

The logo for TúsLA, featuring the word 'TúsLA' in a bold, white, sans-serif font. The 'ú' has a small dot above it, and the 'L' is stylized with a horizontal bar that extends to the right.

**TúsLA**

An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

**Office of the Director of  
Services and Integration**

# **Strategic Plan for Foster Care Services for Children and Young People 2022-2025**

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# Foreword

I am very pleased to publish the Tusla Strategic Plan for Foster Care Services for Children and Young People 2022-2025. This plan is the second phase of the Agency's overall approach to improve Alternative Care services across the continuum of care, for children and young people who cannot live at home for periods of their lives, and for those transitioning into Aftercare Services.

Tusla has experienced a significant increase in demand for services in recent years, including foster care.

Many of the children and young people in our care have had traumatic life experiences, including exposure to significant neglect, abuse, domestic violence, substance misuse, and educational disadvantage. These traumatic experiences are further complicated by the child's experience of separation, and of not being cared for by their parents, which requires the Agency to respond in an appropriate way that meets their needs.

Most children and young people (89%) <sup>1</sup>in the care of the state live with Foster Carers, which measures favourably by European Standards. A 2021 Survey of 27 European Countries found that Ireland had the lowest number of children and young people in residential care. Our challenge is to sustain and strengthen foster care services, particularly the provision of statutory services, to ensure an appropriately balanced care continuum.

However, the number of Foster Carers available to care for children/ young people is reducing, and the geographical footprint of available Foster Carers has narrowed. This has resulted in challenges placing children and young people in a stable foster care placement, that is close to their local community, in which their cultural needs are met, and an increase in the use of private fostering services.

The evidence shows that to better respond to the needs of these children and young people, we must increase our recruitment and retention of foster carers and staff that work in our services.

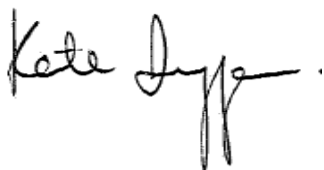
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<sup>1</sup> As of 31<sup>st</sup> June 2022

Our ambition over the next three years, as detailed in this plan, is to increase our statutory foster care provision, to continue to place over 90% of children and young people in care in foster care and to develop our services to better meet the needs of our children and young people, our foster carers, and our staff, by 2025.

I would like to thank the children and young people in our care and their families, our foster carers and their families, our staff, and external stakeholders for their invaluable contributions to the development of this plan. The wealth of information and learning gathered during this process cannot be underestimated, and the time and commitment of all stakeholders involved must be acknowledged.

We look forward to working with all stakeholders in the implementation of the recommendations to ensure that children, young people, their families, and extended support networks have a more positive experience of our services, achieve better outcomes and that our staff feel valued and supported in their roles.

A handwritten signature in black ink, reading 'Kate Duggan'.

**Kate Duggan**

**National Director of Service and Integration**

# Executive Summary

Tusla, The Child and Family Agency has statutory responsibility to protect children and promote their welfare under both the Child Care Act, 1991 (3) and the Child and Family Act 2013 (8).

The Agency is currently structured to deliver services across 17 areas, located within six regions. The Agency is committed to ensuring that where they are safe, children and young people are supported to live at home with their families, close to their friends, their school and within their own communities.

In 2021, the Agency received 73,069 referrals to child protection and welfare, at the end of June 2022, there were 5,836 children in the care of the State. Almost 89% of these children (5,219) were in foster care, 7.4% (429) were in residential care settings and the remaining 3.2% (188) in other placements such as supported lodgings, a disability service, or a detention centre.

Most children and young people (89%) <sup>2</sup>in the care of the state live with foster carers, which measures favourably by European Standards. Our challenge is to sustain and strengthen Foster Care Services, to ensure an appropriately balanced care continuum.

At the end of Q2 2022 there were 5,836 children in the care of the State. Of these 89% (5,219) were in foster care, 7.4% (429) were in residential care and the remaining 3.2% (188) were in other care placements such as supported lodgings, disability centres, or a detention centre.

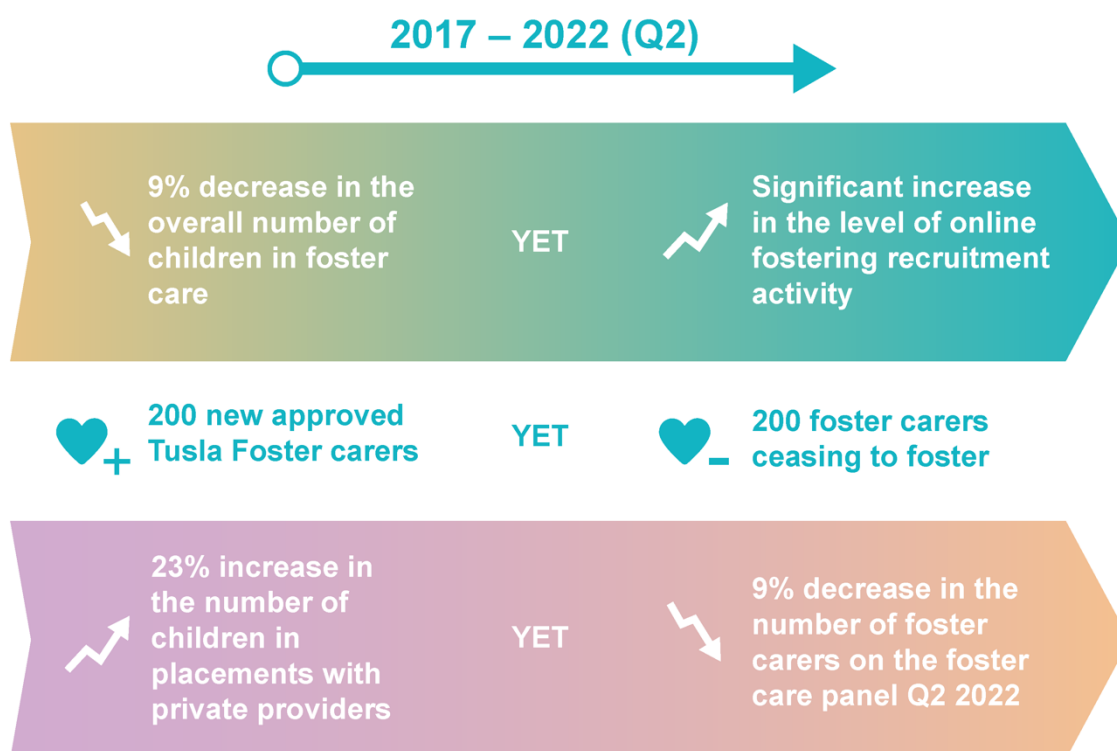
Of the 5,219 children in foster care, 61.9% (3,230) were in general foster care managed by Tusla, 28.8% (1,504) were in relative foster care while the remaining 9.3% (485) were placed with non-statutory fostering agencies (private).

Over the four-and-a-half-year period 2017 to 2022 (Q2) there has been a slow but steady decrease in the number of children in care with 360 (6%) fewer children in care in 2022 than in 2017. Over the same period the overall number of children in foster care decreased by 9% (490), the number of children in general foster decreased by 11% (417) and the number of children in relative foster care decreased 10% (163). In contrast the number of children in foster care with private providers rose by 23% (90). The increased use of private providers was also observed for residential care, showing a 34% increase from 2017 to Q2 2022 (261).

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<sup>2</sup> 89% (5,219) of children in the care of Tusla were in foster care (As of the 31<sup>st</sup> of June 2022).

Figure on Key Trends Alternative Care 2017-2022 (Q2):



The purpose of this strategic plan is to:

- (1) Ensure an Agency wide understanding of the current trends in Fostering Services and the factors contributing to same.
- (2) Understand what is working well and what the challenges are.
- (3) Identify key recommendations to shape the future of service delivery and provide a roadmap for the changes required.

The plan has been developed through a process of internal and external consultation (500 stakeholders) hearing the lived experiences of those accessing and providing our services, trend and data analysis, and literature review.

The findings of the consultation phase highlighted key priority areas for improving foster care services in Ireland such as recruitment and retention, supports, structures and need for consistency in practice.

## **Recommendations for the provision of Foster Care Services 2022-2025:**

This plan identifies four overall high-level recommendations, with 29 sub-recommendations, supported by a detailed work plan, to achieve the overall ambition of the Agency, to increase statutory foster care provision, to continue to place over 90% of children and young people in care in foster care, and to strengthen our services to better meet the needs of our children and young people, our foster carers, and our staff, by 2025.

**Recommendation 1: Strengthen Recruitment of, Support to and Retention of Foster Carers (15 sub-recommendations).**

**Recommendation 2: Strengthen Support to Birth Parents of Children and Young People in Care (2 sub-recommendations).**

**Recommendation 3: Strengthen Organisational Structures & Enablers to better support staff in Service Delivery (7 sub-recommendations).**

**Recommendation 4: Implement a consistent model of practice in Foster Care Services (5 sub-recommendations).**

# 1.0: Background and Introduction

Tusla, the Child and Family Agency has statutory responsibility to protect children and promote their welfare under both the Child Care Act, 1991 (3) and the Child and Family Act 2013 (8).

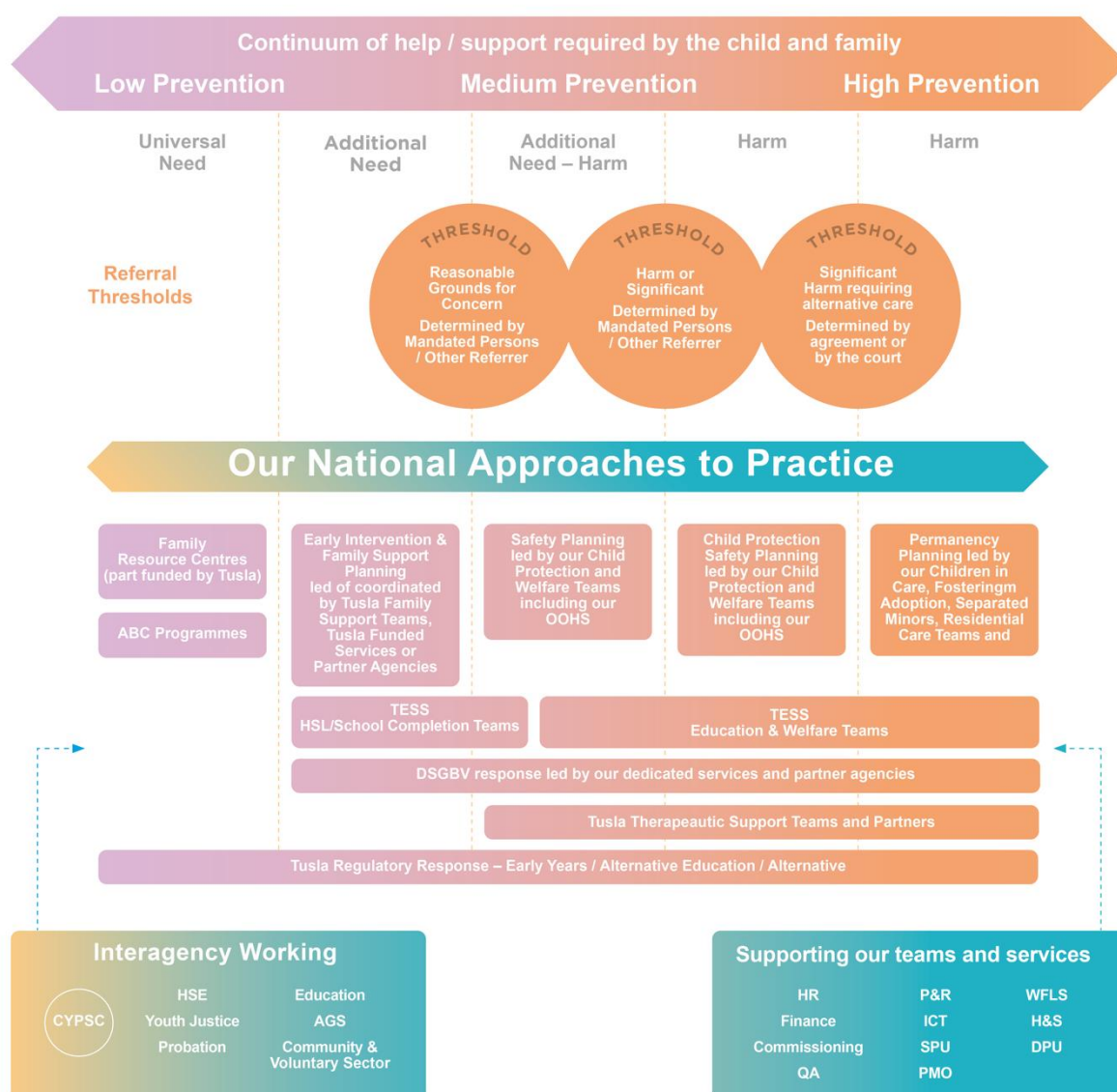
The Agency currently provides the following range of services across 17 Areas, in six geographical regions (Dublin North-East, Dublin Mid-Leinster, North-West, Mid-West, South-East & South-West).

