I was always worrying about moving placement. That is my biggest worry. I am happy, I am still there now, but it was just that I was delighted being there, I was happy. I finally found someone who loved me [foster carers] and would be there for me and things like that and I didn't want to be moving...(Hyde, Fullerton, Lohan, Dunne, & Macdonald, 2017).

Issues of belonging are never far from the experience of the foster child, belonging to both their biological and foster families. This young person remembers the significance for them of being invited to a family wedding by the foster carers.

They brought me to their daughter's wedding, so they said the family has to go to a wedding so you're part of our family so you have to come with us ... so basically, you know, they count me as their family, so I felt like you know I'm part of this family. (unaccompanied minor in Irish foster family) (Sirriyeh and Ní Raghallaigh, 2018)

Another key theme in the comments of young people relate to the messages they received from carers about education and attainment

The importance of foster-family support was also highlighted by Oisín (care-leaver), who reported that he was the only child in his foster family (the foster parents had several biological children) who went to college: [The foster family] 'told me like you know if you want to get something you can; you know if you focus and you put your mind to it you can do what you want. .... That's what my [foster] mother says to me, you're the one child that made me very proud, like going to college and stuff, nice thing to be told you know.' [Face-to-face interview with Oisín, care-leaver] (Darmody, McMahan, Banks & Gilligan, 2013)

They [foster carers] encouraged me to go [to College after leaving school at 18] just like one of their own kids like ... there was another girl who ... lives in my house, she's a foster child as well and ... we were always pushed towards education, education, education, because that was their kind of way of giving back to us ... kind of setting us up for the rest of what we wanted to do with ourselves.' [Robert, Focus group with care-leavers] (Darmody et al., 2013).

Carers were also recalled for their contribution to helping prepare young people for the world of work

“Em, well, say my foster mum Sinead, she was a, a secretary, so she worked in an office. So, like, I used to go in and do work experience

say for, with school and stuff, em, to her office. So, like that, it would be, computers like she showed me kind of everything to do with computers. Em, all like basic office stuff, like binding, eh, filing and it did, it all stood to me, (Case 6, Ireland) (Gilligan and Arnau-Sabatés, 2017)

On the negative side of the foster care experience, fear of stigma was one of the issues raised. In this instance younger children in foster care express concern about the reaction of peers to their being in care. It should be noted that the focus here is on in-care status, rather than the fact of being in foster care as such:

'you have to keep being in care a secret from your friends, otherwise they would slag [mock, tease] you about being in care' (McEvoy & Smith, 2011).

Another problematic experience was placement breakdown, although again it was not uniquely related to foster care. This care leaver recalls vividly many years later the powerful impact of being told her foster placement was ending.

“When they said 'you're going' it was like, do you ever get the feeling, like your blood has drained from your body and you just feel like you're going to hit the floor? And I was like okay, when am I going? And they (foster carers) said you're going in a week, after you finish school. So I finished in first year [in secondary school] and I was gone and all in a week” [Female, 24 years].(Tobin, 2013, p. 48)

A further challenge for young people in the care system is the potential ambiguity (and absence) in their relationships with biological and foster parents, as in this instance:

I always kind of felt like out of place there [foster home] because I called her mam but I never really saw her as my mam. We just, like we never had a mother-son bond, you know...I never spoke to them [foster family], like I never had a chat with them, I just, I don't know, just didn't...Like she's [birth mother] nice now, she's never mean, but like I don't know her as well because I didn't live with her.

[Interviewer] So is there any place you would consider your home now? No, not really, no. (Christopher, 16, Phase 1) (Parker & Mayock, 2018)

Finally, there is evidence of a need to strengthen practices in relation to the participation of children and young people in care in care planning processes. Two studies have found degrees of satisfaction and dissatisfaction with the conduct of care planning review meetings (Daly, 2014; Daly, 2012a; McGree, Leonard, McEvoy, Brown, & McCormack, 2006). This quote reflects the strain of dissatisfaction

They discuss you as if like they're organising around you. It's not like 'oh, you've done this' it's 'Paul has done this and Paul has done that'....I think they talk to you in the third person as if you're not really there.” Paul (16) (Daly, 2012a, p. 49)

#### 4.3. Lived experience of birth parents

Only a very small number of Irish studies relating to children in care include a focus on the experience of the natural parents of children in care. A recurring finding is that where parents are interviewed, they tend to have clear views and a strong concern and commitment for their children. For some parents there seems to be a general sense of losing influence or status.

