Irish Foster Care Association

The Irish Foster Care Association Submission to the Department of Children, Disability & Equality Consultation on the New Alternative Care Policy Framework

December 2025

The Irish Foster Care Association (IFCA) is the national organisation that supports foster families and the wider fostering community. Our vision is that fostering is recognised, valued and supported. We are a membership based organisation, with members in every county across Ireland.

Established in 1981 by a group of foster carers and social workers, our primary objective as an organisation was then, and still is now, to promote excellence in foster care by:

1) Promoting partnership between everyone involved in foster care to work for, and in the best interests of the child in care.
2) Providing supports, services, and learning opportunities for persons involved in foster care in Ireland.
3) Creating a greater public awareness of and promoting foster care in Ireland.
4) Advocating for excellence for all involved in foster care.

We are acutely aware of a recruitment and retention crisis within fostering at present. A shortage of foster carers is emerging nationwide, which is a significant risk.

Currently 87% of children in care are in Foster Care, and we need to see this rise to at least 95%, where it has been in the past. We should be doing everything we can to reduce the number of children entering residential care, and also removing the situation where children are placed in Special Emergency Arrangements – both more costly and less optimal environments for children.

Foster carers highlight to us that the below are some of the reasons they feel foster carers are leaving, and not as many new foster carers are coming into the system:

- Insufficient allowances relative to real caregiving costs.
- Lack of specific supports, for example disability.
- Lack of practical supports such as respite - planned and when crises arise.
- High social work turnover and inconsistent guidance / policy implementation.

We are pleased that a new policy framework is being designed, and feel that the new policy framework must deliver:

- Recognition of the role of foster carers – what they do for Ireland's most vulnerable children every single day, and the financial support needed to guarantee that a foster care system will continue.
- A clear policy strand for children in care with disabilities and / or complex health needs, and those who are caring for them – many children in care have additional needs that add to the trauma of being in foster care. These children, and their foster families, typically need more tailored interventions and support.

- Embed trauma-informed care and practice in all stages and areas of Alternative Care, and within all systems. Children in care deal with a number of professionals, teams, statutory and non-statutory agencies, all of whom need to be trauma-informed in their way of engaging with the children, and with each other.

This framework must ensure consultation with all relevant parties, including the child's voice. It needs to be prominent, and it needs to be given as much focus as that of the voices of foster carers, social workers, social care workers, health care professionals etc.

Upon the launch of the consultation for the National Policy Framework on Alternative Care, IFCA reached out to our membership to ask what areas they wanted Government to look at in the new framework.

Overwhelmingly, Foster Carers said that whilst they want to support the children in their care as best as they can, it can be made unnecessarily difficult due to external factors. Below are areas raised by Foster Carers who want to ensure, as we all do, that any child who needs to be in care, is in a safe and secure foster home.

Pensions – Foster Carers often have to reduce working hours, or stop working completely to care for the child(ren) in their care. This comes at a cost in the here and now, but also in later life.

Foster Carers have reported that after having cared for children on behalf of the State, at pension age they are directly disadvantaged, often left with no contributory pension.

Foster Carers need to be able to access a contributory pension, gaining credits based on their time spent fostering, regardless of age of child, disability, or length of placement.

This is vital to ensure more people apply to become foster carers, and continue in their roles for as long as the child or children need them to.

Current Allowance(s) – At present the main allowance is the Foster Care Allowance of €400 per week for a child under 12 (€57.14 per day), and €425 per week for a child over 12 (€60.74 per day). This is paid to the foster carer for the child and is, according to Tusla, 'in order to allow foster carers meet all of the child's daily living needs.' This is expected to cover food, clothes, shoes, bedding, toys, laptops, extra-curricular activities, educational costs, holidays, up to 250km mileage per week etc.

Foster Carers report that this is not enough. IFCA have been advocating for the Foster Care Allowance to be index linked (at a minimum) to align with the rising costs of everyday life.

To provide a reference, the average cost to run a mainstream residential bed within Tusla is approximately €8702.01 per week, or €1243.14 per day.

There are other allowances that are available to support foster families and whilst some are a good support, many do not go far enough.

Foster Carers have reported that the Setting Up Allowance (a one off allowance for when a child is first brought to a foster home) has been a support, but delays in the implementation of the allowance in 2025 meant that many who should have received it, did not, and some foster carers had to provide receipts in order to receive the allowance.

Mileage was also reviewed in 2025, but did not go far enough. Bringing the 300km limit down to 250km was considered a token, and as many foster carers note, paid staff often have better mileage criteria. This means that some foster carers can spend up to a quarter of the foster care allowance paying for the first 250km mileage each week.