**Figure 1: The range of services delivered across the Child and Family Agency, Tusla.**



The Agency responds to children, young people, families, and communities across a continuum of response pathways, which are designed to promote consistent and integrated responses, to ensure that each child receives the right response, at the right time in the right place from the right service. The integrated pathways across the continuum of care are illustrated in figure 2 below.

**Figure 2: Existing Integrated pathways across the continuum of care.**



In 2021, Tusla received 73,069 contacts from people concerned about a child, at the end of December 2021, there were 21,248 Child Protection and Welfare case open to Tusla Social Workers. In 2022 the Agency received 40,553 referrals for the first 6 months<sup>3</sup>, 5,721 (16%) more than the same period in 2021 (34,832). At the end of June 2022, there were 22,017 child protection and welfare cases (including children in care) open to social work.

<sup>3</sup> As of 31<sup>st</sup> June 2022.

Tusla's Preventative, Family Support & Child Protection Services, in partnership with our commissioned services, are committed to supporting families to ensure that where safe, children and young people can continue to live at home with their families, close to their friends, their school and within their own communities.

However, there are times when it is no longer safe for a child or young person to stay living at home and they are taken into the care of the state (Alternative Care).

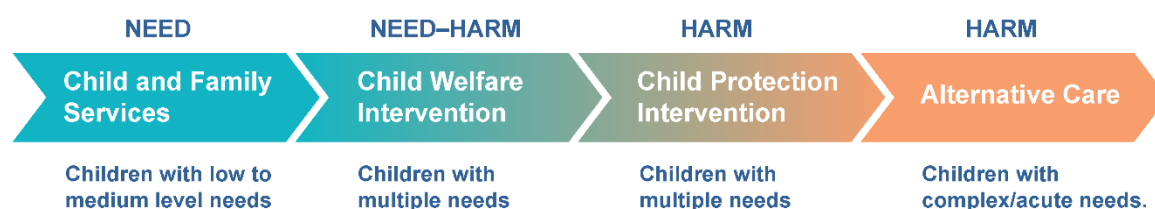
## 1.1: Alternative Care:

Alternative care is the term used to describe state provision of care for children and young people who cannot remain in the care of their parents.

Tusla has a statutory responsibility to provide alternative care services under the provision of the Child Care Act, 1991, the Children Act, 2001 and the Child Care (Amendment) Act, 2007.

Tusla will only take children and young people into care when it has formed the view that at least for the time being, their health, development or wellbeing cannot otherwise be ensured. There are several reasons why a child or young person may be placed in care. The child or young person's family may be unable to provide a suitable level of care and protection for the child or young person, or the child or young person has been subject to physical, sexual, emotional abuse and/or neglect. The decision to place a child or young person in care may be agreed on a voluntary basis with the child or young person's parents/guardians or by order of the courts (care orders, emergency care orders, special care orders and supervision orders). Children who require admission to care are accommodated through placement in (1) Foster Care (2) Residential Care Centres (including Special Care centres).

**Figure 3: The continuum of care by need – highlighting that those most in need require alternative care.**



The Conventions of the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities and the UN Guidelines for the Alternative Care of Children all recognise that the ideal setting for a child or young person to grow up in to fulfil their potential and participate as full citizens, is within a family environment that provides a nurturing and loving atmosphere.

According to UNICEF, approximately eight million children and youth around the world live in alternative care settings and in Ireland this figure stands at approximately 6,000 at any given time.

Most children (89%)<sup>4</sup> the care of the state live with Foster Carers, which measures favourably by European Standards. A 2021 Survey of 27 European Countries found that Ireland had the lowest number of children and young people in residential care.

Over recent years the Agency has been challenged to maintain this position, particularly in the provision of statutory foster care. The number of foster carers available to care for children/ young people has reduced, and the geographical location of available foster carers has narrowed. This has resulted in challenges to meet the demand for foster care placements, particularly within the area the children/ young people are from, matching children and young people to foster carers where their cultural needs are met has also been difficult.

It is in this context that the need for a *Strategic Plan (2022-2025) for the future of Foster Care Services* was identified. Our ambition over the next three years, as detailed in this plan, is to increase our statutory foster care provision; continue to place over 90% of children and young people in foster care and to develop our services to better meet the needs of our children and young people, our foster carers, and our staff.

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<sup>4</sup> As of 31<sup>st</sup> June 2022

## 2.0: The Strategic Plan for Foster Care 2022-2025

### 2.1: Purpose of the Strategic Plan for Foster Care (2022 – 2025):

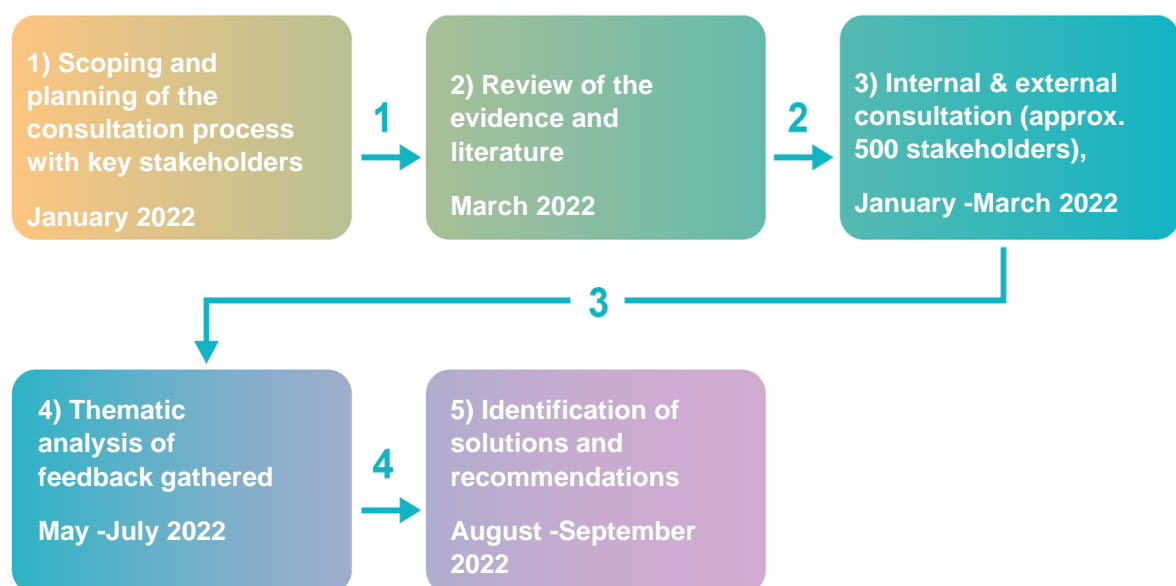
The purpose of this strategic plan is to:

- (1) Ensure an Agency wide understanding of the current trends in Fostering Services and the factors contributing to same.
- (2) Understand what is working well and what the challenges are.
- (3) Identify key recommendations to shape the future of service delivery and provide a roadmap for the changes required.

### 2.2: Developing the Strategic Plan for Foster Care (2022 – 2025):

The plan has been developed through a process of internal and external consultation (500 stakeholders) hearing the lived experiences of those accessing and providing our services, trend and data analysis, and literature review. The development of the strategy was project managed through the following five phases from scoping and planning the consultation to the final stage as outlined in figure 4 identification of solutions and recommendations.

**Figure 4: The project management approach and timelines for the development of the Strategic Plan for Foster Care Services for Children and Young People-2022 -2025:**



### **2.2.1: Consultation Process:**

The consultation process included face to face and online engagement sessions with the range of stakeholders, and substantial efforts were made to include as many views as possible from a broad spectrum of key stakeholders. Over 500 key stakeholders engaged in the consultation including:

- Children and young people in care.
- Young adults with foster care experience.
- Foster Carers.
- Children who foster (children of foster carers).
- Tusla staff representing all key categories of staff.
- The Tusla Assessment Consultation and Therapy Service.
- Birth parents.
- Legal representatives and Guardian ad Litem.
- The Health Information and Quality Authority.
- The Department of Equality Children Disability Integration and Young People.
- The Irish Foster Care Association.
- Empowering People in Care, Advocacy Service.
- The Children's Rights Alliance.
- Academics representatives.
- Fostering Agencies (private sector).

During the consultation feedback was sought on; 1) what is working well; 2) what is not working well; 3) suggestions for improvements as well as any suggestions in relation to how the Agency to improve foster care for children and young people.

### **2.2.2: Relevant Data:**

A secondary analysis of key data and performance metrics was also used to inform future planning and recommendations including the following:

- (1) Tusla performance reports.
- (2) Foster care operational data.
- (3) Financial data relevant to foster care services.
- (4) Human resources data relevant to foster care services.
- (5) HIQA Inspection Reports and compliance levels.
- (6) Secondary analysis of feedback from children and young people about their experience of foster care in Ireland.

### **2.2.3: Models of Foster Care:**

Research widely suggests that long term outcomes for children and young people in the care system are best when they return home relatively quickly or are provided with a long-term permanent placement. Family care is considered the preferred care type for children in alternative care (e.g., O'Brien, 2012).

Dorsey et al, (2008: 17) argue that foster care is “intended to be a time-limited placement on the way to determining one of the following three permanency plan options: reunification with the parent/s, conversion of the foster to legally permanent guardianship or adoption or placement of the child into another legally permanent family”. Achieving this level of clarity regarding the final purpose of a particular foster placement in Ireland has presented challenges in the context of the need for a significant change in practice and approach to practice in implementing legislative changes, namely the Adoption Amendment Act, 2017 and the Child and Family Relationships Act, 2015.

