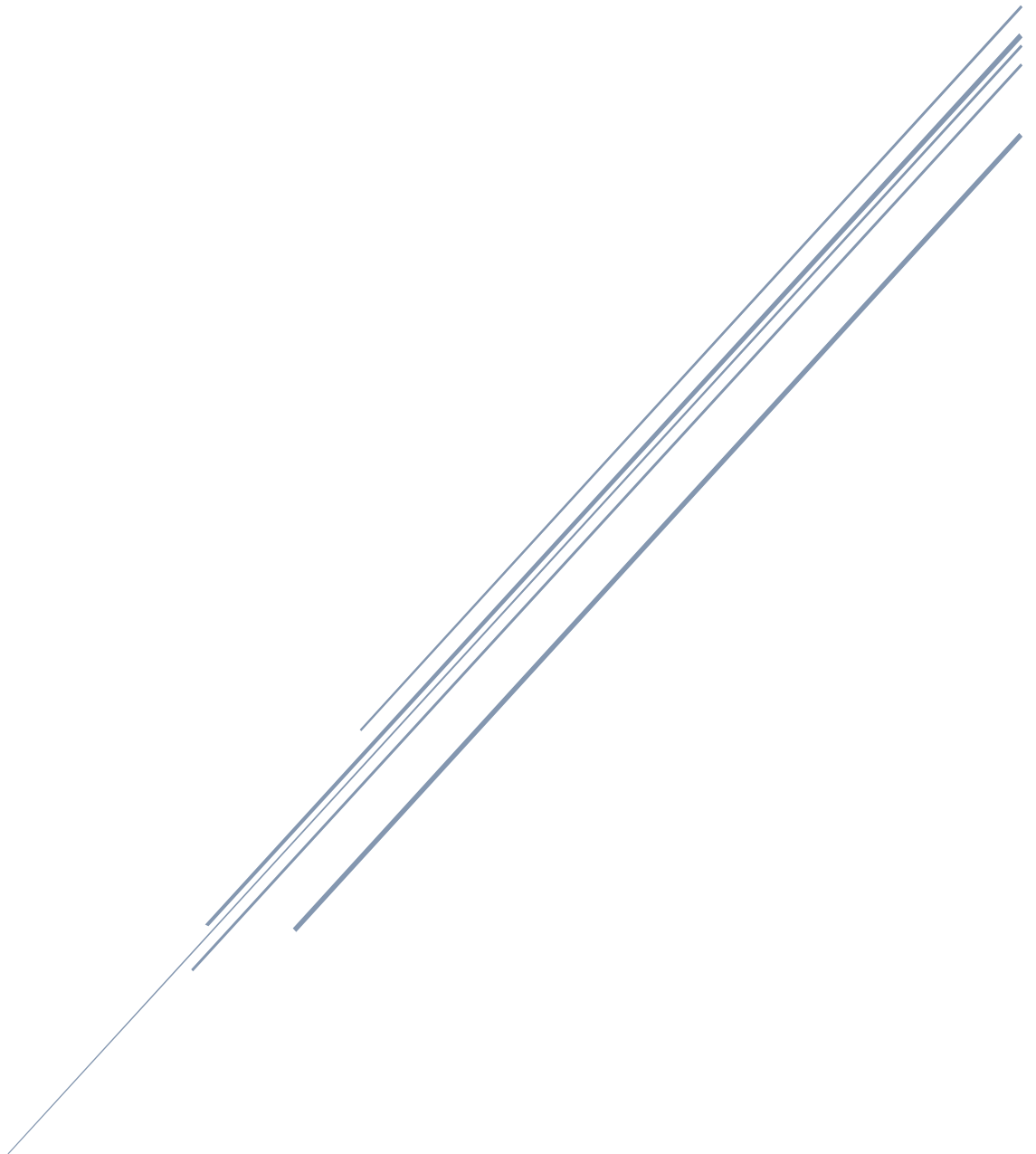




Irish Foster Care Association

# IRISH FOSTER CARE ASOCIATION

Submission to the Seanad Public Consultation Committee on Child  
Mental Health Committee on Child Mental Health



Irish Foster Care Association  
Unit 23 Village Green, Tallaght, Dublin 24.

## Introduction

The Irish Foster Care Association welcomes the invitation by the Seanad Public Consultation Committee on Child Mental Health to offer a submission on the issues which impact on children in foster care in accessing appropriate and timely interventions to support their positive mental health.

There are over 6,000 children in the care of the State in Ireland with 96% of them placed with foster carers. It is testament to the policy of the State of the recognition of the value of family life in that the majority of children in care grow up in family settings with foster carers, who strive to offer supports to children to enable them meet their full potential in life. Foster carers are central to the task of helping children flourish but need a variety of supports to help them to tune in to their children and stay connected to them through the difficulties that they may face together.<sup>1</sup>

Receiving a child into State Care is always a last resort when a wide range of family supports to the child's birth family have not been successful. Many children received into care have experienced early trauma experiences in their lives and they require timely interventions as required by appropriate professionals who can support them in their life and in their foster care placement. Foster carers and their own children also require timely supports to enable them support the child in care within the family household, whilst also tending to the well-being of the whole family unit to maintain and sustain the child's placement within their family, preventing placement breakdown and loss.

The importance of Attachment is widely recognised by professionals who work with children in care. Attachment is not the same as "love", it is a special kind of relationship that is associated specifically with safety.<sup>2</sup> Children who have suffered severe abuse or neglect find it difficult to develop attachment security with their foster and adoptive parents<sup>3</sup>. Secure attachments offer children a secure base from which to function. Children received into care, can have insecure attachments and it is imperative for all of those caring and working with them to ensure that timely interventions are made to support and develop secure attachments, to support and develop their overall well-being of which positive mental health is critical.

It is also recognised that birth children within the foster family have their own needs and studies indicate that foster care "impacts greatly upon the birth children of foster carers",<sup>4</sup>

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<sup>1</sup> Furnivall, J, (2017), Foster, IFCA Journal No 3. .

<sup>2</sup> Furnivall, J, (2017), Foster, IFCA Journal No 3.

<sup>3</sup> Hughes, D. 2006. Building The Bonds of Attachment.

<sup>4</sup> Williams, D. Recognising and supporting the birth children of foster carers: messages from research. IFCA Journal No. 3, 2017.

In 2015, The Irish Foster Care Association conducted a survey amongst its members to gather data on access to services to support the emotional and psychological needs of children in their care, for themselves and for their own children.

The focus on this submission is primarily of the emotional and psychological needs of children in foster care. Extracts from IFCA's 2015 Survey are posited in this submission to highlight these specific needs. The full survey may be viewed on IFCS's website; [www.ifca.ie](http://www.ifca.ie).

## Irish Foster Care Association Company Limited by Guarantee (IFCA)

Company Registered No. 281419

CHY. No. 12498

CRA No. 20036690

## Mission Statement

*The Irish Foster Care Association is the representative body for foster care in Ireland.*

*Child-centred and rights-based, IFCA promotes excellence in foster care for all those involved.*

## Vision

Supporting excellence in foster care so that children in care have the best chances in life

## IFCA Values

- The paramount importance of the protection and welfare of children
- Open, respectful, transparent ways of working
- The role of foster carers in the lives of children
- A partnership approach between all those involved in foster care
- Equality and inclusion
- Family based care for children who for various reasons cannot live with their own families
- The work of volunteers at all levels within the Association

## IFCA believes

- That foster care is complex and foster carers require a range of supports, and expert advice to enable them provide the best possible care for the child in their care
- In the value of foster care as an effective alternative for children who, for various reasons, are unable to live with their own families.