You lose interest if you have no say (parent, quoted in O'Connor, 1996, p. 73)

I have this feeling that they are really taking over completely (parent, quoted in O'Connor, 1996, p. 73)

For others, there may have been a more specific issue as exemplified in these concerns about the separation of siblings as expressed by two

different parents. This is notable since there broadly there tends to be an awareness in the Irish foster care system about the value of keeping siblings together in placement where possible.

They're put in two different homes. And I worry about that 'cause they need to be together. They're very close and the little one looks up to the big fella. I think they're lonely for each other [Ethna] (Woods, 2008, p. 228)

All my kids are in different places. I think it's a sin. But that's never gonna change, you know. [Elaine] (Woods, 2008, p. 228)

Some parents may feel excluded from their children's lives by the lack of information they receive about what is happening in their children's lives, as exemplified in these three quotes from biological parents of children in care in the study by Moran, McGregor, & Devaney, 2017, p. 58).

I didn't know she was moved to a different foster home. And I never received any feedback regarding it.

I don't know anything about her communion, her confirmation, [both religious services of considerable significance], her first day at school, her last day at school, because I wasn't there and there are no pictures. So, I don't even know what kind of dress she had at the confirmation or what her confirmation name is or if she had a party or presents. I don't know.

I've no contact with the school, so I don't know when she is on holiday or how she's doing. Does she like maths, like me? Does she do art? Anything like that, I'm not told.

It is also the case that some parents may value the care and support their children are receiving and the respect for them as parents or partners in that care arrangement. One practical expression of such respect is inclusion in key family, religious and cultural events as in the first example below. The second quote underlines the importance of good relations.

We have a great relationship. When X was having his communion [significant religious event], we all went out for the day....they have become family – communion day we had a meal together. Their oldest boy was the same age as my little boy – they were mad about each other (parent quoted in O'Connor, 1996, p. 73-74)

'I always had a good relationship with the foster parents – no gripe there' ([different] parent quoted in O'Connor, 1996, p. 74)

#### 4.4. Lived experience of the biological children of foster carers

The adult and younger biological children of the foster carers are important partners in their parents' fostering project. They are affected by the family's fostering experience, and in turn they influence how that overall experience unfolds. Some of the young people may value the wider learning from the experience of being part of their family's fostering project.

Through fostering I got a very different view of the world. It opened my eyes up to a world I would have never seen. I think it was a beneficial education and I am a more open-minded person because of it and I am glad I am the person I am. [Keith] (Williams, 2017)

But other young people may feel that their role and potential contribution is insufficiently appreciated or recognised

Social workers should be conscious that the biological children have a voice and they sometimes know more of what is going on with the foster kids than the foster parents. You're a similar age to them so they might talk to you, listen and realise that birth children know a lot more than they let on (Tony). (Williams, 2016)

Most of the adult actors in the foster care drama believe in its great

value most of the time, although, understandably, biological parents may remain ambivalent. The actors who are positive are driven by a commitment to serving the child who needs family-based care. As in any great human enterprise, there are inevitable wobbles and moments of doubt. But the faith the actors invest in foster care is also supported by a bank of evidence internationally that testifies to the positive effect of foster care when well provided. There are also some fragments of evidence from Irish studies which lend weight to the case for optimism about foster care. These can take us beyond reliance on the faith of actors on the stage of foster care in a child's life, vital though that faith is.

Testimony from the lived experience of actors in the daily life of foster care provides important evidence about its quality and essence. But other types of evidence, though limited in volume in the Irish case, also point to the positive value of foster care. In her master's degree study of 130 care leavers in the mid-west region, Wells, 2005, p. 93) found that care leavers were less likely to experience homelessness if they had a family placement before leaving care. Those leaving a family were also more likely to remain in education beyond 18 years. Also, having continuing contact with former foster carers was associated with good outcomes.

In their study of 38 Irish young people with experience of being fostered Mc Mahon and Curtin (2013) found that their foster carers were 'an important source of practical and emotional support as well as advice and information' (p.338) for the young people. They were also found to be pivotal 'in encouraging contact between the young people and individuals and groups that [were] significant' for the young person (ibid.)