The foster carer role is a complex role, it can engender huge conflict while at other times it provides great rewards and personal satisfaction (Irwin 2009). Foster carers provide for the day-to-day care for children in care while at the same time work to support them in addressing the experiences that has brought them into state care.

Foster carers act as advocates when the need arises and work to sustain relationships between children and their birth family and other family members. To meet the children's needs personal sacrifice is often the carers default position, at the same time whilst they are carrying out fostering tasks, they juggle the various demands associated with their own work and relationships with their own family and community (Kennedy 2002, Cregan, 2002).

A review of the literature on foster care services in other jurisdictions such as the United States, Sweden, Canada, Japan, Netherlands and Spain has highlighted different approaches in service delivery such as Multi-dimensional Treatment Foster Care (MTFC); professional foster care; specialised foster care and treatment foster care. These approaches to foster care are described hereunder.

Multi-dimensional Treatment Foster Care is an approach to foster care, which:

- (1) Aims to provide frequent, high impact treatment services that are fully integrated into the placement model in foster care.
- (2) Involves the provision of formal and semi formal treatment sessions with qualified therapists

- (3) Includes training and on-going supervision for the foster carers plus significant case consultations.
- (4) Focuses on young people, generally adolescents, however there are pre-school and latency versions of MTFC.

In several jurisdictions, especially in Canada, many foster care providers in the private sector have introduced a menu of support services to their foster carers, with some evidence that foster carers have been able to care for young people with complex needs that would otherwise have required care in a residential care placement.

Treatment foster care is a more innovative model that continues to evolve in some international jurisdiction, adapting a Spokes and Hubs model, which groups foster carers into peer support systems, and includes access for each such peer support system to enable individual foster carers to access whatever support they may need when they need them. This often includes youth workers support, psychological assessment, psychiatric consultation, nursing support and social work support including work with birth families.

In some cases, it may also include therapeutic groups for both the foster carers and for the child(ren) in care. Others include referral activities and requests for specific services rather than open access, but the model is built on the 'one stop shop' approach for community-based services in marginalised communities and are predominantly common in the US and Canada.

Specialised foster care unlike regular and treatment foster care is designed to meet the needs of a particular child or young person. A foster carer is recruited for a specific purpose to support a young person who has very specific / special needs, this form of foster care-includes one to one staff support, which often requires the foster families to have professional assistance in their homes for extended periods of time and treatment components that usually includes a treatment team to support the foster carer around the family home. Challenges associated with provision of specialised foster care include the cost factors associated with delivering this type of placement and the provision of an educational response to children/young people living in such arrangements including identifying school placements to support children with very complex needs.

Professional foster care is a form of foster care most identified in Germany and Austria, although it exists informally in many other jurisdictions under the designation of treatment foster care. The focus is the qualification of the foster carers e.g., in Germany to be eligible as a professional foster carer, at least one of the care givers must have a professional qualification in a related field and they must be the primary care giver. Over the last number of years, there has been an increasing trend in the level of professional fostering, in an effort to reduce the numbers of children/young people being placed in residential care, when it was not in their best interest. Professional foster care is often considered a medium-term placement with a focus on reunification, where the foster carers work closely with the child's family.

#### **2.2.4: Children & Young People's Experience of Foster Care Services:**

In 2020, the HIQA inspection programme issued questionnaires to all children in care over the age of six years and visited children in their foster care households to observe or speak with them directly about their experience of care. Over the course of the two-year inspection programme, 1,416 questionnaires were returned to HIQA in relation to children and young people's experience of care. Of the surveys returned, 1,132 were from children in care aged 6-15 years, 276 from children in care aged between 16-18 years, and a further eight from young adults in receipt of an aftercare service. In addition, inspectors met with, observed, or spoke to 186 children in care and 44 young people who had left care.

The findings of the survey found that that most children spoke positively about their experience of being in foster care and the relationships they had made within the families. The significant message was that when they had a long-term stable social worker, they received a good service. Most children spoke highly of their social workers and foster carers. However, not all children in care had an allocated social worker. Some children had experienced several changes in social workers, some had not yet met their social worker, and it had been some time since others had seen their social worker.

Children spoke about things they liked to do and people and things that were important to them, such as family members, friends, school, pets, and hobbies. *I get on with everyone so well. I feel like I am one of them. I feel so loved and wanted by all of them.* "Foster carers made us feel really welcome." *"I like how they care for me and look out for me."* *"I am cared for, I have my own room, and space. I get help when I need it. I am happy here."* *"I am thankful to have wonderful and supportive people around me... the myths about foster care have been busted."* *"They're kind and I feel safe. They listen to me. They make sure I get to see my family."*

Children also told inspectors some of the hard things about living in foster care: *“I like it here, but I'd rather go home because I miss my family and friends. I want to spend more time with them. I miss home, and my sisters and parents.”* Most said that the social worker helped them to keep in touch with their family and friends and they were generally happy with the level of contact they had. While a few children commented that they didn't know, some children said they did not see enough of their family and friends. Generally, children felt their background and culture was understood and respected. *“I don't see enough of my family because they keep on cancelling their visits to see me. I don't get to go to town with my friends due to corona.”*

On aspects of care in relation to children's rights in care, children and young people said their social worker had told them how to make a complaint if they were unhappy about something. Comments from children included *“I get to make my own choices each day.”*

*“I like making a lot of choices. It makes me feel good and makes me feel confident.”*

The feedback received gathered throughout the consultation phase for this strategy align are consistent with the findings from the survey conducted by HIQA about children and young peoples experience of foster care. This feedback has been used to inform the recommendations in this report.

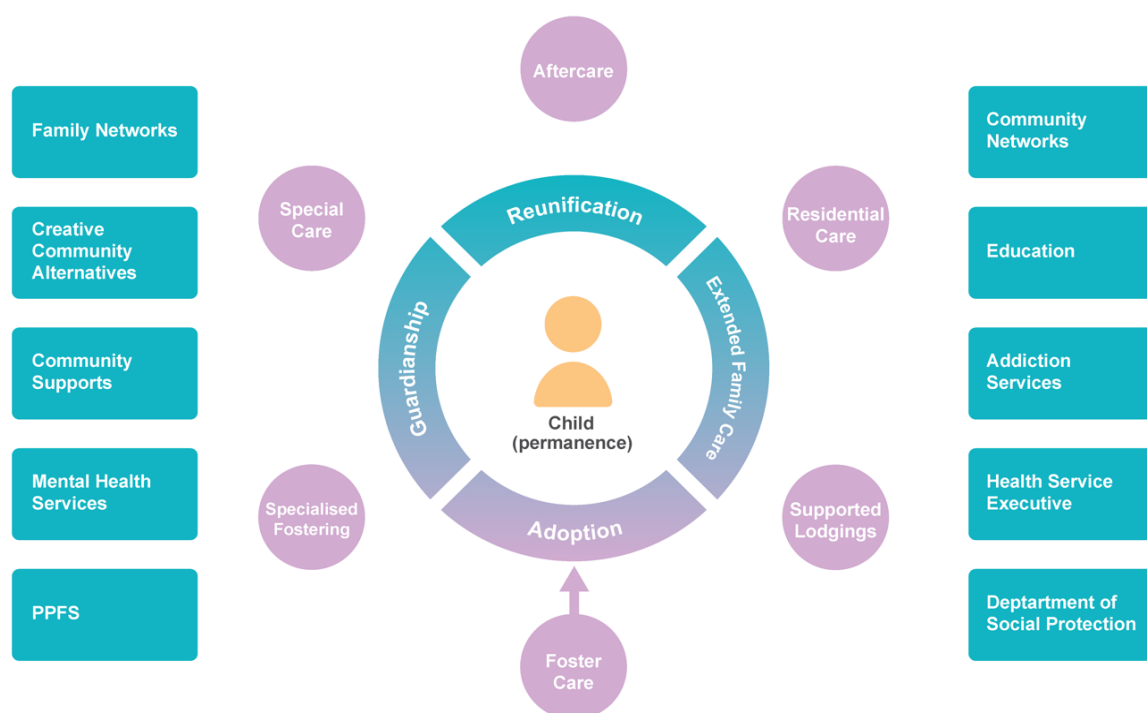


## 3.0: Provision of Alternative Care Services

A child or young person's care status profoundly affects his or her health, developmental outcomes, and general well-being, both during childhood and later in life. For most children and young people, a placement in Foster Care is possible and meets their care needs at that point in time. However, for many children or young people placement in Residential Care Services is beneficial, necessary and in the child/young person's best interests.

Alternative Care in Ireland is a complex construct and this complexity creates a need for systems thinking when seeking to understand all that is required when providing a holistic service to children, young people and young adults. The figure below represents some of the key components and partners required to provide such an all-encompassing and holistic care service. The inner circle illustrates the options where children and young people are not in state care<sup>5</sup>.

**Figure 5: Key components and partners involved in the delivery of alternative care.**



<sup>5</sup> Figure 5 is for illustration only.

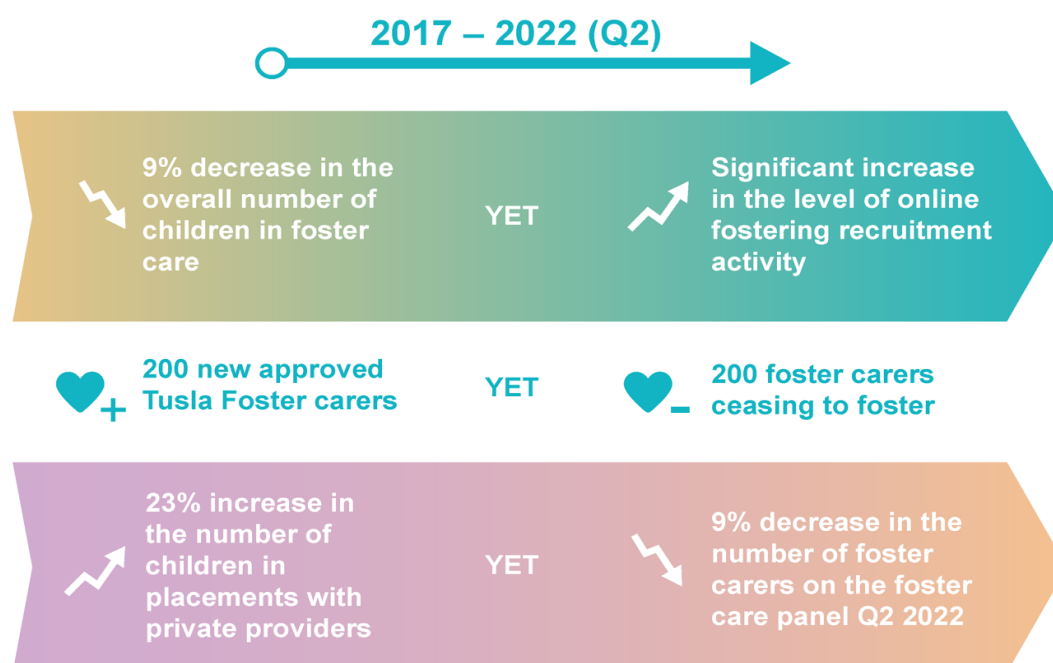
### 3.1: Children and Young People in Alternative Care in Ireland:

At the end of Q2 2022 there were 5,836 children in the care of the State. Of these 89% (5,219) were in foster care, 7.4% (429) were in residential care and the remaining 3.2% (188) were in other care placements such as supported lodgings, disability centres, or a detention centre.