## What we do

- IFCA provides information, support and learning opportunities, based on evidence research and best practice, for all those involved in foster care

- We deliver targeted support to foster carers through our National Support and Branch/Regional Development Services
- We promote the development of positive change for children in alternative care
- We influence policy, legislation and opinion through our Advocacy work

## IFCA 2015 Survey

In 2015 IFCA conducted a survey of its members to elicit data on the experiences of foster carers in seeking emotional and psychological supports for children in their care, themselves and their own children. The stated objectives of the survey was to;

- To gain a comprehensive snapshot of carers' recent experiences relating to seeking specific support for the children in their care, themselves and family members.
- To offer all carers the opportunity to give their opinions and have their voices heard on the matter.
- To obtain statistical information from a route other than IFCA's National Helpline Support Service.
- To compile a body of work that is backed up by carers' qualitative comments as well as quantitative information.
- To gain an overview of the types of support regularly sought by carers for children in their care.
- To determine the ease with which such services are obtained.
- To determine who provides these services
- To identify common obstacles in obtaining such services.
- To ascertain who pays for these services.
- To establish a comprehensive understanding of the relationship between carers and social workers in seeking support for children in care.
- To establish if counselling is being offered to carers and their families as required and requested and which is mandated by national standards.
- To search for solutions based on the suggestions of respondents about improvement of access to such services.

*This report is an extract from the 2015<sup>5</sup> survey and highlights primarily on the needs of children placed in foster care.*

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<sup>5</sup> IFCA Survey of the Emotional and Psychological Support Needs of Carers, the children in their care, and their families.

## Overview of Survey Methodology

- 1525 email invitations sent to IFCA members who are foster carers
- Approximately 1400 successfully delivered
- 150 additional surveys sent by post.
- Follow up calls made to approx. 70 individuals who had utilised IFCA's National Support Helpline, inclusive of non-members of IFCA.
- Survey link posted on IFCA website and Facebook page.
- Survey link posted on Rollercoaster.ie

## Final response

- 381 responses
- 362 online responses
- 19 postal responses
- Overall response rate: 24.58 per cent

## Summary Findings

### Support for children in care

- A significant majority of respondents have looked for emotional and psychological support for children in their care over the last two years.
- The most commonly sought-after services for children in care are those provided by counsellors/psychotherapists and psychologists. There is a large percentage of carers wishing to obtain the services of play therapists.
- There is a mixed success rate in the obtaining of these services, of which the contributory factors can be; waiting lists, non-standardized approach to requesting, approving and accessing the required support by the child's social worker and cost.
- Close to a third of all respondents stated that they had waited over one year to obtain the desired support.

At the time of conducting the survey, support services for children in care were predominantly provided by HSE, other state services or by community and voluntary services. 18.71% of the relevant participants stated that they had utilised the community and voluntary sector services.

Whilst a majority of the support of this nature was funded by TÚSLA (63.74%), 19.88% of carers paid privately for the service for the child in their care. Many commented on the need to do this to circumvent further delays.

A significantly lower percentage of respondents sought emotional/psychological support for either themselves or their own family members (22.01%). Of those who sought services, the majority was for the carer themselves with services for their own birth children also cited by over a third of this group.

## Support for foster carers and their families

The majority of foster carers and their own families, utilised services from the private sector. Those who accessed support indicated that half of them paid for this privately with a smaller number being funded by their fostering team (39.66 %).

Respondents reported varying levels of satisfaction with the amount of support offered by their fostering team when requesting services of this nature – for either children in their care or for themselves and their own families. With regards to seeking support for foster children, 65.53 % indicated that they found their fostering team to be supportive or very supportive. One third stated they were poorly or not supported at all (34.57%).

Findings were similar in terms of levels of support when looking for carer or foster family support. 62.28% cent indicated being supported or very supported whilst 35.67% stated they were poorly or not supported at all.

The National Standards for Foster Care (2003)<sup>6</sup> states that counselling should be readily available to foster carers and their families. Specifically, there is a requirement of health boards (TÚSLA) to provide counselling or other emotional supports where foster carers have had allegations of abuse made against them, experienced placement breakdowns and also sexualized behaviours of children in their care.

- 27.17 % indicated experience of allegations
- 52.6% of respondents had experienced a placement breakdown/ending
- 24.57% had dealt with the sexualised behaviour of a child.

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<sup>6</sup> National Standards for Foster Care (2003) Health Service Executive

Despite this, 70.91% of those carers who had experienced such issues stated they had never been offered counselling by their fostering team as a consequence. 90.18% of those surveyed indicated that they felt the provision of emotional support was *essential* or *very important* in order to be an effective foster carer.

## IFCA Support Service

IFCA offers a National Support Helpline to members and non-members offering support and information to those involved in foster care.

- 41.45% of respondents stated they had accessed IFCA's support service.
- 64.08% felt well supported or very supported through the service.
- 3.52% indicated that they did not feel supported at all by it.

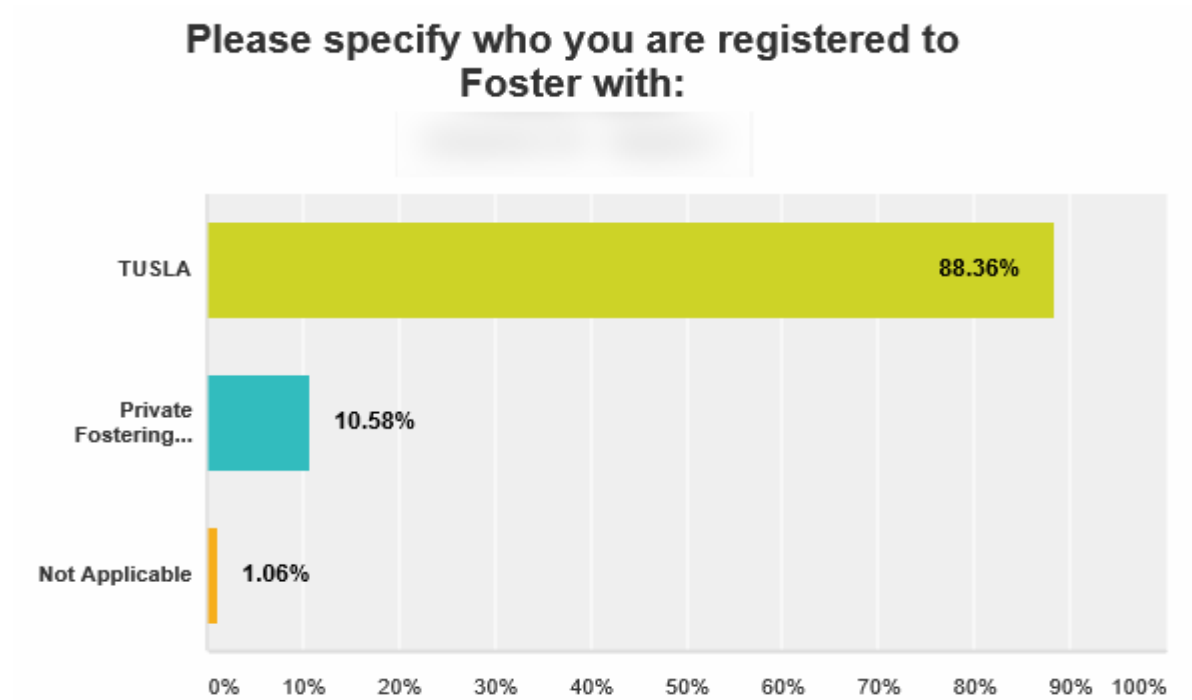
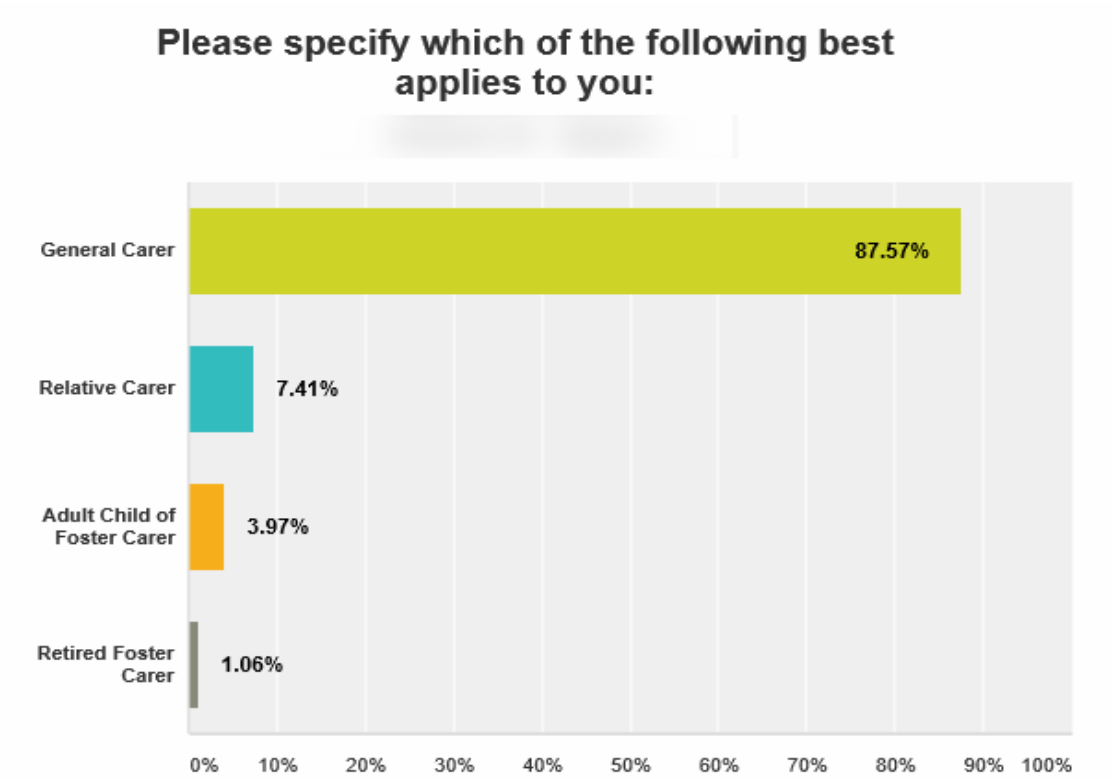
## Additional feedback and suggestions

