

# Fostering is Caring

AN INTRODUCTION TO FOSTER CARE  
IN THE REPUBLIC OF IRELAND

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# **United Nations Declaration on the Rights of the Child**

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**PRINCIPLE 1.**

The child shall enjoy all the rights set forth in this Declaration. All children without any exception whatsoever, shall be entitled to these rights without distinction or discrimination on account of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or of his family.

**PRINCIPLE 2.**

The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner, and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.

**PRINCIPLE 3.**

The child shall enjoy the benefits of social security.

**PRINCIPLE 4.**

He shall be entitled to grow and develop in health. To this end special care and protection shall be provided both to him and to his mother, including adequate pre – natal and post – natal care. The child shall have the right to adequate nutrition, housing, recreation and medical service.

**PRINCIPLE 5.**

The child who is physically, mentally, or socially handicapped, shall be given the special treatment, education and care, required by his particular condition.

**PRINCIPLE 6.**

The child for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and in any case, an atmosphere of affection and of moral and material security, a child of tender years, shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family, and to those without adequate means of support. Payment of state and other assistance towards the maintenance of children of large families, is desirable.

**PRINCIPLE 7.**

The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture, and enable him, on the basis of equal opportunity to develop his abilities, his individual judgement, and his sense of moral and social responsibility, and to become a useful member of society.

**PRINCIPLE 8.**

The child shall in all circumstances, be among the first to receive protection and relief.

**PRINCIPLE 9.**

The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic in any form.

The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical or moral development.

**PRINCIPLE 10.**

The child shall be protected from practices which may foster racial, religious or any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood, and in full consciousness that his talents should be devoted to the service of his fellow men.

## Foreword

The Irish Foster Care Association (IFCA) was formed in 1981. Its aim is to promote and support foster care. It helps to co-ordinate the work of all those interested in foster care and it provides a forum to promote, more effectively, the welfare of children already in foster care, and those who may, one day, avail of or require foster care.

The Association believes that every child has the right to a caring and functioning family. Where this is not possible with the birth parents, the IFCA believes that the child has a right to a substitute family. The Association's book 'Open Door' was published in 1984 with the support of the Health Education Bureau. It was intended to serve as a simple yet comprehensive introduction to foster care as it was in the Republic of Ireland. Now, there is a need for a new book. Much has changed in child care since 1984. The law, for example, has changed with the introduction of the Child Care Act 1991 and the ensuing Child Care (Placement of Children in Foster Care) Regulations, 1995 and Child Care (Placement of Children with Relatives) Regulations, 1995. This book 'Fostering is Caring' is published with the assistance of the Health Promotion Unit and we thank them for their continued support.

Foster carers are aware that they are caring for and parenting someone else's child. More work is being done by all concerned to keep children in touch with their roots and their birth families and the majority of children do return home. There is a much greater awareness of the need for training for foster carers and their families.

The IFCA is grateful to the foster carers and young people in care who shared their experiences with us, and to the birth parents and social workers who helped us so much. It appreciates the drawings by Dennis, Dermot and Amanda and our thanks to Terry Willers who also did some excellent sketches.

*Of course both 'hes' and 'shes' come into foster care but for convenience 'hes' are used throughout.*

## Introduction

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

This book outlines the different types of foster care and describes the selection and preparation of foster carers for their various roles. It goes on to highlight the importance of the fostered child's origins and his links with his birth family.



There is an interesting historical precedent for fostering in Ireland. From the earliest times fosterage has played an important part in Irish society. Instead of rearing sons and daughters at home, fathers often sent them to be brought up in the hearts of other families or sometimes, after the arrival of Christianity, with a priest or religious community in a monastery. Formal rules laid down rigorous standards in the matter of the fosterlings food, clothing and the subjects in which he was to be instructed. At the same time, close bonds of

affection were forged between the foster father and his fosterling. These bonds often influenced allegiance in later life – even at political levels. Fosterage usually lasted until a boy reached his maturity, when he could marry or decide to join a religious community as a novice. This was usually about his seventeenth year. A boy might be fostered without payment although a fee was often paid.

**Under the old Irish code of law, there were two kinds of fostering;**

- 1) for affection and
- 2) for payment.

**There were three ways of ending a fostering relationship;**

- 1) death
- 2) crime and
- 3) marriage or entry into a religious community

Foster care in the twenty first century is very different and the reasons for children or young adults being placed in foster care are much more complex and rarely for any single isolated reason. There may be, for example, a history of medical or psychiatric problems, child abuse or neglect, alcohol or drug dependence. These difficulties combined with such factors as unemployment, mental disability, lack of family support, poor housing or lack of housing, can be the cause of children or young people coming into care. This happens in one of two ways, the parents may approach the relevant health authority and Voluntary care for the children may be the agreed solution to the difficulties, either on a long or short term basis. The other route into the care system is through the Courts. Where it appears to a Health Authority that a child or children in it's area need care and protection, then that health authority may apply to the Courts for the care of such child or children.

## Day Foster Care

Day foster care is an alternative form of care, which provides a support system in the community. Specially selected and trained foster carers provide care on a daily basis in their own home. In this way the child's family gets the chance to tackle and hopefully deal more effectively with their difficulties. This form of care can prevent the child being placed in full time care. Situations which give rise to the need for day foster care vary widely. A lone parent with no family support may feel very isolated in the community and may experience serious difficulty coping with a young child or children. Day foster care can offer the support normally provided by an extended family at times of stress. Day foster care may be of benefit to a young child with behavioural problems and whose special needs are creating stress within the family. The foster carers can relieve worried and harassed parents and with the social worker, help them to understand and manage their child more effectively.

The benefits of day foster care are many. The child is spared the trauma of separation from his family. He can go home each evening to his own home and sleep in his own bed. He can benefit from the additional care and stimulation offered in the foster home. There is minimal disruption to his family life, and his parents can obtain practical help, advice and support from the foster carers. Day foster carers therefore, not only care for the children but they also befriend the parents. It can be demanding and sometimes difficult. There is frequent contact with the parents and the children involved are often faced with different patterns of parenting. This demands special sensitivity and awareness from the day foster carers.