Of the 5,219 children in foster care, 61.9% (3,230) were in general foster care managed by Tusla, 28.8% (1,504) were in relative foster care while the remaining 9.3% (485) were placed with non-statutory fostering agencies (private).

Most children and young people (89%) <sup>6</sup>in the care of the state live with foster carers, which measures favourably by European Standards. Our challenge is to sustain and strengthen Foster Care Services, to ensure an appropriately balanced care continuum.

There are currently<sup>7</sup> 3,985 foster carers in Ireland, 2,378 general foster carers, 1,057 relative foster carers and 550 private foster carers. Most foster placements (both general and relative) are managed directly by Tusla, with a comparatively small utilisation of private sector placements where a child or young person is placed in a non-statutory (private) placement, funded by Tusla. Key trends related to the changes in demands for services and changes in the provision of care by provider is highlighted in the infographic in diagram 6 below.



<sup>6</sup> 89% of children in the care of Tusla were in foster care as of the 31<sup>st</sup> of June 2022.

<sup>7</sup> As of the 31<sup>st</sup> of June 2022

## 3.2: Provision of Foster Care Services

Tusla has a statutory responsibility to provide alternative care services under the provision of the Child Care Act, 1991, the Children Act, 2001 and the Child Care (Amendment) Act, 2007.

The decision to place a child or young person in care may be agreed on a voluntary basis with the child or young person's parents/guardians or by order of the courts (care orders, emergency care orders, special care orders and supervision orders). Children who require admission to care are accommodated through placement in (1) Foster Care (2) Residential Care Centres (including Special Care centres).

According to UNICEF, approximately eight million children and youth around the world live in alternative care settings and in Ireland this figure stands at approximately 6,000 at any given time.

Tusla foster carers provide a safe, secure, and stable home environment for the most vulnerable children and young people in our society. In December 2021, there were 5,836 children in the care of the State. Of children in care 89%<sup>8</sup> are in foster care. Across Ireland, 3,985<sup>9</sup> foster carers currently open their homes to children and young people.

Fostering services rely on families and individuals in the community who are willing to share their homes and lives with children and young people whose parents are unable to care for them. Foster carers also share their lives with a range of professionals with whom they work in partnership with. Foster care provision in an Irish context may be described as general foster care, relative foster care, or private foster care.

### 3.2.1: Types of Foster Care Placements:

There are three types of foster care in Ireland, general foster care, relative foster care and private foster care.

**(1) General Foster Care:** General foster care is the placement of child in state care with an approved general foster carer, an individual(s) approved by the Child and Family Agency, who has completed a process of assessment and has been placed on the panel of approved foster carers. This includes placements that are made in pre-adoptive foster care, private foster care, general foster care placements that are out of State.

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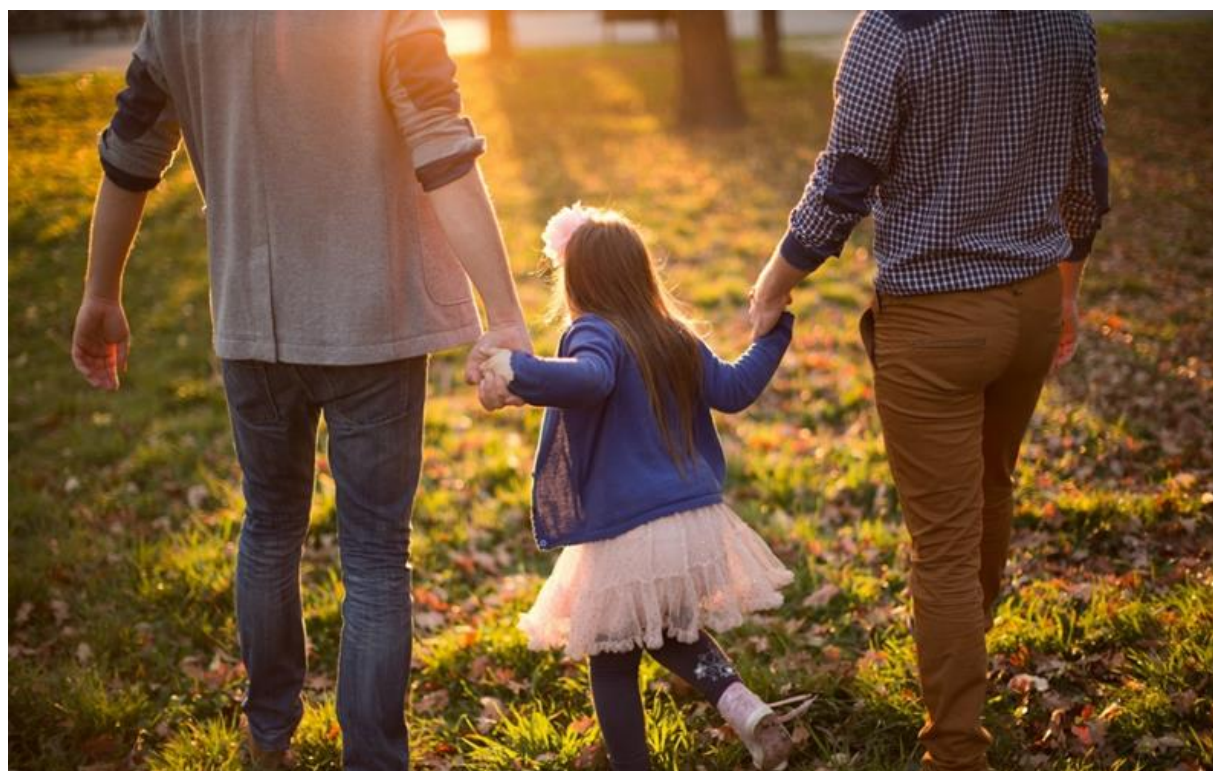
<sup>8</sup> As of 31<sup>st</sup> June 2022.

<sup>9</sup> As of 31<sup>st</sup> June 2022.

**(2) Relative Foster Care:** Relative foster care is the placement of a child in state care with a relative, or friend of a child, who has completed a process of assessment and approval and are placed on the panel of approved relative foster carers. It also includes those who are asked to care for a child, usually in an unplanned/emergency but then agree to undergo a fostering assessment. The approval is specific to the individual child, and the relative foster carer is a person with whom the child / child's family has had a relationship with prior to the child's admission to care. This can include a friend, neighbour or relative.

**(3) Private Foster Care:** A private foster care placement is where a child in care is placed with a non-statutory agency. Non-statutory agencies are those agencies which, in accordance with the Child Care Placement of Children in Foster Care Regulations, 1995 may assist the Child and Family Agency in the performance of their functions.

Foster carers are not a homogeneous group and come from a wide variety of socio-economic and cultural backgrounds. The management of all foster care services is the responsibility of Tusla. Statutory foster placements (both general and relative) are managed directly by Tusla, where a child/young person is placed in a non-statutory (private) placement, the placement is funded and governed by Tusla, through a service level agreement.



### 3.3: Key Data Trends in the Provision of Foster Care in Ireland:

#### 3.3.1: Key Data Trends in the provision of Alternative Care in Ireland:

At the end of Q2 2022 there were 5,836 children in the care of the State. Of these 89% (5,219) were in foster care, 7.4% (429) were in residential care and the remaining 3.2% (188) were in other care placements such as supported lodgings, disability centres, or a detention centre.

Of the 5,219 children in foster care, 61.9% (3,230) were in general foster care managed by Tusla, 28.8% (1,504) were in relative foster care while the remaining 9.3% (485) were placed with non-statutory fostering agencies (private).

Over the four-and-a-half-year period 2017 to 2022 (Q2) there has been a slow but steady decrease in the number of children in care with 360 (6%) fewer children in care in 2022 than in 2017. Over the same period the number of children in foster care decreased by 9% (490) while the number of children in residential care rose by 20% (71). The number of children in other care placements is also up with 59 (46%) more children in these placements (Table 1).

**Table 1: Children in care by placement type, 2017 - 2022 (Q2)**

Care Type	2017	2018	2019	2020	2021	2022 (Q2)	2022 v 2017
Foster care	5,709	5,561	5,495	5,346	5,272	5,219	-490 (9%)
Residential care	358	381	409	421	454	429	+71 (20%)
Other placements	129	99	114	115	137	188	+59 (46%)
Total	6,196	6,041	6,018	5,882	5,863	5,836	-360 (6%)

#### 3.3.2: Key trends in the provision of foster care over the period 2017-2022:

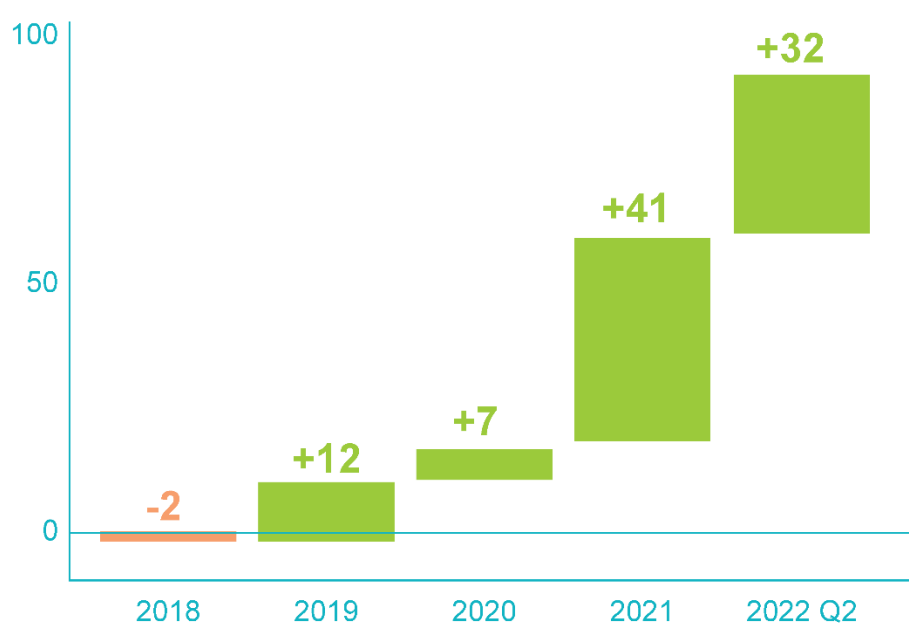
While the overall number of children in foster care decreased by 9% (490), the number of children in general foster (care managed by Tusla) decreased by 11% (417) and the number of children in relative foster care decreased 10% (163) over the same period. In contrast the number of children in foster care with private providers rose by 23% (90) (Table 2). The increased use of private providers was also observed for residential care, showing a 34% (66) increase from 2017 (195) to Q2 2022 (261).