Respondents were asked to offer details on their experiences or to make additional suggestions on the provision of emotional/psychological support. A range of comments were presented ranging from those who wished to make additional commendations.

Practical suggestions included many comments relating to;

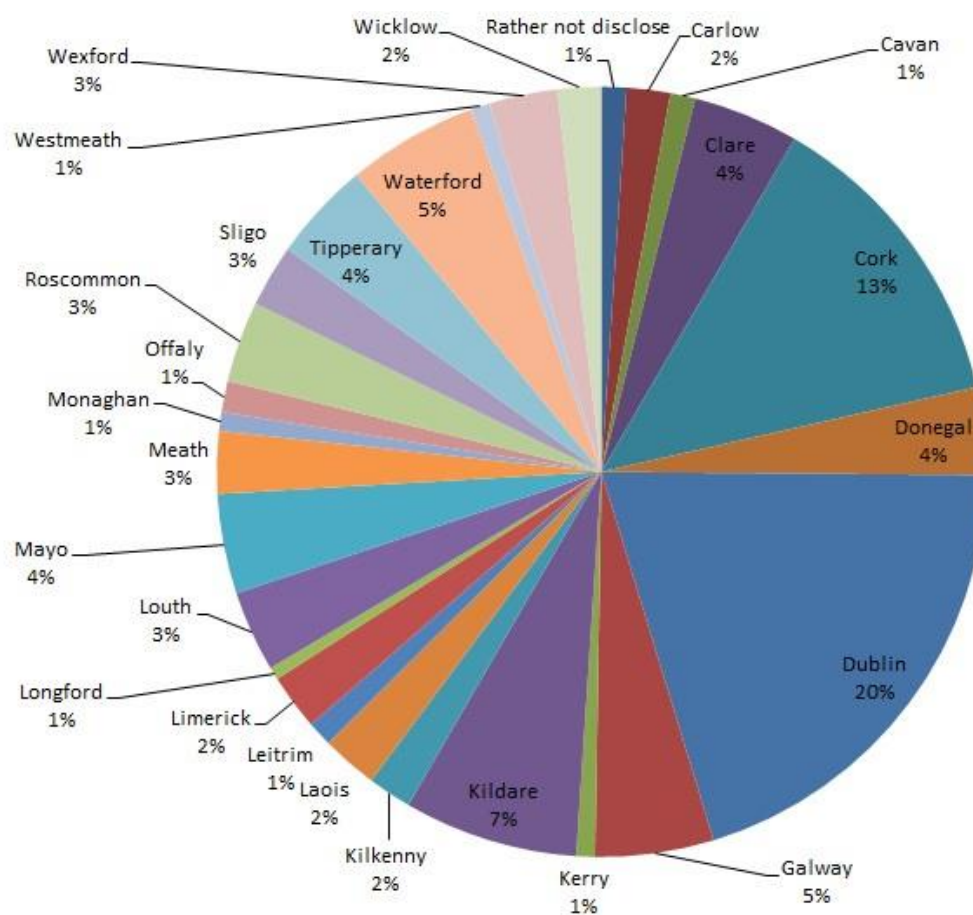
- Specific counselling for emotional or psychological support for the birth children of foster carers.
- The need for independent (*of Tusla*) counselling support being available for foster carers
- Improved levels of support included those of attachment, self-care, allegations against carers and placement endings.
- Inclusion of foster carers into decisions as to appropriate the treatments offered to children in their care