Inevitably, there are instances where children may suffer harm when living in care placements. The Commission to Inquire into Child Abuse (2009) provided an exhaustive review of historical child abuse covering over 20 residential centres (industrial and reformatory schools), that also included some attention to foster care (pp. 303–325). A total of 1090 care alumni gave evidence of abuse experiences in care to the Commission (p. 10). Of these, 24 were adults who were formerly in foster care (p. 303). While their numbers are comparatively small, the testimony of these foster care alumni serves as a reminder of the potential for abuse in foster care and the need for vigilance.

## 5. Other aspects

### 5.1. Foster care as a shared enterprise between two families

Foster care has a central focus on the child, but as conceived in the Irish model it is in many ways a shared enterprise – to some degree at least – between two families, the child's foster and biological families. This shared nature of foster care finds expression most readily in the issue of family contact for children in care. While evidence on rates of family contact in the Irish foster care system is very limited, an onational study of children in long term foster care (Daly & Gilligan, 2005) found that 28% of children saw their mothers every week, and 80% every six months; 25% of children saw their fathers every week, and 70% every six months; 28% of children saw at least one sibling every week, and 80% every six months. Only 8% of children in long term foster care had had no contact with relatives in previous 12 months (Daly & Gilligan, 2005). These rates suggest a possibly less negative view of birth parents in the Irish foster care system than is reported from other countries. A Polish study of professional foster parents, for example, found a clear reluctance to be involved in 'restoring and maintaining emotional bonds between the children in foster care and their families' (Basiaga, Róg, & Zięba-Kołodziej, 2018, p. 649). Further, a four country European study (Denmark, England, France and the Netherlands) noted 'a fundamental ambivalence about work with parents [of children in care]' (Boddy et al., 2013). While such ambivalence may exist in Ireland, this quote from a carer, albeit dated, certainly reflects a certain strand of thinking among stakeholders in the care and legal systems.

‘I like the challenge of shared parenting – of helping the natural parent develop stronger parenting skills and I like the sense of satisfaction in strengthening the bonds between the natural parents and the foster children’ (Gilligan, 1996, p. 93)

But the dynamics of family contact for children in foster care are often complex, with many emotions and motivations in play. Parental drug problems, for example, can cause additional stress in family contact arrangements. It seems this may mean at least some foster parents may be consciously or unconsciously reluctant about contact, and this may lead to reduced contact as this social worker observes:

It can suit foster parents, less hassle for foster parents, less work for the social worker [Social Worker, W 26] (Woods, 2008, p. 227)

There is no doubt that some foster carers may find scenarios involving drug-using parents challenging

Certainly, like, I have a lot of contacts with foster parents and they would all have a big issue about drug users, you know, the perception that drug users are violent, aggressive, on heroin... [Social Worker, W 37] (Woods, 2008, p. 226).

### 5.2. The role of social workers in the foster care system

It has been argued elsewhere that social workers are an essential part of any well-functioning children-in-care system (Gilligan, 2000). Social workers certainly play a pivotal role in the operation of the foster care system in Ireland – without carers there is clearly no foster care, but without social workers there is also no foster care. They play a critical role at key stages and in key decisions and processes. They are central in the recruitment, selection and support of carers, and in the monitoring, matching, support and planning for each child placed. Social workers serve as the essential lubricant which seeks to keep all the parts of the system moving smoothly. They may not solve every problem, but when solutions are found they will typically have been strongly influenced by the efforts of social workers. Social workers help the different actors to manage the tensions and differences that may inevitably emerge from time to time within a system as complex and multi-dimensional as foster care. Each child in care in the Irish system has their own assigned social worker, and each foster (or relative) family has their own link social worker. This is the intended policy; in practice the reports of the Child and Family Agency reveal some continuing shortfall in achieving 100% implementation of both policy principles (Tusla – Child and Family Agency, 2018). This shortfall is more pronounced in the case of relative carers....

### 5.3. After care

Under the Child Care Act 1991, after care support may be provided to eligible care leavers between the ages of 18 and 21, or until the completion of a course of education up to the age of 23. The Child Care Amendment Act 2015 places a new duty on Tusla – Child and Family Agency to prepare an aftercare plan (to address any identified need following assessment) for every eligible young person. This reform is still bedding in at the time of writing, but a concern remains as to how well resources match to needs in providing after care packages. The Commission to Inquire into Child Abuse chaired by High Court Judge Sean Ryan was quite definitive on the importance of properly resourced after care.