**Table 2: Children in foster care by type, 2017 - 2022 (Q2)**

Care Type	2017	2018	2019	2020	2021	2022 (Q2)	2022 v 2017
<b>Tusla General</b>	3,647	3,574	3,531	3,417	3,317	3,230	-417 (11%)
<b>Relative</b>	1,667	1,594	1,559	1,517	1,502	1,504	-163 (10%)
<b>Private</b>	395	393	405	412	453	485	+90 (23%)
<b>Total</b>	<b>5,709</b>	<b>5,561</b>	<b>5,495</b>	<b>5,346</b>	<b>5,272</b>	<b>5,219</b>	<b>-490 (9%)</b>

What is also evident from the data is the sharp rise in the use of private foster care providers in 2021 and 2022 compared to previous years. There were 41 more children in placements with private providers at the end of 2021 compared to the end of 2020 (453 v 412) and 32 more at the end of Q2 2022 compared to the end of 2021 (485 v 453) (Figure 6).

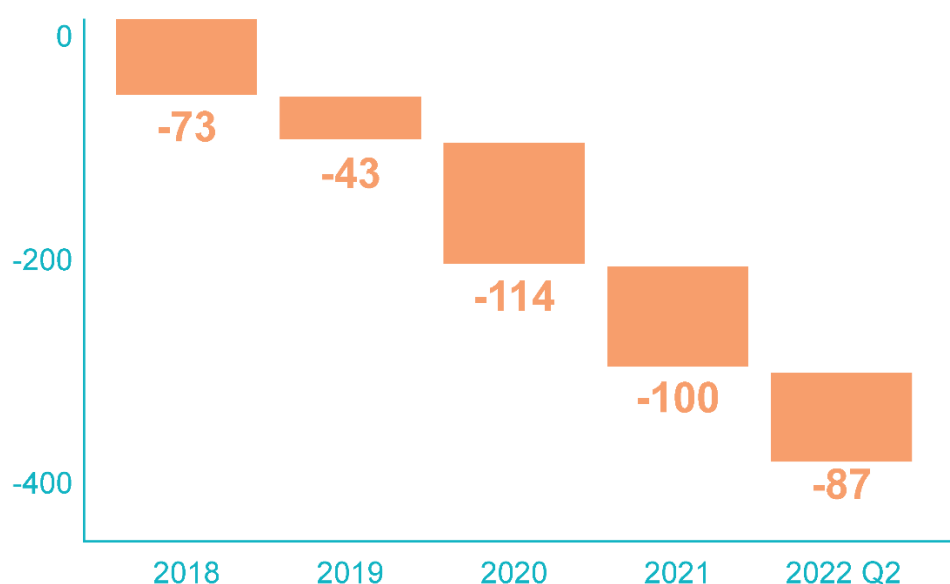
**Figure 6: Children in foster care with private providers - year on year comparison, 2017 - 2022 (Q2)**



### 3.3.3: Increased use of private providers of foster care:

Consistent with the sharp rise in the use of private providers in recent years is the concomitant decrease in the number of children in general foster care managed by Tusla (Figure 7).

**Figure 7: Children in general foster care managed by Tusla - year on year comparison 2017 – 2022 (Q2):**



The percentage of children in care in foster care, while high at almost 90%, is also showing a slight year on year decrease and is down 2.7 percentage points from 92.1% in 2017/2018 to 89.4% in 2022 (Table 3).

**Table 3: Percentage of children in care in foster care, 2017 - 2022 (Q2)**

Care Type	2017	2018	2019	2020	2021	2022 (Q2)	2022 v 2017
Percentage of children in care in foster care	92.1%	92.1%	91.3%	90.9%	89.9%	89.4%	92.1%

### Foster care services by provider type 2017-2022:

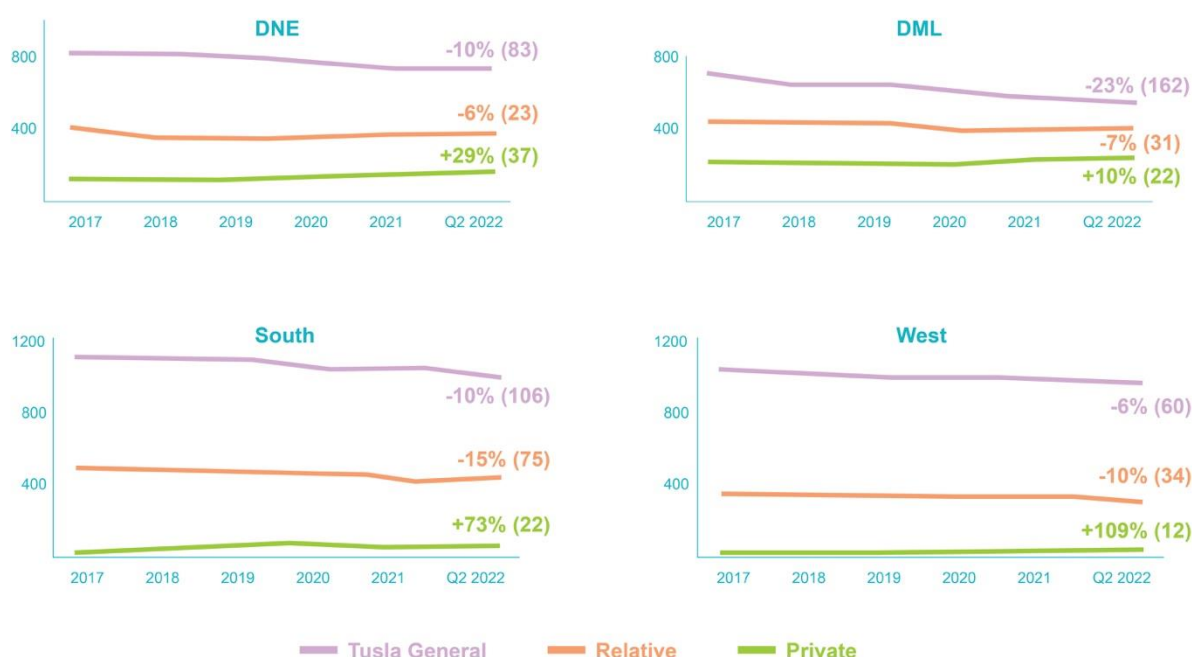
The percentage of children in general foster care (managed by Tusla) also appears to be decreasing with a 2.4 percentage point drop between 2019 and 2022 (Table 4). Over the same period there has been little or no overall change in the percentage of children in relative foster care, but the percentage of children in foster care with private providers is showing a year-on-year increase and is up 2.4 percentage points from 2017 (Table 4).

**Table 4: Percentage of children in foster care by type, 2017 - 2022 (Q2)**

Care Type	2017	2018	2019	2020	2021	2022 (Q2)	2022 v 2017
% children in foster care in general foster care (Tusla managed)	63.9%	64.3%	64.3%	63.9%	62.9%	61.9%	63.9%
% children in foster care in relative foster care	29.2%	28.7%	28.4%	28.4%	28.5%	28.8%	29.2%
% children in foster care with private providers	6.9%	7.1%	7.4%	7.7%	8.6%	9.3%	6.9%
Total	100%	100%	100%	100%	100%	100%	100%

At a regional level all four regions reported decreases in the number of children in general foster care managed by Tusla and in relative foster care but increases in the number of children in placements with private providers over the period 2017 to Q2 2022. Dublin Mid Leinster (DML) reported the largest decrease (down 162; 23%) in the number of children in general foster care managed by Tusla. The South reported the largest decrease (down 75; 15%) in the number of children in relative foster care, while Dublin North East reported the largest increase in the number of children with private providers (up 37; 29%) (Figure 8).

**Figure 8: Data on provision of foster care, by region and provider type- 2017-2022**



### 3.3.2: Geographical disparity in foster care placements:

When Foster Care placements are normalised to population size under 18 years in each region, the data highlights that there is geographic disparity in the number of foster care placements per region. Although the demand for foster care placements is multifactorial, and population size is just one of many factors, it highlights the geographic disparity in placements. Dublin Mid-Leinster has the lowest number of placements (3.5 per 1,000 population under 18), while the South is 31% higher at 5.1 per 1,000 population under 18.

**Figure 9: Foster care placements per 1,000 of the population under 18yrs by region**

Region	Places per 1000 below 18
DML	3.5
DNE	4.6
South	5.1
West	4.9

### 3.3.3: Data and trends in relation to the foster care panel:

At the end of Q2 2022 there were 3,985 foster carers on the panel of approved foster carers. Of these, 2,378 (59.7%) were general foster carers, 1,057 (26.5%) were relative foster carers and the remaining 550 (13.8%) foster carers were private providers.

The overall number of foster carers on the panel is decreasing and is down 9% (399) from 2017 when there were 4,384 foster carers on the panel (Table x). The number of general foster carers is down 14% (378) from 2017 while the number of relative foster carers is down 8% (95). In contrast there has been a 16% (74) increase in the number of private foster carers on the panel which is consistent with the increase in the percentage of children in placements with private providers (23%; 90) described earlier.

**Table 5: Foster carers on the foster care panel by type, 2017 – 2022 (Q2)**

Care Type	2017	2018	2019	2020	2021	2022 (Q2)	2022 v 2017
Tusla General	2756	2675	2574	2476	2435	2378	-378 (14%)
Relative	1152	1146	1095	1056	1062	1057	-95 (8%)
Private	476	503	461	503	542	550	+74 (16%)
Total	4384	4324	4130	4035	4039	3985	9% (399)

The percentage of foster carers who are general foster carers is down 3.2 percentage points from 62.9% at the end of 2017 to 59.7% at the end of Q2 2022, while the percentage of foster carers who are private foster carers is up 2.9 percentage points from 10.9% to 13.8%. There has been little or no overall change in the percentage of foster carers who are relative foster carers (Table 6).

**Table 6: Percentage breakdown of foster carers on the foster care panel by provider type -2017 - 2022 (Q2)**

Care Type	2017	2018	2019	2020	2021	2022 (Q2)	2022 v 2017
<b>Tusla General</b>	62.9%	61.9%	62.3%	61.4%	60.3%	59.7%	62.9%
<b>Relative</b>	26.3%	26.5%	26.5%	26.2%	26.3%	26.5%	26.3%
<b>Private</b>	10.9%	11.6%	11.2%	12.5%	13.4%	13.8%	10.9%
<b>Total</b>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