The Back to School Clothing and Footwear Allowance was extended to foster carers, but means testing applied. This meant that, according to the Government estimates, only 50% of the children in foster care received this allowance.

One considerable issue that has been raised is that of the Enhanced Payments. Whilst the national policy notes that the payment can be used to cover a variety of costs, many local areas have stipulated what they will and won't accept, to be covered by an enhanced payment.

This has caused frustration among foster carers as they know someone in one part of the country is receiving an enhanced payment for something they have applied for and been refused.

Future Allowance Structure - Foster Carers have, over the years, also raised with IFCA the need for a new structure around finances for fostering in general. Taking into account all of the suggestions, we believe the below would not only better support children in care, but also value the role of the foster carer and support with recruitment and retention.

Structure:

1) That there is an allowance that follows the child in foster care, wherever they may be,
   AND
2) That there is an allowance for the foster carer to support them in their role.

In addition, there would be a tiered system for the allowance paid to the foster carer. This would be based on the needs of the child in the foster home. For those children who have a higher level of need, a 'bank' of foster carers with enhanced or specialised

training, and placement specifications e.g. single placement, would be available. The children in these foster homes would likely have a number of interventions, possibly requiring more travel to appointments, medical equipment, placement arrangements, alterations to the home etc, and so the foster carers would receive a higher allowance to accommodate. A similar model is in place in the UK.

There is also the need to look at the allowance names for both the foster child and foster carer to differentiate.

Aftercare - Aftercare comes up in every survey we send out to foster carers when asking for feedback, and it was no different when we asked about what they wanted in this new framework.

Aftercare is complex, and the challenges do not lie solely with the Department of Children, Disability and Equality (DCDE). The ministerial functions over social protection, housing, education and others all play a vital role.

Foster carers want to see more varied options for children who are turning 18. The need for children to be in education to receive the aftercare allowance doesn't appear to recognise that those children who turn 18 and do not remain in education, have a multitude of reasons as to why, and are being penalised for it. For example, mental health, FASD, and trauma can all play a part in someone not being able to access or stay in further education, and for this reason they are not entitled to an aftercare allowance to support them. These young people often stay with their foster carer, and in these situations no foster care allowance or aftercare allowance is paid, so the household income significantly drops, with the needs of the young person still being the same. When a child stays living with a foster carer after the age of 18, both need to be supported financially.

Aftercare needs to be discussed early, and every child in care needs to know where they will be and how much money they will have when they turn 18. Every child in care should be assigned an aftercare worker.

Life skills such as budgeting need to be taught. Every child in care should be supported to prepare for independence in a manner and at a pace that best meets their needs, and an aftercare support worker should be able to be brought in at any stage until a young person is at a place where they can be discharged from aftercare, at their own discretion.

More housing options for young people leaving care need to be looked at with approved housing bodies and other providers.

The Care Experienced Programme, within the Department of Children, Disability and Equality needs to be funded fully to ensure research is adequate to better inform policy and practice around Aftercare.

Access to Therapy / Services for Children in Care – Many children in care need access to a range of therapies and services in order to thrive.

We are aware that many children in care are on waiting lists for months, and sometimes years, to access vital therapies and services. The joint protocol between Tusla and the HSE needs to be reviewed as we hear often that it does not appear to make the difference to children in care that it should.

Children in care are often taken from their homes in the most difficult of circumstances and need to be supported as early as possible by the appropriate therapist / professional.

A comprehensive assessment of need should be completed in respect of every child in alternative care on their arrival into care.

There needs to be a legislative requirement across departments to provide services to meet the identified needs of children in alternative care, without delay and within a timeframe as is best suited.

This must be across departments and disciplines e.g. disability/education/ health/ housing.

Voluntary, not for profit/ charity led services have a valuable contribution to make to being a partner in delivering services to meet the multiple, varied and complex needs of children in care.

Investment is required across the system to enable these departments and services to deliver the right services at the right time for each child in care.

The funding of these therapies and services should also never come at a cost to the foster carers.

Access to Therapy / Services for Foster Carers – Fostering is an amazing thing for anyone to do. To give a child a safe and secure home for however long they need it, is an incredible offering to give.

But it does not come without challenges. Foster carers are caring for vulnerable children who may have trauma, behavioural concerns, disabilities, FASD and many other complexities.

Foster carers also need help and support in a timely manner. When a placement breaks down, or a child is removed from the home, the impact on the foster carers, and the foster family, can be devastating.

Foster carers need to be able to access timely therapy, and other supports, to ensure they can sustain placements, and recover from a placement breakdown.