*The following is the experience of a day foster family;*

### **An Experience of Day Foster Care**

Being a young married couple with children, we had a good insight into the pressures on couples and single parents in our area. We heard about day foster care in our local shopping center. We felt it was the relief valve needed to help ease the stress some parents were under. We also felt that in our area, the greatest foster care need was for day foster carers. We applied and were assessed over the next few months. It has worked out pretty well for us. We were trained in a group. Meeting other foster carers is of value in that we can discuss any problems we might have and share our experiences with

others. Foster care is a highly confidential service and issues are best discussed with other foster carers and social workers only.

At times we get a bit frustrated, it is not always easy to accept that parents can be so different. Our own children are, of course, involved. They have a lot of sharing to do. They need a lot of patience too, as we sometimes spend a lot of our time talking to the parents who are collecting or delivering their children!

### **POINTS TO PONDER**

Joan calls each morning with your day foster child. She usually wants to tell you all about the difficulties she had since Jim collected the baby from your house the previous evening. You hear how difficult he was to feed and lots of other details. Yet, during the day, he is what you would call a 'good' baby. How do you feel about being delayed by Joan? How can you best help her?

### **FOR THE YOUNG PEOPLE IN YOUR FAMILY**

Your Mum is very busy now. Joan comes each morning when you are getting ready for school. Jim comes to collect the baby just when you are ready for your evening meal. Baby Smith interrupts your homework and takes your toys. On top of that a social worker calls to your house as well! The nice side is that the baby is learning to walk and to talk and you enjoy helping with this! How do you feel about all this?



## Short Term Foster Care

There are many reasons why people feel that they could not give someone else's child a commitment for life. They may, therefore, opt to become short term foster carers. They can provide temporary care for a child or children, separated from their birth family. The reasons are varied, illness, death, physical or sexual abuse, neglect. A short term foster family can offer family care on a temporary basis to such children. Being short term, the children will, after a period, move back to their family or move on to a long term family or an adoptive family. Parting from a child one has cared for and grown close to, can often be sad. It is the experience of the IFCA however, that most short term families are happy to have helped a child through a difficult period in his life. This is the purpose for they have been working.

It is essential for the success of any short term placement, that a comprehensive Care Plan is drawn up which involves the child, his family, the health authority and the foster family. Planning and reviewing the plans are of vital importance to the success of any placement. Without proper plans the child can suffer. The foster family can suffer too and in the event of a situation being allowed to drift, the foster home will become blocked to other children in need of temporary care. Short term foster carers should see it as part of their work on behalf of the child to keep a watching eye on the plans and their execution. They should also expect to be consulted with regard to these plans, as they are the people who are living with the child, the people who know him best at this particular time in his life.

In short term fostering it is important that the child is kept in close contact with his family. The foster family will naturally be involved in this. If for some reason, the child cannot be in contact with them, then the child should have photographs of his family. There will be times when the foster carers will be tempted to hide away all signs of the foster child's home and family. In such moments, it is necessary to remind oneself, that the child's roots and background are elsewhere. The closer, therefore, he remains in touch with these roots, the easier it will be for him to return to them. If the child is moving to an adoptive or long term foster home, the foster family will be involved in helping him to move.

## **AN EXPERIENCE OF FIRST PLACEMENT IN SHORT TERM FOSTER CARE**

My first short placement was a three week old, pre-adoption baby. His social worker brought him to our house with his mother and her partner. It was a long time since the baby in my house had been three weeks old! I had forgotten what night feeds were like! How was I going to manage it all and get the other children out to school, I wondered.

I panicked when I saw there was only enough powdered milk for the next two feeds and I dispatched my eldest son to the supermarket and had to send him back when he came home with the wrong brand!

It is easy now to look back and laugh – I was not laughing then! I have to admit that the first days of any placement make me tense and nervous.

I try to carry on with my normal routine in the house and give extra attention to the newcomer as well!

## **SHORT TERM CARE OF BROTHERS AND SISTERS**

Our experience as a short term foster family made it clear to us that it was well worth the effort of keeping families together. When brothers and sisters come into care, it is really best to place them together if at all possible. Taking in – or should I say taking on – two foster children is double the work. Two extra beds or cots are needed and perhaps a whole free bedroom. Two foster children means six extra meals a day to prepare – and a lot more clothing to wash each week!

Bedtimes were simply chaotic until I decided to forget the age difference of all the children. Prior to this brainwave, I used to bed the children according to their ages. This meant of course, that all the to-ing and fro-ing between bathroom and bedrooms ensured that no one could settle until the very last child was in bed. It took hours!

Now armed with teddies, nappies and all the usual bits and pieces children need, we mount the stairs all together.

Two foster children means separate and different personalities. One of the foster children may get well with your own children whilst the other may not. Mostly, however they stick up for each other and you'll get a fair amount of 'them against us' amongst the younger children. When there are sweets or treats going, one foster child will ensure that his brother or sister gets his fair share.

Be cross with one and the other will tell you “Our Mammy always lets him do that”. We found that when fostering one child, there was a temptation to have him blend in with our own children. With two, I was much more aware of their individual needs. They were a family in their own right. I had to respect their wishes to do things the way they were used to doing them. At night, with peace and quiet finally descending, I go down the stairs to the accompaniment of giggles and titters from the bedrooms. The point is they have someone to share the last moment of the day with.

### Points to Ponder

You have been approved as a short term foster family and are even now awaiting the arrival of Jack – your first placement. Will you be worried, nervous and scared when he arrives? Do you feel confident? Jack has been with you now for nine months instead of the planned one month. You have fed him, bathed him and changed his nappy! He loves to be in your arms and makes strange with people he does not know. How are you going to feel when the time comes for him to leave you? Can you be comforted by the fact that you have provided care for him when he needed it?