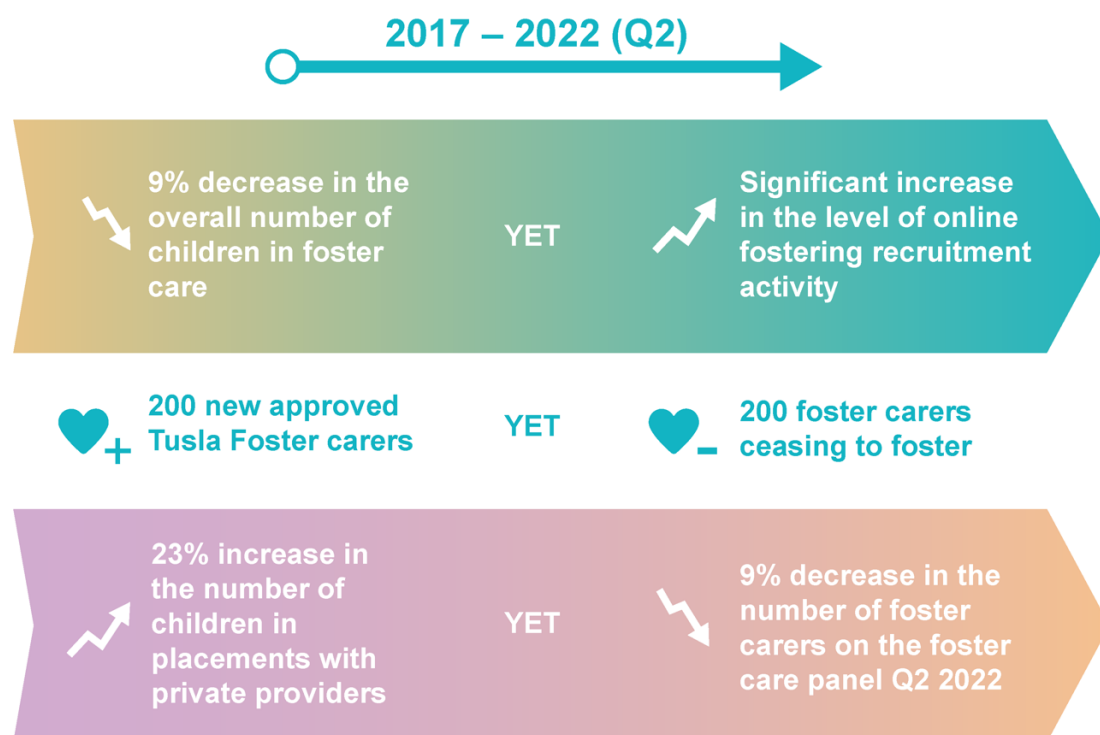
Over the five and a half years, 2017 to Q2 2022, Tusla approved 1,397 foster carers of which 245 (18%) were private providers; the remaining 1,152 (82%) were Tusla foster carers (general and relative). This equates to about 209 Tusla foster carers being approved every year. Over the same period a total of 1,500 Tusla foster carers ceased fostering. Of these, 1,381 (92%) ceased voluntarily while the remaining 8% (119) ceased statutorily. The number of Tusla foster carers ceasing to foster equates to about 273 per year.

**Table 7: Tusla foster carers (general & relative) approved and ceased, 2017 - 2022 (Q2)**

Care Type	2017	2018	2019	2020	2021	2022 (Q2)
<b># Tusla foster carers approved</b>	209	210	193	226	219	95
<b># Tusla foster carers who ceased</b>	372	289	254	240	208	137
<b>Tusla foster carers approved v ceased</b>	<b>-163</b>	<b>-79</b>	<b>-61</b>	<b>-14</b>	<b>+11</b>	<b>-42</b>

This means that more foster carers are ceasing than being approved. However, it should be noted that the differential between the number of Tusla foster carers being approved and ceasing has decreased in recent years with more foster carers approved in 2021 (219) than ceasing (208). While more foster carers have ceased than have been approved in the first half of 2022, it is too early to comment on the final figures for the year 2022.

**Figure 10: Key data trends in the provision of foster care in Ireland 2017-2022 (Q2)**



### 3.3.4: Increase in the financial cost of foster care service provision:

In 2021, foster care costs represented approximately 13% (€111.105<sup>10</sup>m) of the total expenditure by Tusla in 2021 (€867.10m). From 2017, the cost of private foster care provision was €21,513 million euro, it has increased incrementally year on year to €24,705 million euro in 2021. An increase of by 13% up until 2021.

Foster carers are paid a statutory fostering allowance of €325 for each child 12 years and under and €352 for each child 12 years and older. The current weekly cost of a private foster care placement is approximately €1,000 (including the provision of the placement, the allowance and funding of the allocated link social work provided by the non-statutory provider).

<sup>10</sup> This includes the cost of statutory allowances and private provision of foster care.

### 3.3.5: Enhanced and or additional allowances:

Enhanced and or additional allowances are provided to foster carers where there is a need for additional care over and above the standard allowance an enhanced foster care rate for fostering can be provided. This includes children who have been diagnosed with significant special needs and require a high level of personal care and supervision. The amount of the allowance paid is determined by the assessment of care need. The total amounts of financial supports (additional and enhanced allowances) paid in to foster carers and the number of foster carers in receipt of such allowances between the years 2019-2021, are outlined in table 8 below.

**Table 8: Outlines the amounts of additional financial supports (additional and enhanced allowances) paid in to foster carers between the years 2019-2021**

Year	Financial supports paid (€ millions)	# Foster Carers
2021	3.1	809
2020	2.6	764
2019	2.4	854

The 2020 DPER expenditure review indicated the average weekly cost for residential care is €6,388 for placement in a Tusla (statutory) centre, €4,730 for placement in a community & voluntary, and €6,737 for placement in a private centre.

### 3.3.6: Increased compliance levels with HIQA inspections for foster care:

Overall compliance levels with HIQA standards for foster care services have significantly improved since 2019, increasing from 47% compliant to 81% compliant.

**Table 9: Compliance levels with HIQA standards across foster care services 2019-2021 (including standards inspected on combined risk-based inspections)**

Year	Compliant / Substantially Compliant	Non-Compliant Moderate / Partially Compliant	Major Non-Compliant
2021	81%	12%	7%
2020	73%	27%	0%
2019	47%	41%	12%

## 4.0: Analysis of Current Service Provision

Throughout the consultation phase, participants identified many challenges and opportunities for improvement, but also acknowledged many factors which contributed to participants positive experience of foster care. Specific factors included the invaluable role of foster carers; the role of social workers; the assessment process and the training that is provided to them.

There were also many challenges identified, primarily the inadequate number of foster carers and staff to meet demand, and issues in relation to communication and consultation. Specific feedback in relation to each of these factors is described hereunder.

### 4.1: Theme 1: Positive feedback on foster care services

#### 4.1.1: The invaluable role of foster carers:

Stakeholders consistently acknowledged the strength and value of foster carers, their love, kindness, and commitment to caring for children/young people and their willingness to provide the best quality of care for the children/young people who lived with them *“Foster carers amaze us with what they do” (social worker)*.



#### **4.1.2: Role of the link fostering social worker:**

Many indicated a high level of satisfaction with the role of the link fostering social workers, providing foster carers with additional support, enhancing communication, advocate for foster carers, enabling a positive relationship and contributing to the stability of the placement *“My link worker is amazing; I have been lucky as I have worked with him for all the years I have fostered and would not have survived without him.”*

#### **4.1.3: Role of the allocated social worker:**

The role of the allocated social worker to the child/young person was also recognised as a very positive role, enabling trusting relationships, supporting the child and young person in understanding their situation and respond to any issues. The importance of consistency in this role was identified as critical.

#### **4.1.4: Fostering assessment process:**

Stakeholders spoke very positively about the fostering assessment process, acknowledging that whilst it is a long, detailed process, it is robust and that it provides good levels of safeguarding for children and young people. The ability and skill of social workers undertaking the assessments was also acknowledged. *“Fostering assessment without exception nationally are to a very high standard”* (professional external stakeholder).

#### **4.1.5: Training for foster carers:**

Individuals reported high levels of satisfaction with the variety of training provided to foster carers. The introduction of online training was also viewed positively, enabling accessibility for a larger group of foster carers. Foster carers spoke positively about the introduction of some local initiatives, such as quarterly meetings with the area manager, and the introduction of a newsletter that kept them updated with new developments in policy and practice.

## 4.2: Theme 2: Role of Foster Carers & Support Services

### 4.2.1: Role clarity and valuing foster carers:

Throughout the consultation stakeholders acknowledged and recognised the importance of the role of foster carers in the state's provision of alternative care services. It was acknowledged that foster carers are considered invaluable to the Agency. However, many foster carers highlighted a lack of clarity in relation to their role, with some describing it as secondary to that of the social workers involved in the case.

They described how this lack of clarity led to them experiencing at times a disempowerment in their role as the primary carer for the child. Foster carers also expressed their belief that their significance is not recognised, highlighting that 'small things matter', such as marking significant celebrations, or, occasions, e.g., retirement, or acknowledging, or giving attention to the invisible work that foster carers do in caring for children. Social workers also stated they would like to be able to acknowledge in a more meaningful way the work foster carers do for children in the care of the state *'we need a system of valuing foster carers, building on positives and strengths. We need foster carers to feel valued. Therapeutic direct work that's completed quickly. Using opportunities to bring all professionals and foster carers around the child to make them feel we are working together'* (social worker).

### 4.2.2: Allowances and financial supports:

In acknowledging the complex work of foster carers, the issue of financial support was a prominent theme, correlated to the valuing of foster carers. This included reference to the need to review and increase the foster care allowance, which has not increased since 2009, despite the significant increase in the cost-of-living expenses.

Foster carers also highlighted their concerns in relation to pension entitlements and reiterated the need to remove the barriers to allow for foster carers to qualify for the maximum benefit of a full contributory pension.

Many stakeholders highlighted the lack of financial support for foster carers beyond the young person's 18<sup>th</sup> birthday, even when young people moved out independently, as foster carers continued to provide support emotionally, and often financially *'When you have a child put in your arms as an infant there is an emotional connection with this young person that doesn't disconnect past 18'*.

It was widely suggested that it should be policy to retain and provide a level of ongoing financial support to foster carers, to enable them to continue to support the young people in their transition to adulthood.

Another key theme was the requirement to standardise the entitlements and supports provided to foster carers both in Tusla services, but also private fostering services. Examples were given of foster carers in private companies being provided with additional allowances, at certain times of the year, which is not in line with Tusla funded allowances.

It was also suggested that the introduction of 'professional fostering' should be explored, like models in other countries, as an enabler to increase foster care provision *'psychologically for foster carers it would be great to acknowledge we are foster carers and not in a position where we are not working at the moment'*.

#### **4.2.3: The approach to communication and care planning:**

Foster carers reported experiences of not being included in decision making processes such as care planning, or when they were invited, feeling their voices were not always heard in the process.

Foster carers acknowledged and evidenced their understanding of the legal parameters and the rights of birth parents but highlighted the importance of respecting them as the primary carers for the child(ren)/young people. They voiced their frustrations with not having authority to sign forms for school tours, or basic activities for children and described delays which often resulted in children missing out on opportunities. It was suggested that after one year in placement, foster carers should have the right to sign for basic consents for the child while acknowledging this as separate and distinct to that of enhanced rights.

Foster carers advocated for a real and genuine partnership approach to working collaboratively to ensure that children in care receive the best care they deserve *'often feel as a foster carer isolated. When I started fostering first, I always felt part of the decisions made for the child. This has changed over the past number of years. Even now where do we stand with signing forms for children in our care?'*

#### **4.2.4: Support for caring for children and young people with complex needs:**

Training for foster carers was considered a positive, but also an area that would benefit from further consistency and standardisation, particularly in relation to the provision of training on trauma-informed care, or, on issues specific to individual children/young people in care, particularly those with complex needs. The use of personal development plans was suggested as an approach to strengthening the expertise of foster carers, ensuring that they are equipped with the skills and tools necessary to care for the children in their placement. This was recognised, not as a requirement for fostering, but as a longer terms investment in terms of creating highly skilled foster carers to meet the specific needs of children/young people in care, particularly those with more complex needs.