Responses to Survey Questions





**Please specify the county that your  
Fostering team is located in (not  
specifically where you live)**

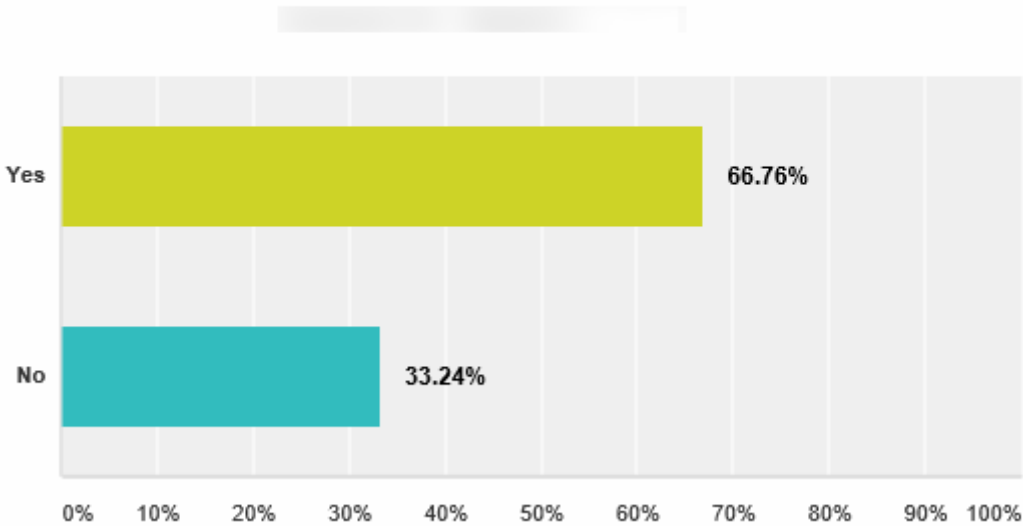


**Highest Percentage of respondents:**

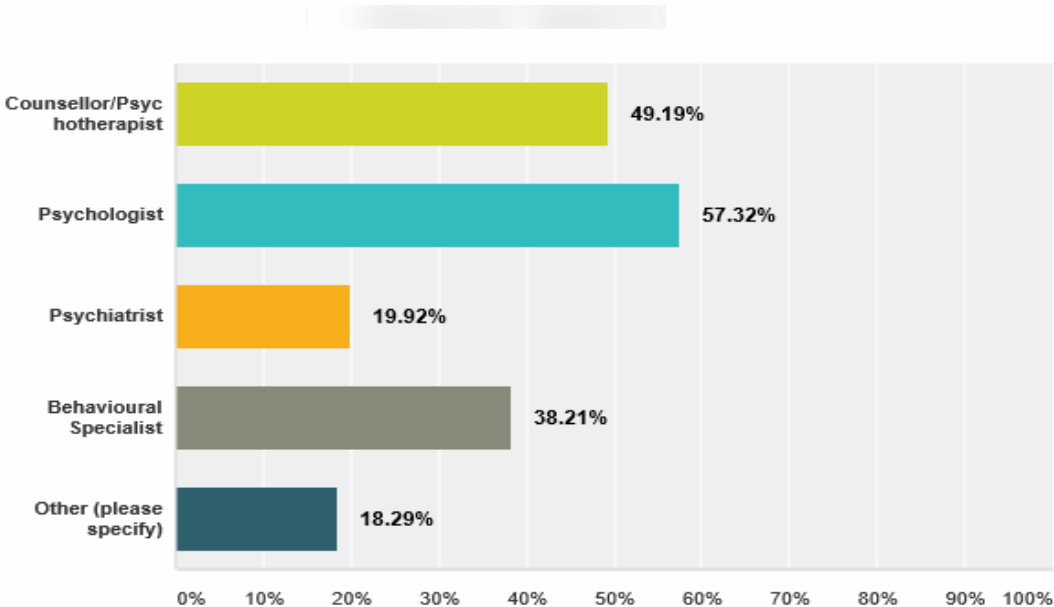
- Dublin: 20per cent
- Cork: 13per cent
- Kildare: 7per cent
- Galway: 5per cent
- Waterford: 5per cent

Emotional/Psychological Support for Foster Children.

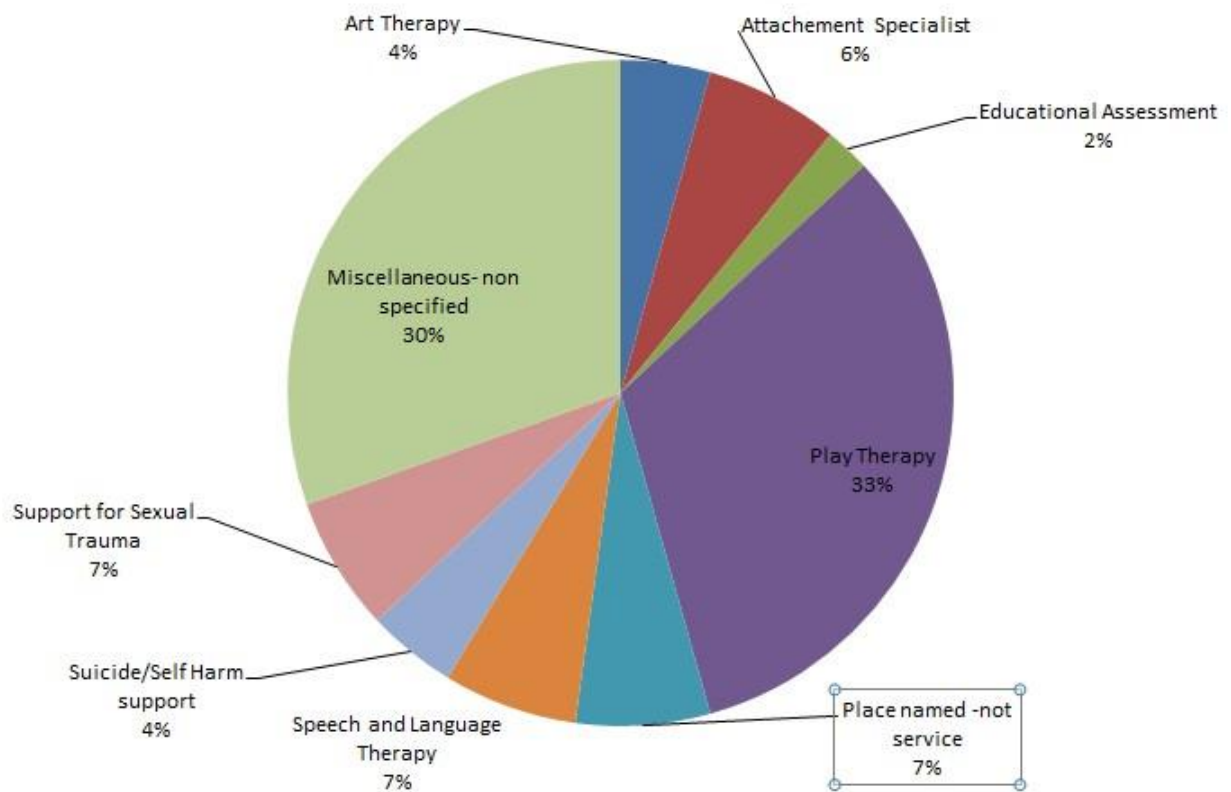
**Have you looked for emotional/psychological support for a child in your care over the last 2 years.**



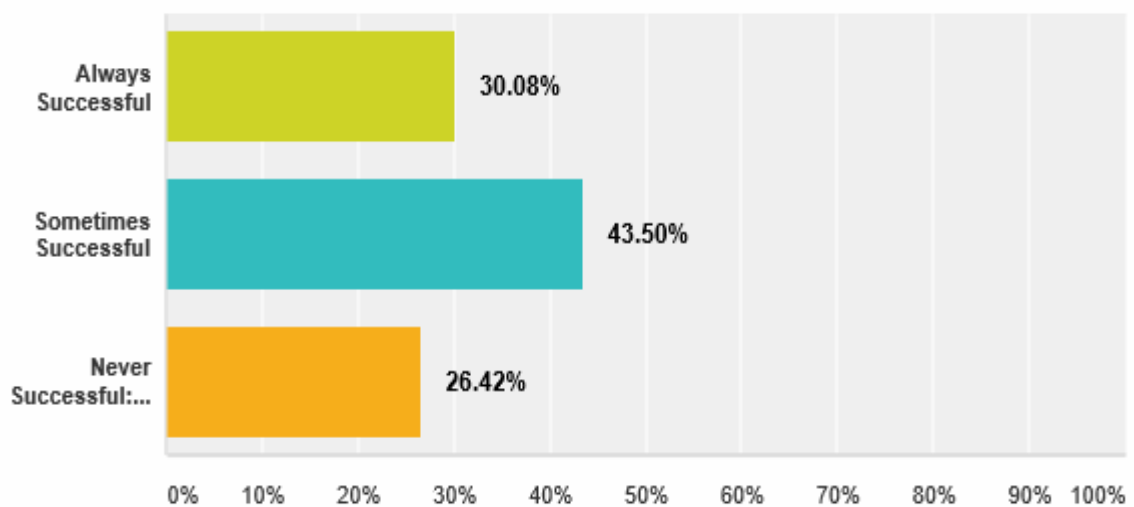
**Can you please specify if you looked for the following for a child in your care? (multiple can be selected).**