‘The duty of care for children and young people reliant on the care and protection of the State extends beyond the time of discharge. Comprehensive aftercare services that assist young people in the transition to independent living are vital.’ (Commission to Inquire into Child Abuse, 2009, p. ....)

While extended care is not a formal option in the Irish system (Gilligan,

2018), the available data indicate that many young people may remain living with their foster care beyond 18, the formal care leaving age. In 2016, almost half (46%) of those care leavers receiving after care continued to live with their foster carers, with one in four (26%) living independently, 10% returning home, and the balance in a variety of arrangements. In an earlier local study, 18 out of a non-random sample of 65 young people in after care still lived with their foster carer (Daly, 2012a, 2012b). The following quote from a young woman who at the time of interview was continuing to live with her foster carers beyond the formal care leaving age undoubtedly reflects the views of many young people confronting the prospects of leaving formal care at age 18:

I still wanted to stay here [foster family] when I was 18. I want to move when I'm 21 but I want to stay here for as long as I'm in college. Then when I finished I want to get a job or whatever. I want to have enough money to move out but I wasn't ready when I was 18.” (Lisa, 19) (Daly, 2012a, p. 70)

Foster carers may have an important role to play in supporting the young person to negotiate the challenges of preparing to leave care:

Ehm, it [aftercare planning] was interesting. Because it was all at once, it like, we're gonna make you a bank account. We're gonna do colleges and all that. It just kind of sprung at me at once. I didn't know what to do at first, but then, me and my [foster] mum talked about it. And we broke it down into steps, and now I'm slowly going into each step with more, like I'm happier. Instead of all at once, I'm not frustrated. (Brian, stayed in foster care) (Glynn & Mayock, 2019, p. 89)

## 6. The Irish foster care system –advances and challenges

Perhaps the most striking advance of the Irish children in care system is the high rate of family placement – as noted already, 92%. This is partly linked to the importance of formal kinship or relative care in the system. Indeed, policy reflects a presumption in favour of placement in the child's wider family

‘Subject to the principles of good practice, placement with a relative should be the first option explored by a health board when placing a child in care’ (Working Group on Foster Care, 2001, p. 76)

Relative carers also enjoy parity of esteem with general foster carers in terms of allowances payable. In addition, the importance of the child's biological family connections is reflected in an emphasis on family contact in care planning and decision-making in the Irish foster care system.

While there have been advances, particularly in embedding family placement as the norm in a transformed Irish care system, there are certainly also continuing challenges facing the Irish foster care system in its future development. There is clearly a ‘second generation’ of major reform required. The following six issues exemplify some of the more pressing challenges that must be addressed.

1. Stronger emphasis on person-centred work with children in care and their family members.

The more complex the system becomes and the greater the demands that emerge for procedural compliance, the challenge is to ensure attention to the emotional and other impact on children and families of the child's placement in care. Children need stable placements with committed carers. Young people leaving care also need certainty that they will receive the level of support they require. Undoubtedly, many children in the Irish system have good experiences overall, but for others there is clearly room to improve as some of the evidence and comments above indicate. There needs to be a more holistic approach to ensuring that each child in care receives the emotional, social,

educational and health support they require. The work of [Boddy et al. \(2013\)](#) is also a reminder of the importance of a consistent and committed approach to helping children and family members process the implications of placement in care for their future relationships. This is clearly an area that needs more attention in the Irish care system. Arguably, parents and other relatives are often enabled to maintain contact with their children in care, but less effort seems to be invested in helping families work through the issues that led to placement so that they may enjoy better relations in the future.

## 2. Recruitment of general foster carers.

While not an issue unique to the Irish system, it is clear that more active policy attention must be devoted to the recruitment of foster care and to tackling difficulties in this regard. Data for 2017 shows a reduction of 153 in the total number of carers available (4384) on the national panel compared to 2016 ([Tusla – Child and Family Agency, 2018](#), p. 19). While longer trend data would be needed to justify deep concern on this point, there are other hints of potential difficulty in the future. According to the [Irish Foster Care Association \(2018\)](#), the numbers of callers [to their National Support Service] wishing to learn more about becoming a foster carer is reducing year on year (p. 26). This is clearly a quite ‘soft’ indicator of public interest but the message tallies with the implication of the reported slight one-year decline in numbers of carers between 2016 and 2017, and with other more anecdotal evidence available to the author of increasing difficulty in recruiting ‘stranger’ or general foster carers. A further issue in relation to recruitment is that the National Review Panel<sup>7</sup> has highlighted a specific need ‘to recruit and train foster carers who are sufficiently skilled to care for very ill children with complex needs’. ([National Review Panel, 2018](#), p. 13). [Ní Raghallaigh \(2013\)](#) has also highlighted the need to ensure sufficient cultural diversity in the pool of foster carers available to reflect the population of children and young people requiring placement.