*The following letter was written by a young teenager who is a member of a short term foster family.*

**Dear Mum,**

*Today Tracey went to her new family. She had been living with us for six months. We all felt lonely and sad saying goodbye, especially as it was so soon after her birthday.*

*It was good that she had us to live with and I am glad that we were able to help her. There were things I did not like about it though. When she came first she was always looking for attention. If anyone came to our house, she made sure they noticed her, even if they were my friends. But when her mother came Tracey did not want us around. You'd fuss as well when she came. You would keep us out of the way and it is our house.*

*It was not bad all the time though and we did have fun. She was great at dancing! I liked helping her with her story book about her time with us. I liked it too when the social worker said we were part of the team caring for her.*

*I hope she likes her new family, I would not like to think of her having to move anymore. Her new family said we could visit her there, but I hope she can visit us here too.*

*I think that is all I have to say about fostering Tracey. Afterwards you are glad and it is fun at times but it is not always easy!*

## Long Term Foster Care

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.

It is reasonable to ask ‘how long is long term?’ Long term requires a commitment on the part of the foster family for a number of years. This could be until the child grows to a point in adolescence where he is entitled, and able to make his own decisions. Before a child comes into care, a Care Plan is made as to the type of care the child is likely to require. If long term is required it is usually because the professionals involved feel it unlikely that the child will return to live with his own family. However, the situation is reviewed regularly and decisions can be changed. The purpose of a review is to consider if this placement remains the best one for this child.

The legal obligations of the health authority cease when the young person reaches the age of 18 years (Child Care Act, 1991). However, health authorities will usually continue to support a young person in foster care, 18 years or over, who remains in full time education and training.

Many children in long term care become so much a part of their foster families that they continue to live with them until their independence, just as the children of the foster family do.

For children in long term care, regular contact with their birth family is encouraged and facilitated. Some have less frequent contact and some have none at all. It is important for the foster carers to recognize that they are caring for someone else's child. He may live in the foster home as part of the foster family for many years. Yet there are differences between one's own child and one's foster child. The most obvious one is that the family name will be different. More importantly, the foster child's roots and background are elsewhere.

The Health Authority support and maintenance allowance for the foster child further serves to emphasize the difference. Finally, there are many decisions which parents take for their own children which will have to be taken in consultation with the birth parents and the Health Authority for their foster child.

The satisfactions of long term fostering are many and varied. Most foster carers would agree that helping a child within their family, sharing their life with him and watching him grow and develop, is a source of enormous satisfaction. They would agree that providing family foster care, is one way of helping a child to understand family relationships and so help him to have successful adult relationships in later life.

The Irish Foster Care Association is committed to the belief that every child has the right to a caring and functioning family. Central to this commitment is the expectation of respect for diversity and ethnicity including membership of the traveller community, culture, religion and sexual identity. Long term foster care works towards that end.

### Points to Ponder

Your foster family has been assessed and passed by the Health Authority to become a long term foster family. How well have you prepared yourselves for the future? The child who is to become your foster child is just three but will, one day, be thirteen. She, like any other teenager, will want to know who she is and she will want to begin to establish herself as an individual. She may wish for more contact with her birth family. She may want to discover more about herself and more about them. How will you handle this?

Long term foster children grow into teenagers and young adults. Project your family into the future – think about it and discuss it fully.

### Example of a long term placement.

Peter was four years old when he came to live with the Smyth family. He had lived in a children's home from birth and the Smyth's were told he had a moderate mental disability. The plan was for him to live with the Smyths' until he was an adult.

The Smyth's had two daughters aged five and seven and the whole family was very excited at the prospect of a little boy joining the family.

Peter came to stay early in January and the girls were on their Christmas holidays from school – this gave everyone the opportunity to get to know one another.



Although some training had been provided, the Smyths' did not feel that they were adequately prepared to deal the Peter's various disabilities. They felt that a visit to a special school or meeting with parents of other children with disabilities would have been an enormous help to them in understanding Peter's needs now and in the future.

A lot of time was taken up with weekly visits to speech therapy and physiotherapy. The social worker called regularly and was great for speeding up therapy assessments. The Smyth's felt that she was a good support throughout the health authorities involvement.

Peter had occasional access with his mother, who also has mental disability although she is quite independent. In the early years of the placement, these visits took place in the training unit attended by his mother and they went well. It was clear that Peter did not really understand their relationship at the beginning but as the years went by it really mattered to Peter that his mother was well and 'looked after'. She has now moved to a community house close to the Smyths' and the visits are more often and more casual and both Peter and the Smyths' like this arrangement better.

Peter attended a special school, again they felt they had no help with this, but the school principal and teachers were very helpful. When he finished school, they had a proper 'graduation' and a debs dance which all the Smyths' attended. Peter went on to a training facility and is now working in a 'supported' environment. He continues to live with the Smyths' and to have good quality access with his mother.

The Smyth's feel strongly that this placement worked because they made it work. They say they did not have enough help at the very beginning in choosing the right school, nor in understanding correctly the disabilities and how to deal with them. But they also feel that in 'getting on with it' they fought 'the system' and got treatments and therapies as required. They do also acknowledge the help of the social worker who they feel was always there when needed.

The Smyth's also fostered four other children on an emergency basis during this time, their long term commitment, however, was to Peter. They do not regret any decisions, including their decision to foster. They do say that anyone contemplating foster care should do a lot of homework first, this will save heartbreak later and you know exactly what you are getting into.

## Emergency Foster Care

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The health authorities around the country operate various 'emergency' care schemes. Emergency care is where a child comes into care very quickly and is placed with 'emergency carers'. It could also happen that an existing placement breaks down and a child needs to be moved quickly and again, is placed with emergency carers.

Some health authorities operate schemes whereby emergency carers are especially recruited and trained to take young people who may arrive at any time in a 24 hour period and who may be brought by Gardai.

If you are interested knowing more about this type of care you should contact your local health authority.