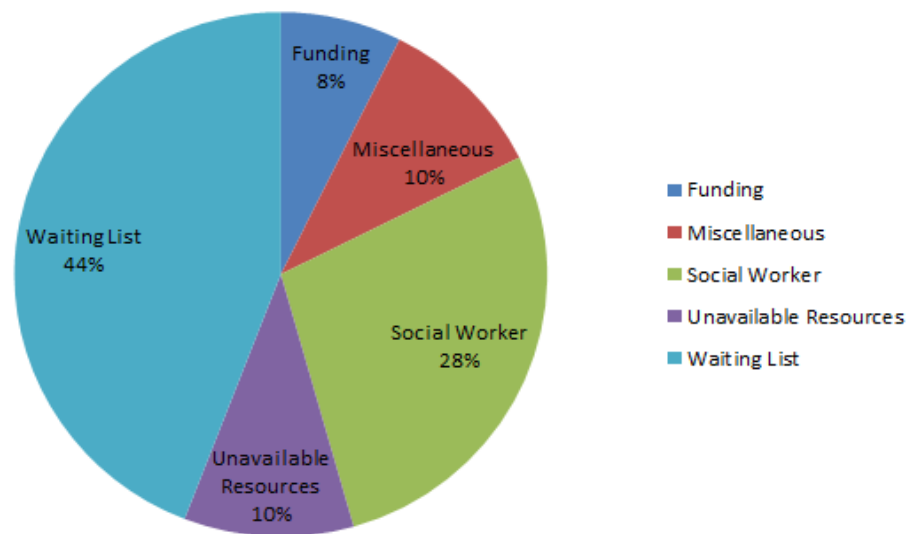
The “others” specified:



**How often were you successful in getting the relevant emotional/psychological support service for a child in your care?**



## Factors Preventing Access to Services



### Social Worker

*"Social Work dept. did not listen to us as carers that our foster child needed help sooner even though we kept asking for it"*

*"Child's social worker keeps changing and I have to keep starting again –nightmare!" "The 'help' was to remove the child"*

*"No assistance from Social Workers. Repeatedly looked for help but none was forthcoming"*

*"Social Workers said she didn't need counselling "*

### Waiting list

*"Have been on a waiting list for over a year"*

*"Still waiting as there is an extensive waiting list, I offered to go privately but been asked to wait for their own department to arrange"*

*"One child was provided counselling through school. The young adult who had been in care since age seven, had never received appropriate psychological help. Was on the "waiting list".*

*"Put on waiting list or none available or we were asked to find it ourselves"*

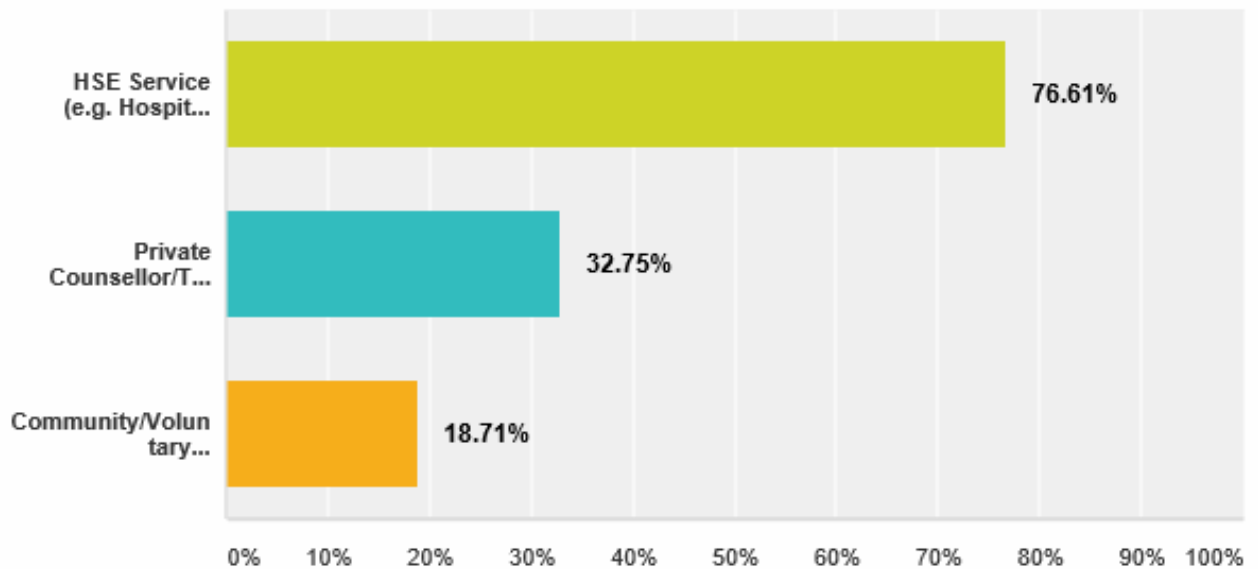
*"Waiting two years plus for an appointment. Short staffed!!!"*

*"Told waiting list is three years"*

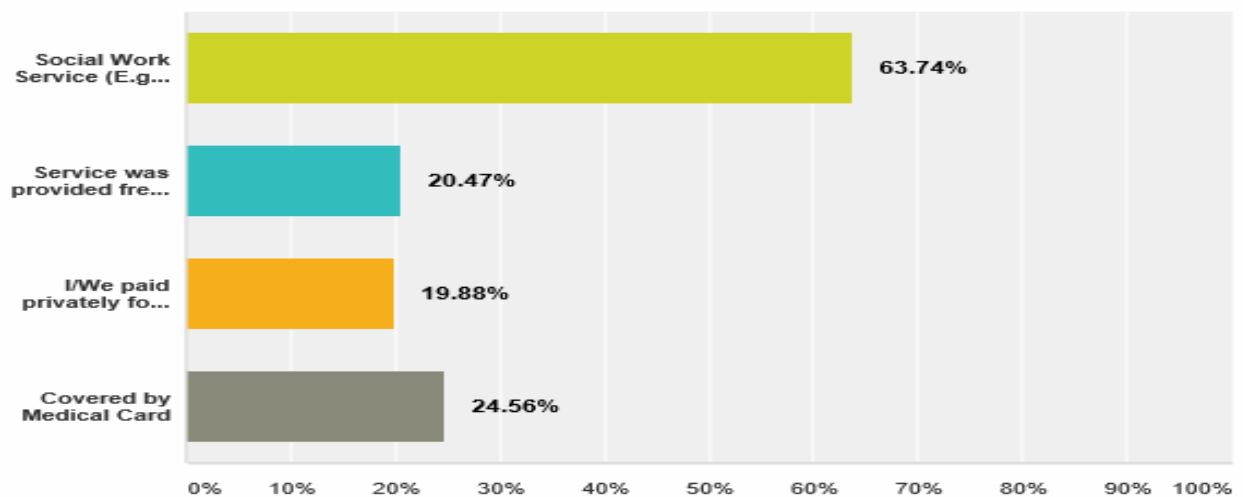
*"Told waiting list of more than a year. Asked to be put on the waiting list. But went private in the end as child needs could not wait that long".*