## 4.3: The Role of the Fostering Team:

### 4.3.1: Fostering team structures and processes:

The structure of fostering teams was highlighted throughout the consultation, specifically the inconsistency in structures/processes across areas and the variation in business support and training support roles as part of fostering teams *“we need a severe reduction in paperwork, we need expert business process people to work with the teams.*

Reference to the benefit of having two team leaders in fostering teams, each with distinctive, but complementary roles, one with a clear role for recruitment and assessment and the other with oversight of supervision and support was proposed, to support better recruitment and retention of foster carers.

There was also reference to the use of regional recruitment and assessment teams, with mixed views on the benefit of such an approach. Stakeholders, particularly foster carers acknowledged the need for peer support *‘Foster carers often need to release the stressful situations they are going through to somebody...it’s not always easy to express this with the social worker as it is felt its being noted. Peer support is needed’.*

Stakeholders also suggested the introduction of a full time, designated national lead for fostering services, with responsibility for leading out on the implementation of the recommendations of this foster care strategic plan, to ensure that services and changes are implemented in a consistent way, whilst recognising that the regional chief officers have overall responsibility for foster care services in their regions.

The increased role of the private fostering agencies, due to an inadequate supply of Tusla foster carers was discussed throughout the consultation. Factors such cost, concerns about discrepancies in payments, lack of consistency and lack of a national approach to practice and oversight of placements were highlighted. It was agreed that the future role of private foster care services should be considered as part of the overall continuum of service provision.

### 4.3.2: Integration of family support or early intervention, alternative care and adoption services:

Stakeholders identified the need for more integrated working between family support and alternative care (children in care) services to ensure that children/young people in care and their foster carers’ have the same access to family support/early intervention services as children/young people not in care and living in their home environment. The importance of permanency planning and more integrated care planning between fostering and adoption services was also highlighted.

## 4.4: Theme 4: The Needs of Children & Young People and their families:

### 4.4.1: Communication and engagement in decision-making and care planning:

Children/young people in care spoke about the need to be empowered and supported in planning for their care particularly in relation to contact with family members. They described how the current process can hinder this. They reported that when their views were sought, they were not clear about how their views are considered in the decision-making process *'Involve us in the decisions and plans'*. Other stakeholders including foster carers and staff also supported the need for a consistent approach to genuine participation of children/young people in planning their lives.

### 4.4.2: Access to therapeutic services:

Access to therapeutic supports for children/young people was a consistent theme throughout all of the consultations, primarily the challenges and deficits in accessing these services, which was a source of significant frustration in trying to meet the needs of the child in placement. The need for multi-disciplinary assessments for children in care to inform care planning was highlighted to identify the specific needs of the individual children/young people and the interventions, or therapeutic supports required to help them to reach their potential.

### 4.4.3: Understanding the perspective of a child or young person in care:

Stakeholders noted the importance of the role of the allocated social worker for the child or young perspective in understanding the child or young person's perspective and their needs *'we want to get to know you'*. The negative impact of staff turnover, on building relationships and trust was highlighted by all stakeholders, with children and young people having to retell their story multiple times, struggling to establish relationships with adults who from previous experiences leave after periods of time. Suggestions were made in relation to allocating other professionals to support children in care in their placement or to upskill and train foster carers to undertake this work.

Children and young people highlighted issues in relation to contact, or access with their birth families. Some children spoke about not always wanting to see their families, while others spoke about wanting to see their families more. Both groups of children expressed a real sense of wanting to have a strong voice in the decision-making process in relation to contact, frequency and types of contact. *'We want to know how long a meeting will be, who's at it, maybe we only want it with our brothers and sisters not parents'*. They also requested that the rationale for decisions is explained to them, particularly if the decision is contrary to their view.

They also requested that when contact visits are cancelled that this is communicated to them with a clear explanation. Staff and Foster Carers also requested that the implementation of a standardised policy on contact/access would be prioritised.

Children and young people raised operational issues with the Tusla aftercare policy and the inconsistent implementation of the policy in different areas. They spoke of the importance of meeting and getting to know their aftercare worker before they leave care. They also highlighted the need for all their options to be shared with them so they can make informed decisions about their future.

#### **4.4.4.: Needs of birth children of foster carers:**

The birth children of foster carers were acknowledged as very important in the fostering dynamic. Stakeholders consistently highlighted the need for Tusla to develop more robust standardised support systems for these children and young people to consider how fostering impacts their lives and the supports they need to be part of a successful fostering experience. In the consultations good practice examples were provided by some stakeholders, including the establishment of support groups for children of foster carers, providing a safe space to speak about the positives and the challenges in the fostering journey. *'I have had the opportunity to meet other children whose families also foster, and this has been beneficial in sharing experiences and learning that challenges faced are sometimes common in placements'.*

#### **4.4.5: Needs of birth parents and families:**

Birth parents highlighted that there can be a stigma and shame attributed to having their children grow up in care. They described the challenges and difficulties coming to terms with this, often without appropriate supports in place.

Birth parents highlighted the importance of considering their needs when arranging contact with their children, more consideration and sensitivity in planning and arranging contact visits and in supporting parents to plan, communicate and manage contact visits.

Parents also expressed the importance of supporting them in communicating with their children about why they are in care and to tell their story. Children also highlighted the importance at the point of admission to care that the social worker clearly explains to them in simple language what is happening and why it is happening. They also highlighted the need for adequate supports to assist them in reunification and advocacy services for parents of children in care to support them advocate and know their rights *'I've never been informed of my rights as a parent'.*

## **4.5: Theme 5: Recruitment and Retention of Foster Carers & Staff:**

### **4.5.1: Recruitment and retention of foster carers:**

It is evident from the data included in this report that the Agency does not have an adequate supply of foster carers to meet the needs of children and young people that require a period of state care. There is an inadequate supply of general and relative foster carers, foster carers for respite and emergency placements, and a challenge in the supply of foster carers in specific geographical areas and from more diverse backgrounds.

The shortage of foster carers can result in children and young people living distances away from their families, community and schools, placements with families from different cultural backgrounds, challenges for access, limited access to respite, or placement in a residential care centre, which may not be the most appropriate placement for them. The need to address issues such as communication, care planning, financial supports, training, and therapeutic supports have been highlighted.

Staff also highlighted the need for more robust recruitment practices, e.g., utilisation of marketing experts to support recruitment campaigns, to assist the Agency in recruiting more foster carers, from diverse backgrounds, in urban and rural communities across Ireland, to enable children/young people to remain near to their local communities and be placed in foster care placement that meets their holistic needs.

The issue of inconsistency in critical messaging in relation to foster care recruitment was also raised. There were examples provided of potential foster carers receiving inconsistent information on requirements to be a foster carer in terms of working status, career status, relationship status etc.

The retention of existing and new foster carers was also considered, the use of buddy systems, foster care networks, mentoring and support groups were considered as options that would create a more supportive and sustainable environment for foster carers to continue to foster in.

Providing foster carers with the space for self-care was also recognised as essential to creating a fostering service that was well supported. It was agreed by all stakeholders that foster carers should be cared for and responded to in similar ways to the young people they care for, to ensure that if they experience stress, or, trauma, that support is provided to them, and their families as required.

#### **4.5.2: Recruitment and retention of staff:**

Akin to the challenges in the recruitment of foster carers, the recruitment and retention of staff was a strong theme across the consultation sessions. Staff spoke openly about why they chose a career in children's services and the pressures that it brings. A real sense of wanting to provide children, their families and foster carers with a high-quality service was evident but equally evident was the pressures and demands on them in their role.

Staff referenced the need for robust induction processes; mentoring for new social workers with protected caseloads; clear pathways for career advancement for example senior practitioner posts, supportive working environments and the adaption of a trauma informed approach to delivering care.

In relation to ways in which the Agency can promote improved quality of working life, staff highlighted issues such as protected time for support and supervision; family flexible working arrangements, team building and the provision of basic supplies such as tea and coffee in offices and the provision of provide bursaries for training were also referenced.

The need for recruitment of a more diverse workforce in foster care services was also highlighted, expanding the grade and skill mix of staff employed.

Foster carers, some social workers and other key stakeholders held the view that if we cannot address the recruitment and retention of social workers for children then we need to think about how we provide the children with the direct work that social workers are meant to do through the foster carer. There was a sense that this would reduce the impact on the child if a social worker left or changed. Empowering foster carers to parent by providing them with the tools they need to undertake life story work, therapeutic storytelling and some of the tasks currently undertaken by social workers, was put forward as a solution.

The importance of staff living the values of the Agency in their interactions with all stakeholders was highlighted an imperative to promoting a healthy workplace culture. All stakeholders agreed that the need to feel valued, and respected, to experience kindness and to be empowered in their work and lives was core to the provision of an effective and excellent fostering service.

## 4.6: Theme 6: Consistency in Practice & Process:

### 4.6.1: National approach to practice:

Currently there is no national approach to practice for alternative care, unlike child protection and welfare services (Signs of Safety), or family support services (Meitheal). Stakeholders promoted the extension of Signs of Safety as the practice approach for alternative care, enabling better integration between community and alternative care services.

The need to implement permanency planning for children/young people in care was also highlighted, recognising that more permanent placements are critical in providing children with a sense of belonging, physical stability, legal stability, and relational stability. Reunification, adoption, long term foster care, guardianship, or long-term residential care are all considered as part of the range of permanent options for children in care. Stakeholders suggested the need to review the approach to permanency planning, supporting staff to engage with families and foster carers in a more honest and open way, with closer alignment to adoption services to strengthen this approach.

### 4.6.2: Standard business processes:

It was widely acknowledged that inconsistencies remain in both the definition of arrangements and the implementation of business processes across the country. It was suggested that clarity and consistency of definitions/business processes and procedures should be introduced across all areas to ensure that all children and young people in care and foster carers experience consistency in relation to information, access, allowances, and decision-making e.g., applications for passports, medical cards, fostering reviews, referral processes, etc.

Foster carers, staff and some external stakeholders also highlighted the arduous processes/procedures currently in place, which impacts the workload of social workers and results in a complex, often confusing experience for foster carers *‘when children come into our care, there is a lot of unnecessary chasing of information. Vaccine records, health issues we are aware of, previous GP, children’s allowances should be made more straight forward, PPS numbers. Very basic things should be easily wrapped up into a basic package’*. Staff also described the demands of the court system/complex legal matters and the requirement to explore leaner processes, or the appointment of dedicated court liaison staff to negotiate and support the court system on behalf of social workers.

Foster carers also reported feeling very isolated in court processes and this role could also be considered for use in supporting foster carers to navigate the court system and procedures.

## 4.7: Theme 7: Communication:

### 4.7.1: Information provided to foster carers on children & young people in their care:

Communication was a critical issue for all highlighted by all participants during the consultation phase. Tusla's communication of information was considered as largely ad hoc. Stakeholders welcomed new developments of key messaging from the national office but felt that other methods should be deployed internally and externally to ensure that foster carers and staff in fostering services are aware of changes and developments within the organisation.

Some examples of good practice in communication included the development of local area or regional newsletters, meetings with Area Managers/ Regional Chief Officers which were acknowledged as a real benefit to staff and foster carers but was not consistent across areas.

Stakeholders agreed that individual communication between staff, foster carers, birth families and children needed to be strengthened. Examples such as communication on arrangements if a staff member is on leave, or leaving, including an alternative contact point should be provided.