## Multi-Cultural Placements

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As is clear by now, children of all ages can require foster care for a variety of reasons and a variety of lengths of time. Parenting a child who is in your care can provide both rewards and challenges. Today, with Ireland being a multi-cultural society, children from various ethnic and cultural backgrounds also require foster care. This can, at times, pose a challenge whereby, in order to successfully care for the child and facilitate a strong and positive sense of identity in the child, as foster carers we must learn about and promote this new culture within our homes and communities. For many this may prove to be a daunting task when we think we know very little about other cultures, but it can be a fun and very interesting experience in researching another culture. Help and support can be found in your local health authority, the Irish Foster Care Association and local community groups. In addition, the child's own family will be able to provide you with lots of information on their culture and its issues, and this communication can help in building a successful relationship. Therefore the key issue in fostering a child from a different culture to your own is your ability to be open minded in learning about other cultures - accepting that 'our way' is not the 'only way'.



### Points to Ponder:

Unaithi, 14 year old Nigerian girl, who is a practicing Muslim, is placed with your family. It is planned that this will be a long-term placement as Unaithi's mother is unable to care for her while caring for her three siblings and her father's whereabouts is unknown.

How will you deal with and help Unaithi deal with racial issues that will inevitably occur?

How do you plan on facilitating Unaithi practice her faith and do you understand anything about her faith, e.g. what and when is Ramadan?  
How do you plan on facilitating Unaithi and your own family to become a multi-cultural family where both cultures are promoted and neither excluded?  
Have you considered health issues which may not be considered significant here but may be very significant in African lifestyles – i.e. Sickle Cell Disease?

## Shared or Respite Foster Care

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Respite care is provided by some foster carers to provide a break for a child's family or foster carers.

Where a child's family is under stress and a child may be displaying very difficult behaviour, a break gives breathing space to all concerned. Whether this break takes place during the week, at weekends or at other times depends on the needs in each child's case.

Where a child is in foster care and the placement is at risk of breaking down or where planned breaks are part of the Care Plan, a support or respite family is identified and it is essential that both families work together in the interests of the child. Generally speaking, this will be for a weekend or a series of weekends or during a holiday period.

It should be stressed that although this type of foster care is different from the commitment of other types of care, the assessment is still as rigorous and training is still provided.

### **Points to Ponder:**

You are working full time during the week. You have agreed to take Tara, aged four, one weekend a month. How will this affect your household? Your social life? Your babysitting arrangements?

### **For the Young People in the Family:**

Your fostering has introduced Sheena into your home. She is fourteen and lives in a Children's Home. She comes to stay each weekend but always wants to share all your activities! She wants to go to the local Disco with your friends. How do you feel about this?

## Foster Care for Children with Special Needs

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All children in foster care have special needs – because of separation from their birth parents. Physical, mental or emotional disability is another such special need. In this chapter, we will take a look at this type of foster care

In recent years, the health authorities have endeavoured to recruit foster families from within the traveling community (where at least one of the carers is a traveler) and this has been successful in keeping children in touch with their own culture by providing a range of placements appropriate to the needs of traveler children.

Similarly, some children with ethnic backgrounds from outside of Ireland are coming into care.

It is, therefore, very important that foster carers make every effort to understand and respect differences in culture, race and religion.

Training in this area is being developed and evaluated currently. Foster carers should seek information on this from their social worker or from the Irish Foster Care Association.

### **Disability**

Some years ago, children in care who had a disability were destined to be reared in institutional care. Now, however, more families are undertaking the challenge of caring for such children.

### **Physical, Mental, Emotional Disability**

Fostering a child with one or more of these conditions is obviously complex. It takes families with certain skills to care for children with these extra special needs. Those who may consider fostering under these circumstances would need to acquire a basic understanding of the physical, mental or emotional needs of the child, much as they would had the child been born to them. Without this understanding they would not appreciate the implications for themselves or their families, or indeed the child whom they wish to foster. It is, however, the experience of the Association, that ordinary families do acquire the understanding and the skills they require. A great deal of human happiness can be generated in the encounter between the child and the foster family.

Families considering this type of foster care need to bear in mind the following points:

- Families need to be physically and emotionally fit and have lots of patience and tolerance.
- Families need to have time. Children with these special needs have many appointments to keep – with psychologists, physiotherapists, speech therapists, physicians, doctors. They have assessments and reviews. These all take time and organisation.

The work involved in this type of foster care should not be underestimated. However, the value of such foster care cannot be overstated and there are rewards – the smile – the hug – that first step or word.

The Association believes that prospective foster carers of children with these special needs should have the opportunity to meet foster families who are already looking after such children. We will gladly help families to get in touch with each other. There are indeed many riches attached to fostering a child or children with special needs such as have been outlined.

### **Health Authority Support**

Apart from the support of social workers and child care workers and the allowance paid to foster carers, you may be entitled to other supports when fostering a child with disability. All children in care are provided with a medical card. The Domiciliary Care Allowance may be paid to the foster carer, depending on the nature and level of disability. Enquiries about this allowance should be made to the Public Health Nurse at your local clinic. (Note – The Domiciliary Care Allowance is an allowance paid to any person providing home care for a child with certain types and levels of disability, it does not have an impact on the foster care allowance or on social welfare payments.) Medicines not covered by the medical card but prescribed by a doctor will be covered by the health authority on the production of receipts. Special equipment and other supports may be available through your health authority, check locally to see what is available. Foster carers of such children should also forge links with local Disability Services – your social worker should be able to help with information.

The Irish Foster Care Association believes that foster carers should get whatever support is necessary for them to care for these children.

## **Fostering Older Children**

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Older children need homes and families, just as younger ones do. Many people shy away from the task of being foster carers to older children however. They are unduly aware of the difficulties that may arise. They sense that some older children have developed a certain degree of individuality, and that their character is already more or less formed. They are afraid, to put it in a nutshell, that older children are set in their ways! They are also aware that older children may have all sorts of difficulties, emotional and psychological – due to their background and experiences.