“

### What type of service did the child go to? (click multiple if relevant for different times)

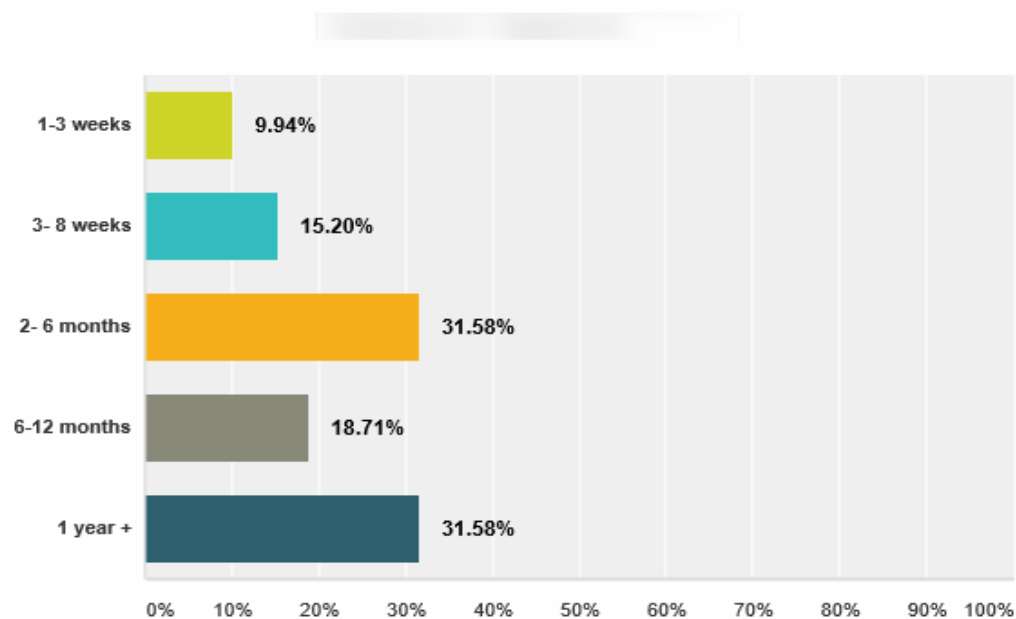


### Who paid for the service? (Click more than one if relevant to different times)

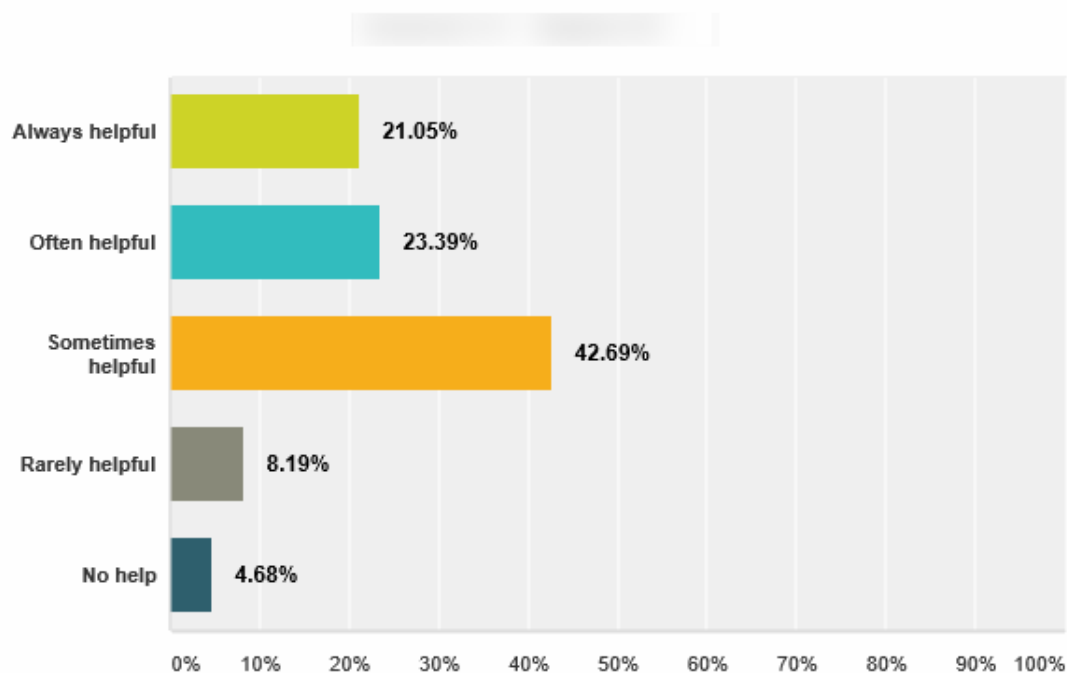


A percentage of individuals covered the cost themselves (19.88 %).

**How long did it take from your initial requests to the Fostering team for the child to get the service ? (Click more than one if relevant to different times)**



**Do you feel the service that the child attended was of help to them? (Please select your overall opinion on this question - especially if comparing helpfulness of the service over numerous experiences or different children)**



The comments provided by respondents at the survey's end were reviewed to see if any related to the likelihood of the service being "rarely helpful" or "No Help".

*"Sometimes successful; but the sheer effort to get that support means the end-result is usually not successful for the requirement"*

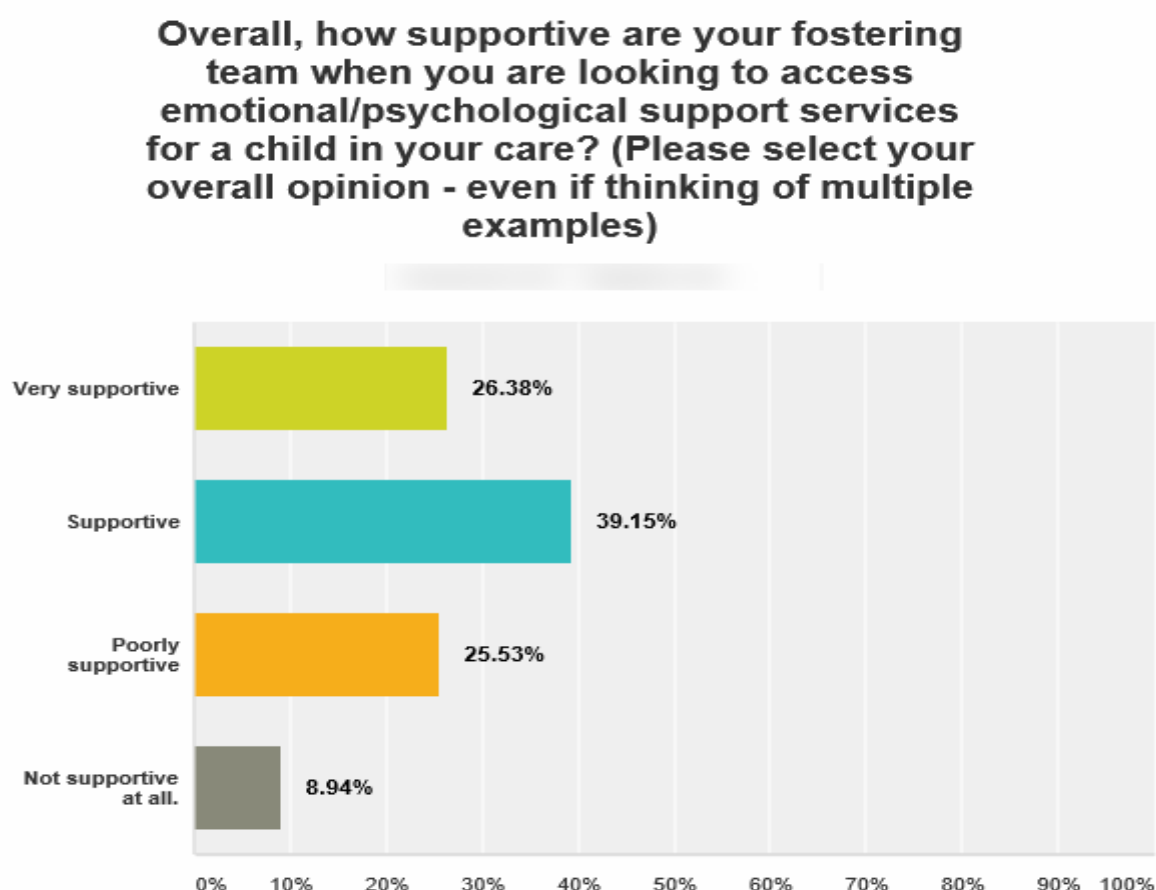
*"It is very hard to get support from HSE if your foster child is nearing his/her 16th birthday. That is why we had to go private and even then we had problems finding anyone suitable to take them on".*