Access to Education, Learning and Development – Foster carers need to know that support is around the corner, any time they need it. A lot of this support comes from learning and development, both online and in person.

We know that whilst education is available, it is inconsistent around the country. We would like to see more investment to IFCA, and Tusla, as the recognised learning providers for foster carers, and the wider fostering community, with a view to having set education, learning and development events across the country ensuring that everyone gets what they need, regardless of where they are in the country. This should allow for better understanding of the needs at local level, and promote peer support between those involved in fostering.

Specialist training, for example neurodivergence, intellectual disability, health needs, should be readily available at no cost to foster carers.

Whilst general foster carers have chosen to become foster carers, and have entered themselves into this space, relative foster carers have often 'found' themselves in the alternative care arena. There are many additional challenges when fostering a child within your family, and there needs to be consideration at the different training needed to support these relative foster carers, from the outset.

For example, an access visit is very different if the parent of the child you are fostering, is your own child, a niece/nephew or grandchild. Training in how to manage this access visit is very different to a general foster carer who has no relationship with the birth family.

Cultural Needs of Children in Care – We live in a multi-cultural society, and as such we have children in care from all cultures and backgrounds. Both staff and foster carers should be provided with training on different cultures to ensure that the child in care can live in a home where their culture is understood and respected.

Cultural identity should be taken into consideration when matching a child with a foster family, and an open discussion about the cultural needs of the child should take place.

Attachment and Trauma Informed Training, and Trauma Informed Systems/Organisations - Children who have experienced neglect and trauma often respond to care from adults in complex and sometimes confusing ways. Because their early needs may not have been met, they can find it hard to trust and may test boundaries to see if adults are reliable.

Trauma informed training is crucial for foster carers, and everyone involved in fostering. This training needs to be ongoing, with practical advice needed for specific situations.

When this training is not sufficient, placement breakdowns may be more likely to occur. Placement breakdowns harm children, undermine progress, and contribute to foster carer burnout.

It has also been noted that the systems within which we all work, and live, need to be trauma informed to ensure consistent, trusting relationships between foster carers, children in care, children who foster, social workers, social care workers and health professionals etc. This means that from this policy, which should be grounded in a trauma responsive and relationship based approach, through the various systems/organisations such as Tusla, IFCA, private agencies, HSE, and our Education system, the need for trauma informed practice is required at all levels.

Trauma-informed therapeutic approaches, such as Dyadic Developmental Psychotherapy Trauma Informed Practice, or Attachment-Focused Therapy, can support all in fostering by:

- Understanding trauma-driven behaviour
- Develop realistic expectations of each other
- Build skills for emotional regulation and co-regulation
- Reflect on each of our own emotional responses

When foster carers are trained in these approaches, they can often feel:

- More competent and confident when challenges arise
- Better therapeutic alliances and relational working with the children and fostering teams
- That challenging placements can be better managed rather than being overwhelmed
- A reduction in emotional exhaustion, as they have a better understanding
- Less likely to interpret placement difficulties as personal failure

Relationships & Communication – As we are all aware, Fostering is very emotional and based on relationships. As noted by Foster carers, one of the most important relationships (outside of the relationship with their foster child) is that of the foster carer and their link worker. When this relationship is strong and built on trust, foster carers are able to be open and truly feel that this person is on their side to help. They will be more inclined to disclose a concern earlier, or to speak up if they are feeling overwhelmed.

When trust has not been built, or there has been a breakdown in communication, difficult situations can arise.

With a turnover in staff, budgetary constraints, and often a link worker with too high a case load, it is inevitable that in some cases the relationship cannot be as strong as both parties would like. People need time to connect and to build trust. We are aware that Tusla are making every effort to recruit and retain more staff, as well as foster carers, but we need staff to be given time to build relationships with their foster families, so that they can meet the individual needs each family will have.

Child in care reviews, often held online, should be offered as in-person meetings to the foster carers initially, and telephone calls should be the primary mode of communication with an email or text used to follow up after. Small steps like these can promote positive working relationships.

Respite – Foster carers are volunteers on behalf of the state. They work 24/7 with our most vulnerable children. They need, and deserve, respite when they require it. Respite provides short term relief for caregivers, allowing them to rest, recharge or attend to personal needs.

Foster carers should be able to ask for respite, and receive it, when they need it. The current Tusla National Policy: Financial Payments / Allowances in Foster Care, Aftercare, Supported Lodging and Adoption Maintenance, states that Foster Carers can still be paid the normal foster care allowance 'where the respite is not more than 8 days in any given month.' Foster carers report that when they ask for respite, it is often not given, mostly due to the sourcing of respite foster carers.