The Irish Foster Care Association recognizes these things too. It emphasizes however, the importance of finding foster carers for older children. There are some obvious differences between fostering young children and the older ones, and undoubtedly there are some difficulties associated with both. Young children do not have a choice, as such, in their placement. They are 'placed' in a foster home (with help and preparation, of course). Older children have to be motivated towards joining a new family and may have a say in the choice of placement. The better the motivation, the greater the likelihood there is of the placement succeeding and achieving its aim.

Young children do not have too many likes and dislikes. Older children have lots! Younger children will, generally speaking, wear the clothes bought for them, whereas older children have very definite tastes. These tastes may not be those of the foster family. Situations involving this kind of potential conflict with require tolerance, understanding and negotiation on the part of the foster family. To be accepted as themselves, and to have their tastes accepted will help give the young people the confidence in themselves which they need at this point in their lives. The mood swings associated with the teenage years can take on mammoth proportions. What you may be able to tolerate from your own children, may be very difficult to put up with from someone you have introduced into your home.

Some older children may have moved frequently and may not identify with any set of substitute parents. Resentment towards the adults who, in the past, have disappointed them or hurt them, may make them adopt attitudes of indifference. It will take adults with some special coping skills to understand the feelings and actions of these youngsters. Very often, it is ordinary parents who can do this, as a result of their experiences with their own children. Training will be provided to help you cope with these issues.

Older children may not return the affection shown to them. They may have learned to protect themselves from hurt in this way. They may never have learned to show physical affection or learned how to demonstrate it verbally. It is difficult to go on giving and not receiving affection. Older children may well make their new foster family the scapegoat for the shortcomings so far. It is hard for foster carers to carry the can! Working with such children can be very challenging but enormously rewarding.

These are some of the difficulties experienced by members of the Irish Foster Care Association. However, it is only fair to point out that many members who fostered older children never experienced any of them. Indeed, some of them had more problems with their own children than with their foster children! Some health authorities introduced a 'Carers for Young People' or similar scheme aimed at finding placements for older children and young people. Foster carers are then recruited for young people who have experienced serious difficulties in their lives. The young people will have expressed a willingness to go to carers and to accept help in trying to sort out the difficulties. Most of them have parents and are not looking for new families. Part of the plan may be to return home after their planned stay with the carer. Others may move on to independent living. Carers are paid an allowance in recognition of the work involved and the young person will have a medical card. The assessment process is similar to the other assessments and there is a training course which the applicants are expected to attend.

### **An Open Letter to Foster Carers and Social Workers.**

I was asked to write this letter to let you know what it was like for me to be in care.

*I went into a children's home when I was one year old. My three sisters went with me. My father had gone to England with my brothers and my mother was depressed, so she could not look after us.*

*I remember well going to school from the children's home. I felt different to the other children in the class and I hated it when they talked about their families. It wasn't too bad if they talked about their mothers, but I felt really bad if they talked about their fathers.*

*My mother always told me my dad was bad and said I wouldn't like to see him. She sometimes came to the home to see us. I was friendly with a girl in the school and her auntie and uncle started to take me out at weekends. I loved that – anything to get away from the madhouse! I got to like them a lot and when I was told they could foster me I was over the moon. 'Freedom at last' I thought. My older sister was trouble around that time. She'd been out in a hostel, and got to doing drugs and things like that.*

*The first few months were great. I couldn't stop helping them. I washed the dishes and worked like mad! I ran around the local shops telling everyone who I was and where I lived. I made lots of friends with the kids nearby.*

*After a while though, I began to get fed up with all the rules and regulations. I'd had enough of them in the home. I wanted to be out after tea with the gang, and my foster mother wanted me to come in at 9.30. "9.30 for God's sake". I was twelve and all my friends were out much later than that. Then she started getting at me about her children. To tell you the truth she preferred them to me. I know she did. She spoiled them but she didn't spoil me. She was very conservative but I wasn't. My older sister used to visit me. She'd gone 'punk' and my foster mother didn't like her coming to the house especially if she came with some of her gang.*

*My foster father and I got on great together. I often had big rows with my foster mother though and I'd run away after them. Usually I'd go to a friend's house. I wanted to get at my foster mother and pay her back for rowing with me. I suppose I was looking for notice. I remember I used to hate the social worker coming to school. She came a few times after rows in school. I let on I never saw her before but I know they all knew who she was.*

*We managed for the first two years. Then things started getting really bad. All my mates were let go to the disco. I was the only one who had to be home by 12 o'clock. I was going on fifteen and I had a smashing boyfriend. My foster father got on with him okay – his name was John. The rest of them used to get at him when he'd call for me. So one day when he called, I went off with him and didn't come back for a few days. I stayed in my mother's flat. I used to be very emotional then. I was always crying if anyone looked crooked at me. I remember thinking 'I'll have to try again'. I really did want to have a family and be like everyone else. Back I went and we all sat down and cried – all except my eldest foster sister. She said it would not work out and*

that I was driving her mother out of her mind and that the rest of them were having a bad time. So that was that – I couldn't stay, could I? The social worker came and between us all, we decided I ought to go to a hostel. I'm there now and I'm not too happy I can tell you. I still want to be with a family – I still want to have a family.



So what I want to say to you, to foster carers really, is make sure you don't foster unless you really want to and your whole family wants to. If you really want to, then be prepared for someone like me. Maybe if you want to foster someone older like me, you should have older kids yourself first. But that might mean you'd be getting on – and I'd like my foster carers to be young. You see, I'd love lots of chatting and I'd love them to be hugging me and to be proud of me – me the way I am, not the way they'd like me to be. I have to admit I have grown up and the family did help me. I find it easier to understand my mother and her depressions – so maybe some good did come out of it.

Joanne.

## **RELATIVE CARE**

The introduction of the Child Care (Placement of Children with Relatives) Regulations, 1995, established placement with relatives as a welcome option for children in care. Relative care is foster care by a member of the child's extended family and the practice is very similar. Differences are that, generally speaking - although not always - the child is already 'in situ' when the health authority become involved. The child may not live with his birth family but is living within his extended family or community so issues surrounding 'contact' and 'his past' may be handled differently.