*"Find CAMHS a bit all over the place - really depends who you are dealing with. No full time attachment specialist in HSE - find this totally ridiculous".*

*"Services are sometimes offered but it's often a tick the box scenario and not always the right intervention. Psychiatric services overused and children are medicated. We don't deal with the real issues or trauma and this had serious repercussions for the child in teenage/adult life".*

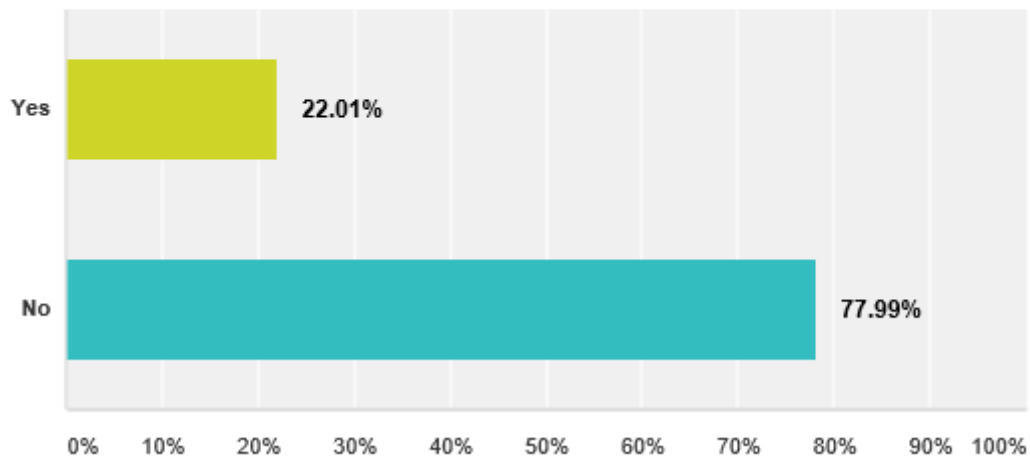
*"When child needs help he needs it now not in six months to years".*

*"The children need individualised care. They should not all be tarred with the same brush. A child...was only going to be given counselling in the presence of the birth mother (which would have invalidated the help)".*