## 3. Diversity and disproportionality in the foster child population.

These issues are also not unique to the Irish case (see, for example, [Bywaters et al., 2019](#)). Diversity is a feature of the population of children presenting before the Irish courts in child protection cases which often result in placement in care. [Coulter, 2015](#) gives some detailed attention to the disproportionately higher risk of care proceedings involving ethnic minority children when compared to majority Irish children: Irish traveller children (from a traditionally semi-nomadic Irish ethnic minority) facing a 7 times greater rate, African children a similar 7 times greater rate, and Eastern European children 1.5 times greater rate (p. 13). In another dimension of diversity, Coulter also notes that one in four (24%) children presenting before the courts for child protection have special needs. While these figures relate to cases in the court system, in the absence of data on the ethnic composition of the in-care population, these court figures give some hint as to the likely level of disproportionality in admissions to care in the same period. One earlier regional study of children in care reveals the over-representation of traveller children in the children in care population ([O’Higgins, 1993](#)). The rate of placement in care for traveller children under 15 years of age was found to be 7.6 per 1000 as compared with 2.6 per 1000 for the general population of children, a threefold greater rate for traveller children. It is essential that there is real policy and research engagement with achieving a deep understanding of the real reasons underlying such disparities ([Bywaters et al., 2019](#)).

## 4. Educational outcomes for children in care.

While mentioned in point one, the issue of educational outcomes for young people in care is so critical that it needs also to be highlighted in its own right. The fourth challenge relates to promoting good educational outcomes for young people in foster care, in terms of pre-school and school engagement, but also through maximising participation in post-compulsory, further and higher education, as well as addressing special educational needs in the children in foster care population ([Brady & Gilligan, 2018](#); [Brady, Gilligan & Nic Fhlannchadha, 2019](#)). Supporting educational progress and attainment requires strong co-ordination and commitment across different systems.

## 5. Serving children in foster care with complex needs.

There is a range of evidence drawing attention to shortcomings and highlighting this issue of providing foster care for children with complex needs: children with behavioural problems....., children with physical or mental health problems, or children with disabilities ([Ombudsman for Children, 2018](#)), and very ill children (mentioned above).

## 6. Adequacy and quality of system level data and evidence.

While there have been some improvements in the availability of data about the children in foster care population and the carers serving them, there still remain gaps including evidence on adult outcomes for children in care; educational attainment of children in care and care leavers ([Brady et al., 2019](#)); health profiles of children in care (including mental health); disability issues among children in foster care; socio-economic backgrounds of children in care; the demographics of foster and relative carers (via a dedicated census) etc.

## 7. Conclusion

Irish foster care operates within a complex system of many moving parts. It has its own character, while also sharing key features with sister systems in many other countries. In its current state, the Irish system represents a major achievement given the transformation that it reflects in how children in the care of the Irish state are now provided for. The project of de-institutionalisation has been accomplished, and thus Ireland can serve as an important international case study in this regard. The Irish case is also, however, a reminder that building and sustaining a system is on an ongoing project. While something impressive and, to some extent, distinctive has been established, there are also many challenges remaining to be tackled. As has been suggested, a second generation of reform and transformation is now required.

Presenting this whole-of-system view of Irish foster care using multiple perspectives is aimed at highlighting the relevance of the Irish case for international efforts at de-institutionalisation. It is also intended to show how detailed descriptions of this kind can offer a more nuanced and contextualised understanding of the strengths, limitations and trajectories of development of different foster care systems. These can help provide a useful foundation for building comparative analysis of developments on selected themes across different national systems. They can also renew awareness of the need for constant scrutiny at a national level of key aspects of provision to ensure a proper alignment with needs and conditions. An essential pre-condition for offering good quality care to each child placed is a full, honest and continuing appraisal of all aspects of the *system* of care provided.

## Declaration

The author declares no conflict of interest in the preparation or submission of this paper.

<sup>7</sup> The National Review Panel has a brief to review serious incidents in the child protection and welfare system including deaths of children in care and other children receiving services from Tusla – Child and Family Agency.

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