Relative carers will be assessed similarly to traditional foster carers but the child, as already stated, may already be living with them and therefore the emphasis of the assessment will be to establish their capacity to meet the needs of that particular child or children. Issues that can arise for relative carers include complex relationships within the family or extended family.

## **Becoming a Foster Carer**

Anyone may apply to the fostering team at their local health authority to become a foster carer. Each application will be considered carefully on its merits. Each health authority assesses its own applicants. There is a constant need for more foster carers who can offer different skills to children and young people who need foster care.

Each applicant must undergo an assessment and training process (16 weeks were possible) but the time involved can vary from one health authority to another. The health authority must ensure that each applicant is suitable to foster and that fostering is suitable for the applicant. It is a two way process. Prospective foster families will be required to attend a training and preparation course.

Towards the end of the assessment, the social worker will draw up a final report for submission to the foster care committee in the relevant health authority area. This report will form the basis on which the authority will decide whether or not the family or individual is suitable to foster. The applicant(s) will have the opportunity to see the report before it is submitted. The report will deal with issues such as health, finance, general character, skills, attitude to race, culture and ethnicity, attitude to disability, ability to cope with stress, strain and pressure. The health authority will seek and speak to referees and will also require the applicant's permission to seek Garda clearance on all adult family members residing in the home. (This includes adult children and extended family members residing in the home.) During the assessment process it may emerge that the applicant has a natural ability and skills to provide certain types of foster care.

The Irish Foster Care Association would strongly advise applicants to seek as much information as possible prior to making a formal application.

### **Assessment Procedure**

Prospective foster families examine various aspects of foster care and the effects it may have upon their family. The social worker representing the Health Authority assesses the applicants with a view to establishing their suitability as future foster carers. These interviews take place in the

applicants' home and the questions will be personal and intimate. Issues already mentioned previously will also be covered in detail. Health Authorities bear full responsibility for the children in their care. They will need to be confident that the future foster home is the appropriate one for a particular child or children. If the applicants have children, the social worker will also talk to them about becoming a foster family. The IFCA has designed a training programme for the children of the prospective foster carers. You should discuss the issues involved as a family, this way you will get to know of any fears or misconceptions there may be and address them. The children placed may have a range of problems and the family will need to be able to cope with these, as well as helping children to move on in short term situations. Foster carers should ask about contact between the foster children and their birth families and how this is arranged and managed. They should discuss their attitude towards some of the behavioural difficulties that some foster children may display. They should ask if the children have been assessed when coming into care. Good assessment procedures lead to stable, lasting placements.

### **Support.**

Prospective foster families should use this time of assessment to learn all they can about the realities of foster care. They should ask about the support they will get from the health authority. They will need to know, for example, what financial support will be available and what training they will receive. They will need to know what insurance cover they should have and who covers the cost of this. They will need to know who to contact in the event of difficulty and how to access the health authority's complaints and appeals procedures. The Irish Foster Care Association produce a Diary and Planner for Foster Carers which provides information as well as allowing the carer to note important events in the foster child's life along with school and medical information.

Children placed in foster care have a medical card and foster carers will receive Child Benefit for children placed in their care for an extended period. A statutory foster care allowance is paid to foster carers in respect of each child placed with them by the health authority. This allowance is designed to cover all the day to day costs of each placement.

The Irish Foster Care Association provides information and support along with other services. We issue a quarterly Newsletter to all members keeping them up to date with training events, developments in the foster care service and other foster care 'news'.

It may happen that during the course of an assessment, a prospective foster carer may decide that foster care is not for them. They will, at least, have discovered more about foster care and such knowledge will never be wasted.

### **Contract**

Foster carers sign a contract with the health authority in respect of each and every child placed with them. A foster carer should never take a child into their home unless a contract in respect of that child has been signed. Foster carers should have a copy of this contract for their own file.

### **Care Plan**

Each child in care will have a Care Plan that is specific to that child. The Care Plan is drawn up before the child comes into care or, in the case of an emergency, as soon as possible after the child comes into care. It records details of the child and his family, the reason for the child coming into the care and the type of placement that is most appropriate and the objectives of that placement. It outlines the plan for contact with his family, medical issues, schooling and other matters specific to the child concerned and who is responsible for action on each task. Where more than one child in a family is coming into care, each child will have their own Care Plan. A number of people may contribute to the plan including the child's parents, the health authority, the foster carers and others as appropriate.

### **Reviews**

Health Authorities have a statutory duty to review each foster placement periodically. These reviews are milestones, marking the passage of the child or young person through the care system. They ensure that the objectives of the placement, as outlined in the Care Plan, are still valid and on track and that the placement is the appropriate one for the child in question. These reviews should be attended by the social workers involved with the child, the child's birth family, the child or young person where this is appropriate, the

foster carers and any others who are involved in a significant way with the child – for example, a therapist or teacher. The reviews look back over the placement and plan for the future.

### Review of Foster Family

The Health Authority will, periodically, review the foster family and their capacity to provide high quality care. The Authority will update the Garda clearance and look at any training requirements or supports needed. This is an opportunity for both parties to look at the service being provided and to discuss and resolve any issues.

### Confidentiality

Once you have been approved as a foster carer you will be looking after a child or children on behalf of and in partnership with the Health Authority. It will be necessary for the health authority to share confidential information with you about the child's family and background where this information has an impact on caring for the child. This information may relate to medical or psychiatric information, drug or alcohol abuse, child abuse or neglect or indeed may relate to a criminal offence. It is absolutely critical that you treat this information in a highly confidential manner.