Where a foster carer has a child with very complex needs there should be clear guidelines for respite in the care plan, and priority given to ensure this takes place. For example, there may be a requirement for foster carers to have one weekend of respite at an agreed interval, such as every 6 weeks, to sustain the placement.

Foster carers also need to feel supported when asking for respite, and not be made to feel as though they are 'not coping.' Everyone deserves a break, and if respite can help sustain a placement, it should be seen as a positive ask from the foster carer.

It should also be noted that the system can often rely too heavily on foster carers natural network, their parents, siblings etc to provide respite. The state needs to be able to provide respite if this is not an option, with approved respite foster carers. Many have suggested a respite register of carers in each area.

Permanency Planning – We need to ensure the Alternative Care Framework encompasses a child's life journey through care.

From the outset, IFCA advocates for early intervention and family supports as a preventative mechanism. We need to also recognise and support the valuable role kinship carers have, in the care and support of children unable to live at home with their parents.

Early intervention on arrival into care is key to support timely and safe family reunifications where possible to do so. Appropriate matching of each child with their foster care placement is necessary, and each child needs wrap around support throughout their time in care.

Planned and managed transitions to support the different junctions a child will have across their journey or continuum of care - into care/between services (residential to foster care- high support- secure – aftercare- adoption etc etc) and into adulthood.

We need to protect a child's right to stability. Ensure permanency planning is an option considered for every child as part of the annual review of their care plan and placement. It should also be noted that delays in the legal system can have a huge impact on permanency planning for a child. Children need to know they are safe, and where they will be next week / month / year to help them heal in a meaningful way.

Ensure a child's right for security and stability that could be afforded by adoption from foster care is promoted as an option where suitable and not delayed due to resources, staffing or process delays.

Ensure a child adopted from care is not financially disadvantaged from supports that would have been available to them had they not been adopted e.g. aftercare/SUSI grant.

As discussed earlier, Aftercare needs to be planned for, fully supported, and we need to widen the definition, age range and eligibility criteria to ensure children and young people are able to receive the supports when they need them and prevent exclusion from a system at a time when they potentially most need it, but are struggling to be able to access it.

High Levels of Disability and Health Needs - Many children in foster care have intellectual disabilities, neurodivergence, complex medical/health needs, or developmental delays.

Investigations (e.g., the OCO's Molly's Case) show systemic failures in supporting children with disabilities due to unclear responsibilities between Tusla and the HSE.

Access to therapy, respite, CAMHS, and Children's Disability Network Teams (CDNTs) is inconsistent and often delayed.

We need to ensure foster carers have access to multidisciplinary assessment, therapeutic interventions, respite, CAMHS, and CDNT supports when they need it.

This should also include a review of the Joint Protocol for Interagency Collaboration Between the HSE and Tusla, and further clarification on the responsibilities for disability and health supports. There needs to be a confirmation of who is accountable.

Foster Carer Involvement in Decisions – Foster Carers often feel disappointed, frustrated and disrespected that decisions about the children in their home are often made without their knowledge or input.

These decisions can often have an impact on them and on their family life. Foster carers have reported having to reduce working hours, due to decisions that have been made without them.

Foster carers should be made aware of any proposal that will impact the child in their care, or their family, and asked for their opinion or input.

Language of the Alternative Care Strategy – Many people, who do not work or engage in this field are unaware of what 'Alternative Care' is, so another name should be sought to talk about our care system in a more appropriate way.

Some of the language in alternative care – placements, residential *units* etc are very clinical and cold when talking about caring for some of our most vulnerable children.

Aftercare – many foster carers, and indeed young people in aftercare, do not like this term. Some suggestions have been made with the most popular being continued or continuing care.

We need a review of the language used, to allow for a more caring, and person centred terminology.

Workforce Planning and Funding

We all know that an Alternative Care Policy Framework is not something that can or will be achieved by one single group. It needs multiple Government Departments, statutory and non-statutory agencies, community and voluntary organisations, and people who live every day normal lives who might consider fostering, to make this a success. Thus, we need to ensure that the Departments, agencies, and organisations who will work together to deliver alternative care, are funded with core multi annual funds to reach the targets which should be clearly set out in this final framework.

Improved Data, Monitoring, and Research – For example

- Collect and publish data on cross-sections such as disability, health needs, mental health, among children in care to inform service provision
- Collect more ongoing data from foster carers - what works for them, how is the lived experience informing policy. Look at retention, supports, stress levels, stability of placements.

To conclude, we would like to thank the Department of Children, Disability and Equality for their invitation to send this submission for the new Alternative Care Policy Framework. We are also thankful for the opportunity to have staff and foster carers represented on the various focus groups.

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