An example was provided by a foster carer that they were unaware that the allocated social worker for the child had left their post, and no one had advised them, the birth family or the child.

Sharing information at the point of placement was also considered a critical point to supporting a successful placement. People acknowledged that sometimes information can be limited for first time admissions to care, however examples were provided whereby key information that was known was not shared with foster carers and subsequently had a negative impact on the foster carers in terms of their experience of caring for the child. This was discussed in the context of valuing and respecting the foster carers by embracing an open and participative working relationship.

Children in care highlighted that they felt information available to them should be in plain English, or in a language they can understand. Children reported that '*big words*' are used by social workers that they do not understand. Children said that some documentation that they have access too is very helpful but can be childlike in presentation and that Tusla should give some thought to that issue.

## 4.8: Theme 8: Support Services:

### 4.8.1: ICT System:

During the consultation process, children raised the need to use more creative ways of interacting and communicating with them, utilising ICT platforms. *'If the meeting must have loads of people for whatever reasons can that be explained in advance? – who they are, why they are there etc. Can there be an option for others to join via teleconference/google hangout/Zoom or could the young person join via Zoom? Can the review person just sit with me and ask how things are going?'*

Stakeholders welcomed the developments underway in relation to the national text system, and other electronic communication platforms. They highlighted the importance of Tusla Foster Care ICT solution to be robust enough to run reports on critical data that informs service planning and delivery.

### 4.8.2: Estates:

Stakeholders, particularly foster carers and children/young people highlighted that some premises were not appropriate for contact with family members and as locations to arrange meetings. It was acknowledged that where purpose-built premises have been recently developed, they have been child and family centred and have led to a more positive experience for all. Children voiced the need for the Agency to ensure that all premises should be child friendly, and welcoming and that social work offices should not be used for family contact *'soft furnishings, access to refreshments (tea/coffee/hot Chocolate) and overall comfort would make reviews more enjoyable. A preferable setting would be one that is not an office setting'*.

### 4.8.3: Training and building capacity:

Staff and foster carers also spoke about the benefit of accessible online training programmes. It was suggested that this platform should be further explored in the delivery of future educational programmes. Currently the Workforce Learning and Development Department in Tusla do not have responsibility for the design and delivery of training to foster carers, it was suggested that this needs to be reviewed. Initiatives including training needs analysis and the facilitation of Tusla led conferences and seminars for all stakeholders, should be considered.

#### 4.8.4: Research:

Research on foster care in Ireland is limited. Whilst some academics have focused on this in recent years, it was suggested that Tusla could do more to promote and support additional research into what works best in foster care in the Irish context and to undertake more detailed case reviews to better understand factors contributing to placement breakdowns, serious incidents, or the inability to place a child or young person in foster care.



## 5.0: Future Vision for Foster Care Services

As an agency, Tusla believes that children/young people have the right to grow up in an environment where they are loved, respected, and cared for. The Agency seeks to continue to be a world leader in demonstrating that with the right interventions, supports and preventative actions children can remain with their families and if not continue, where appropriate, to live in a family type environment that is safe and nurturing for them. We also strive to ensure that children/young people, their families, foster carers and staff experience a service that is underpinned by the Agency's values of trust, respect, kindness, and empowerment.

Our ambition over the next three years, as detailed in this plan, is to increase our statutory foster care provision; continue to place over 90% of children and young people in foster care and to develop our services to better meet the needs of our children and young people, our foster carers, and our staff, by 2025. The Agency's ambition to improve foster care services is further detailed hereunder:

- 90% of children in care will be living in a home environment, cared for by foster carer(s), who live near the child/young person's community of birth, and understand their culture and are committed to supporting them to reach their potential.
- Children and young people will have a care plan which is informed by their needs, the views of key people in their lives and a multi-disciplinary assessment. The care plan will set out clear permanency planning objectives. Each child will have access to the therapeutic supports they require.
- Foster carers will feel valued, informed, supported, appropriately remunerated, and empowered to support the children and young people in their care.
- Our services will be appropriately structured, consistent in approach, integrated, evidence based and scaled on a continuum of delivery, to meet the needs of the children/young people in foster care.
- Our staff will feel valued, supported, and part of a multidisciplinary team, with the diverse skills required to meet the needs of the children and young people in foster care.

Evaluation of progress will be monitored through both quantitative (performance data, including compliance with strategic implementation plan, and compliance with HIQA standards) and qualitative (annual survey/focus groups) measurements on an annual basis.

## 6.0: Key Recommendations for the Future of Foster Care Services

### 6.1: Recommendation 1: Strengthen Recruitment of, Support to and Retention of Foster Carers

**6.1.1:** Advocate with Department of Children, Equality, Disability, Integration and Youth for an increase in fostering allowance and with the Department of Social Protection in respect of Pension Rights and provision of the 'back to school allowance' (Q3 2022).

**6.1.2:** Engage with Department of Children, Equality, Disability, Integration and Youth on the implementation of a pilot programme to explore new models for foster care in context of learning from other jurisdictions. (Q2 2023).

**6.1.3:** Pilot the introduction of a regional outreach team to provide support to families/foster carers when placements are at risk of breakdown (Q2 2023).

**6.1.4:** Design a model for a shared care approach with families/foster carers to reduce the time a child or young person spends in residential care, supporting the child/young person to spend increasing time at home/foster care to gradually transition out of residential care (Q3 2023).

**6.1.5:** Implementation of Tusla Therapeutic Service Plan (2022 – 2025) to ensure there will be a therapeutic team in each service area, responsible for the provision of appropriate trauma informed therapeutic services for all children and young people in care in the area (commencing Q3 2022- 2025).

**6.1.6:** Audit of compliance of HSE/Tusla compliance with the 'Joint protocol for Interagency Collaboration' for those children requiring access to HSE specialist services (Q4 2022) and on-going advocacy with HSE in relation to priority access to primary care, disability, and mental health services for children/young people in care (ongoing).

**6.1.7:** Recruit a national lead for fostering with responsibility for foster care recruitment campaigns, communications, consistency in recruitment and retention practices and implementation of Strategic Plan for Foster Care 2022-2025 (Q4 2022).

**6.1.8:** Develop and implement a 'communication charter for foster carers' which promotes consistent communication between foster carers and staff on collectively designed and mutually agreed summary of norms, expectations and practices in relation to roles and responsibilities, information sharing and communication, entitlements, care planning and points of contact (Q4 2022).

**6.1.9:** Pilot an initiative on the information sharing hub to promote consistency of information provided to foster carers on placements (Q4 2022).

**6.1.10:** Pilot a model in each region to recruit experienced foster carer (15 hours per week) who would provide peer support to new, or less experienced foster carers (Q1 2023).

**6.1.11:** Review the model of respite for children/and young people in foster care, including 'respite networks', enabling networks of foster carers to provide respite support to each other (Q3 2023).

**6.1.12:** Develop a standardised approach to induction, training needs analysis, training delivery, including conferences for foster carers across different platforms (face to face; online; hybrid) to ensure that every foster carer has an annual training plan that meets their needs and the needs of the child/young person in their care (Q4 2023).

**6.1.13:** Clarify and review the role of Workforce Learning & Development in relation to provision of training and learning support to foster carers (Q4 2022).

**6.1.14:** Engage with DCEDIY on policy definition and clarity in relation to kinship/other family arrangements (Q1 2023).

**6.1.15:** Provide information and support to children of foster carers, to better understand the needs and experience of children in care and the potential impacts of fostering on their home life, including the establishment of peer support groups (Q2 2023).

## **6.2: Recommendation 2: Strengthen Support to Birth Parents of Children and Young People in Care**

**6.2.1:** Develop and implement a 'communication charter for birth parents of children and young people in care' which promotes consistent approach to communication with birth parents on better understanding the care system, their rights, care planning, access, reunification, adoption, and points of contact (Q2 2023).

**6.2.2:** Support and fund independent research into the design and piloting of an advocacy service for Parents whose children are in the care of the state (on-going).

## **6.3: Recommendation 3: Strengthen Organisational Structures & Enablers to better support staff in Service Delivery**

**6.3.1:** Implement the actions in the Tusla People & Change Strategy 2022-2025, with a specific focus on the recruitment and retention of a diverse workforce in Tusla (Q3 2022 – 2025).

**6.3.2:** As part of the Structural Reform Programme, review the structure of fostering teams and skill mix required, to ensure a more diverse skill mix to better support foster carers and enable better outcomes for children and young people in care (Q4 2022).

**6.3.3:** Practice support managers to agree an integrated process for the establishment of a learning environment for staff where learning is shared from case reviews, research, investigation reports, inspections and facilitate the development of practice initiatives within teams (Q3 2023).

**6.3.4:** Regional Chief Officers to strengthen internal communications with staff in regions to promote listening, engagement, and timely feedback to inform decision-making (Q4 2023).

**6.3.5:** Review the structures for fostering recruitment & assessment at a regional level (Q2 2023).

**6.3.6:** Review the use of private providers and develop a clear scope for the use of such agencies. Examine the potential for using private foster agencies for specific placement types with more robust SLAs to reference adherence of rates of fostering allowance and oversight of support services etc (Q2 2023).

**6.3.7:** Prioritise the implementation of an integrated ICT system for foster care, to enable robust data collection to inform service planning and the utilisation of ICT platforms to enable better communication and engagement with foster carers, staff and children and young people in care (Q1 2023-Q4 2024).

## 6.4: Recommendation 4: Implement a Consistent Model of Practice

**6.4.1:** Review and alignment of standard business processes and procedures to ensure that all children and young people in care and foster carers have the same experience in relation to access, allowances information, communication, and decision-making e.g., applications for passports, medical cards, PPS numbers, fostering reviews, referral processes, etc (Q3 2023).

**6.4.2:** Ensure that Signs of Safety is implemented in foster care services, particularly in relation to reunification and ensure that this is reflected clearly in the care planning framework (Q4 2023).

**6.4.3:** Develop a model of permanency planning (to incorporate concurrent and/or contingency planning) to ensure that our responses to children and young people who are not able to return to their family of origin are timely, effective, and meet their needs (Q2 2023).

**6.4.4:** Explore the potential for a tiered fostering service, that recognises the skills of experienced foster carers and the role they may consider providing in supporting more vulnerable placements (Q4 2023).

**6.4.5:** Engage with DCEDIY on the longitudinal research for young people with care experience to support an evidenced informed strategic approach to developing services that can adapt responsively within a dynamic social landscape (Q4 2023).



## 7.0: References

- (1) Alternative Care Strategy, International Services Project, Dr. Kiaras Gharabaghi, 2016
- (2) Andreasen, T. (2015): *Multifunctional Treatment in residential care and community settings*.
- (3) Barbell, K., & Freundlich, M. (2001). *Foster Care Today*.
- (4) Charles, G. & Garfat, T. (2010). Beyond residential and community-based service: A conceptual model for an integrated young and family service delivery system in Canada.
- (5) Kimberlin, S., Anthony, E., & Austin, M. (2009). Re-entering foster care: trends, evidence and implications, Child and Youth Services Review

The logo for TUSLA, featuring the word "TUSLA" in a bold, white, sans-serif font. The letter "U" is stylized with a dot above it, resembling a traditional Irish harp. The background of the entire page is a teal color with large, overlapping circles in shades of pink and purple.

An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

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