## Disruption

Not all placements have a happy ending, it is a fact that some placements do not work out. This means that the placement has not worked either for the child or for the foster family. Either way, the child has to move on. Often the family tends to blame itself for this disruption. Undoubtedly, there are implications in such an experience for both the child and the foster family. These should not be reduced to a judgment of the foster family or the child. In the event of a disruption or breakdown, foster carers will need to recognize that the child's move is a move forward for him. Despite the pain, it does not imply the loss of all that has been achieved in his life. Disruption in a placement can be brought about in different ways. Emotional disturbance in a child's life can produce anti-social behaviour. This can occur with such intensity that breakdown or disruption follows.

Foster carers can put fostered children under pressure – pressure to become attached to their family, to achieve socially or at school, pressure to generally catch up. Sometime this is too much and it becomes impossible for the child to stay in the family.

Conflict between the child's birth family and the foster family can also lead to disruption. The better the relationship between the adults involved, the easier the relationship with the child. Inadequate assessment, training and support of the foster family can lead to disruption. This can happen if some inadequacy on the part of the foster family to foster a particular child is not spotted by the social worker during the assessment, or, if a family have stated clearly that they feel unable to cope with a specific situation and this is not taken into account.

It is important to understand that a social worker cannot know everything there is to be known about a particular child. However, the social worker is obliged to provide all the necessary information known about a child to his foster carers to enable them to provide proper care for the child.

Foster families are particularly highly motivated people. They do want to help someone else's child. They are prepared to make personal sacrifices in their own lives to achieve this. Unfortunately, however, seeing fostering in such

idealistic terms occasionally blinds them to some of the realities of foster care on a daily basis. The foster family should seek extra support from the social worker or perhaps from their local support group. Sometimes, with input from all involved the placement can continue but it is also important to recognize when the placement should be ended. It is a sad time for all involved and foster carers can feel defeated as adults and as parents. Foster carers need help and support in these moments and always remember that just because one placement did not work it does not mean others will not in the future.

**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 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 him for moving on.
4. Careful planning for the child's future needs must take cognizance of the hidden factor – the one which contributed to the disruption of this placement. The child himself must be helped to understand what happened and why.
5. The foster family may foster another child quite successfully.

## **Birth Parents and Contact (Access)**

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The parents of children in care are often referred to as the 'birth' parents or the 'natural' parents. Whatever title is given to them, the fact is that they are parents who have had to go through the trauma of surrendering their child to the care of others, on a temporary basis or a more long term one.

They may do this voluntarily, or they may be forced to relinquish their parental duties as the result of court proceedings.

Foster carers offer their services to the children who come into the care of the health authorities and they, too, are referred to by different titles. Some people prefer the term foster carers to that of foster parents. Once again, whatever title is used, they are, in fact, people who are willing to parent someone else's child on a long or short term basis.

So there is a common theme in both sets of lives - parenting. It is necessary for a child living in a foster family to know who he is and why he is where he is. It is possible and indeed necessary for him to maintain links and relationships with his birth family. This demands work and understanding from both sets of parents – birth and foster. A lot of help and support from the social workers and a willingness to negotiate is also necessary. The more openness and honesty there is, the greater the chance of success.

By helping the child to an understanding of his past, the foster carers are helping him to understand a vital aspect of his identity and to grow and gain in confidence. It is also important to realize that no matter how his separation from his parents came about, he will have his own reasoning for the separation. He may think he was bad and this is his punishment. He may feel he is unwanted and uncared for and that he is unlovable. He may have bad memories of his past. He may even believe that his parents are dead. However painful it may be, contact with his birth parents, siblings, and relatives will help him face up to many of these hidden feelings and fears and resolve them. His parents may not fully understand why they are not caring for their own child and they may be very angry with the Health Authority for the situation in which they find themselves. They may not have had a full explanation of their position and of their rights.

Contact is painful for the birth parents, it is not easy to see your child settle and become part of another family. Contact with the foster family can allay some of these fears. The birth parents should be able to learn from the foster family that their ties and relationships with their children are being kept alive. They will want to hear about the child's schooling and other events in his life. It is important for the child to have photographs and, where appropriate, phone calls with the important people in his life.

The child can be upset before and/or after contact visits. He can feel sad and torn between the two families. It is important that the child feels that the foster family respect his parents and family.

Sometimes a number of people may be involved in contact visits. The child's siblings may be placed with other foster families. So working out a plan to suit those involved is important. Contact visits may be supervised by a social worker or child care worker. This will happen if the court has ordered 'supervised contact' or where the health authority believe it to be appropriate in a specific situation.

## **Training**

Foster carers receive training for their role as foster carers. Training is an integral part of the Assessment process. It is very important to understand the fostering process fully. The Irish Foster Care Association has developed '**Fostering – A New Horizon**', a preparation course for new and prospective foster carers. This involves understanding the reasons children come into the care of a health authority and the legal processes that may be involved.

The course is facilitated by a social worker and an experienced foster carer and is arranged by the health authority to suit participants. The course covers many issues including contact; managing difficult behaviour; safe caring; legal matters, appropriate discipline; tolerance and the participants own childhood experiences.

It is important for foster carers to keep abreast of new practices and avail of training opportunities whilst they are fostering. The Irish Foster Care Association run regional and national training seminars and conferences. The Health Authorities also run training workshops and courses for foster carers within their regions.

The Irish Foster Care Association regularly review and evaluate current training modules and develop new ones. Training programmes currently available include '**Building Bridges for Successful Contact**' – an interactive workshop that explores key issues around contact and access from different perspectives.

**'Minimizing the Risk'** covers the issue of safe caring and **'New Beginings'** is an innovative programme for the children and young people of the fostering family. It is designed to run alongside the adult training programme '**Fostering – A New Horizon**'. The topics covered reflect, in an age appropriate way, those covered in the adult programme, thereby generating discussion on the important subject of their becoming a foster family.

Other new and innovative programmes are currently in the planning and development stage.



## **The Fostered Child and His Past - The Importance of a Record**

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Coming into care is an experience which is accompanied by a sense of deep loss and uncertainty. This is so whether it is intended to return the child to his own parents and home or whether it is intended to place him with long term foster carers. Just as adults experience loss, so do children. The difference which enables adults to cope more effectively with loss – is understanding. The adult can understand the sequence of events, or evaluate the circumstances that have led to loss – as a general rule. The child needs to be helped. If he is to appreciate what actually happens to him when he ceases to live with his parents and moves in with foster carers, he will need to have this explained to him simply, in an age appropriate way and as often as he needs. He will need someone to link his past with his coming into care. That means he will need to have access to his past information.

### **The Life Story Book**

Basic information can be acquired without too much difficulty. The Health Authority involved with your foster child should be able to provide information such as birth weight, place of birth, etc. It should be possible to get some photographs of his family and perhaps grandparents. If his family have a social worker working with them, it may be possible to learn some details such as when he first walked or got his first tooth.

This is the sort of information other children absorb during their childhood, surrounded as they are by adults who remember these occasions. Perhaps your foster child lived in a children's home – then get a photograph of it and perhaps workers there whom your child remembers. Drawings and cards can also be included. The photographs and information can be gathered in a 'book' in a way your foster child feels comfortable with. The object is to create a context within which the child can come to know himself as a person with a past which is not forgotten.



Short term foster carers can collect material and start a 'Life Story Book' or add to it if one has already been started. They can add photographs of themselves and perhaps other souvenirs of his stay with them so that memory is not lost when he moves on. The 'book' will become something tangible that he can be proud of and share with others of his choosing.

The collection and sharing of such material can bring about a closeness between the child and the foster carers. Interest shown in such records of his

past is appreciated and a trust grows. The child will set the pace for the sharing of this information. Some children take a long, long time before they can look at the past with someone else. Other children love looking at such photographs and the foster parents of such children must have patience and tolerance as these snapshots are shown to them over and over again.

Sometimes a child care worker will work with your foster child and will do some work with him on his 'story book. They will be very helpful in getting information for the book and also in dealing with information which may be particularly sad or upsetting.

### **Diary and Planner for Foster Carers**

The Irish Foster Care Association has produced a Diary and Planner for Foster Carers. The Diary can be used to record important 'dates' such as contact (access) visits, medical appointments, review dates, parent/teacher meetings and the like. It can be used to record minor falls or accidents and who you contacted or what action you took in relation to them, passport applications, vaccinations, illnesses or allergies. Special events can also be recorded such as religious milestones, school plays or concerts and sporting events that involve your foster child.

The Irish Foster Care Association feels that such a Diary is an important record. In the rare event of litigation, or if, in later life, the child requires information, maybe years after placement, memory can be unreliable.

The Diary and Planner for Foster Carers has been bought by the Health Authorities and you should ask your social worker for one. They can also be bought through the Association.

## **Foster Care and the Law**

The Government Publications Office, Molesworth St., Dublin 2 (Tel 01 6793515) has copies of all legislation relevant to foster care.

The pertinent legislation is as follows;

**The Child Care Act, 1991** provides for the Care and Protection of Children under the headings -

The Promotion of Welfare of Children (Part 11)  
The Protection of Children in Emergencies (Part 111)  
Care Proceedings (Part 1V)  
The Courts Jurisdiction and Procedure (Part V)  
Children in the Care of the Health Authority (Part VI)

### **NOTE**

It is important for foster carers to note that the Child Care Act 1991 defines a 'child' as a person under the age of 18 years other than a person who is or has been married.

Children may stay in the care of a Health Authority until they are 18 years of age. However, if a child is still in school or continues into third level education or training, most Health Authorities will continue to provide some support. The child may be eligible for a Higher Education Grant in his own right.

**The Child Care (Placement of Children in Foster Care) Regulations, 1995.**

These Regulations arise from the Child Care Act 1991 and set out the legal requirements governing Foster Care.

**The Child Care (Placement of Children with Relatives) Regulations, 1995.**

These Regulations arise from the Child Care Act 1991 and set out the legal requirements governing the placement of children with relatives.

### **The Child Care (Placement of Children in Residential Care) Regulations, 1995.**

These Regulations arise from the Child Care Act 1991 and set out the legal requirements governing the placement of children in residential care.

In 1999 the Minister with Responsibility for Children announced a review of the foster care service and a working group was set up. The group included health authority management, social workers, the Irish Foster Care Association and a foster carer. The group produced the report **Fostering – A Child Centered Practice, 2001**. The report made a number of recommendations and is available from the Government Publications Office.

### **The National Standards for Foster Care, 2003.**

These National Standards were produced by the Social Service Inspectorate as a result of a recommendation made in the report '**Fostering – A Child Centered Practice, 2001**'. They set out clearly the minimum standards which must be met by all parties involved in the fostering process. The National Standards have been operational since they were launched in April 2003.

A version of the National Standards has been produced for children under 12 years, in foster care.

All foster carers should ensure that they have a copy of;

The Child Care (Placement of Children in Foster Care) Regulations 1995; or, in the case of relatives The Child Care (Placement of Children with Relatives) Regulations 1995;

The National Standards for Foster Care, 2003;

A copy of their contract with the Health Authority in respect of each and every child placed with them:

The IFCA was founded in 1981 by a group of social workers and foster carers. It's aim is to promote and support the foster care service. There is at least one branch in every county and a regional structure has been put in place.

## **The Irish Foster Care Association**

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### **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 and education and working in a spirit of partnership and co-operation.

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Although an independent organization, the Association works in partnership with the Health Authorities.

Membership is open to all those interested in foster care and includes foster families, social workers, child care workers, children's homes among others.

The Association is governed by a voluntary Authority of Directors, most of whom are foster carers and includes health authority management, social workers, young people in care, young people who care, parents of children in care and residential care. The Authority is elected by the membership.

The day to day work of the Association is carried out by staff and there are a number of trainers contracted to the Association.

The Association provides a number of services including;

- Information
- Support
- Training
- Conferences and Seminars
- Insurance
- Publications, leaflets and a quarterly Newsletter.  
(A booklist is available from the Association)

More information and membership forms are available from

**THE IRISH FOSTER CARE ASSOCIATION**

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