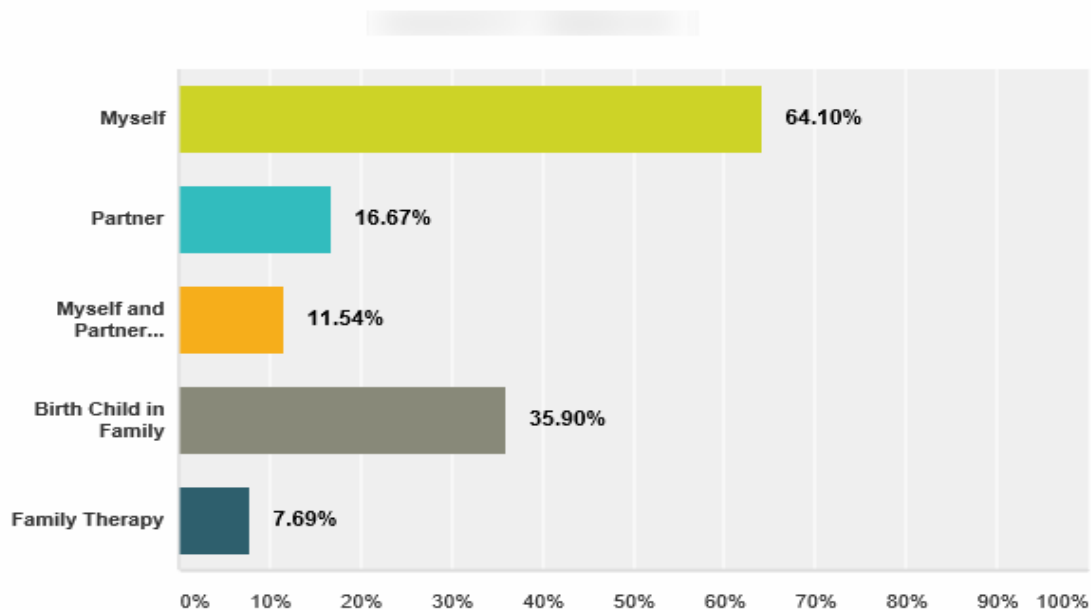


## Emotional/Psychological Support for Foster Carers and their Families

**Have you looked for emotional/psychological support for yourself or a family member over the last 2 years.**

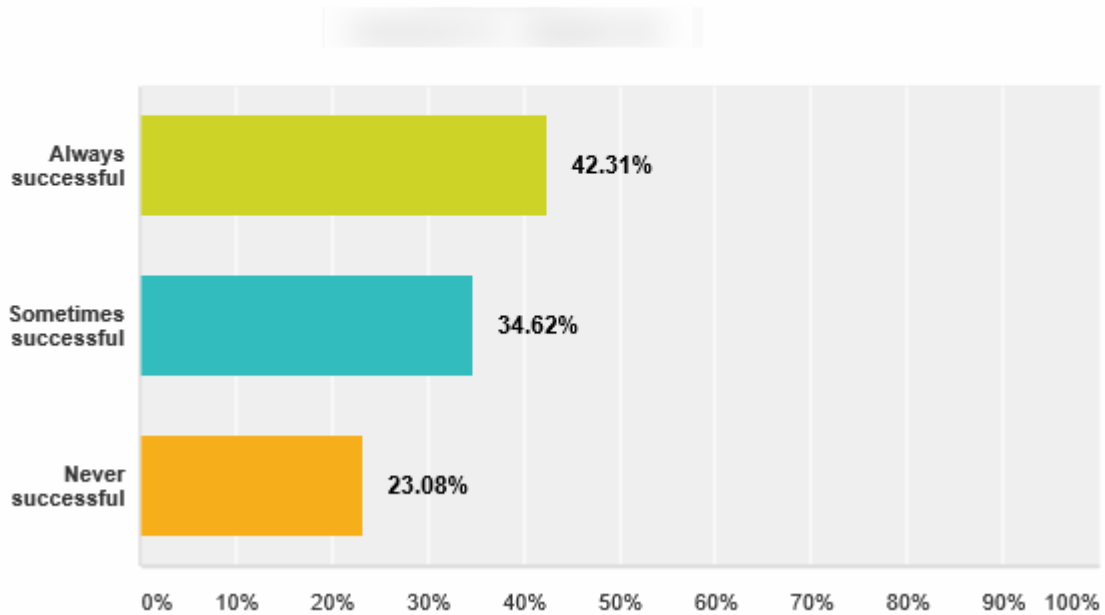


**Can you please specify who the service was required for? (Click multiple boxes if relevant)**



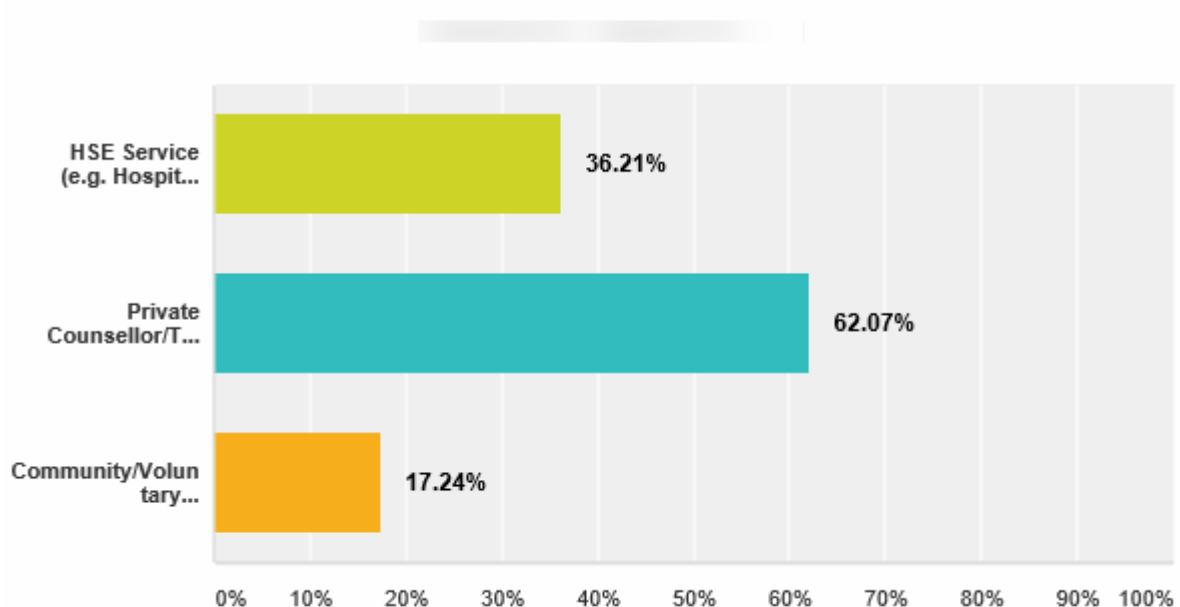


### How often were you successful in getting the relevant emotional/psychological support service for yourself or family member?

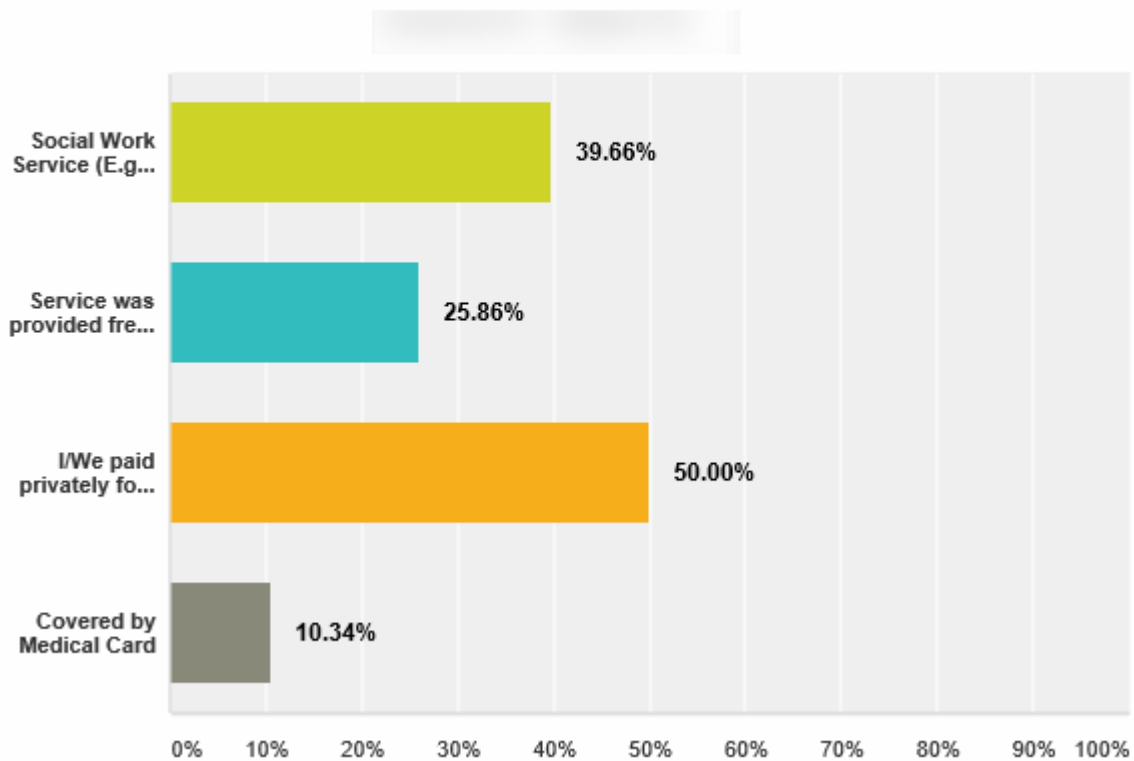


A higher percentage of those looking for care for themselves or their families were “Always Successful” than those who looked for services for children in their care. However, it appears this may be down to their seeking and paying for the service themselves privately.

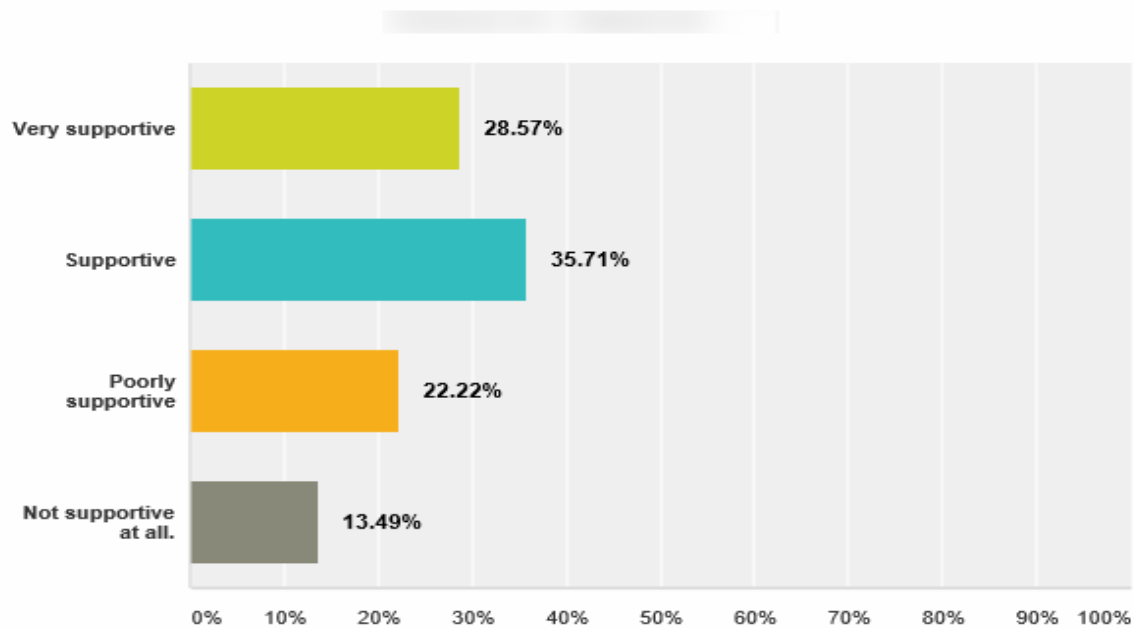
### What type of service did you or your family member go to? (click multiple if relevant for different times)



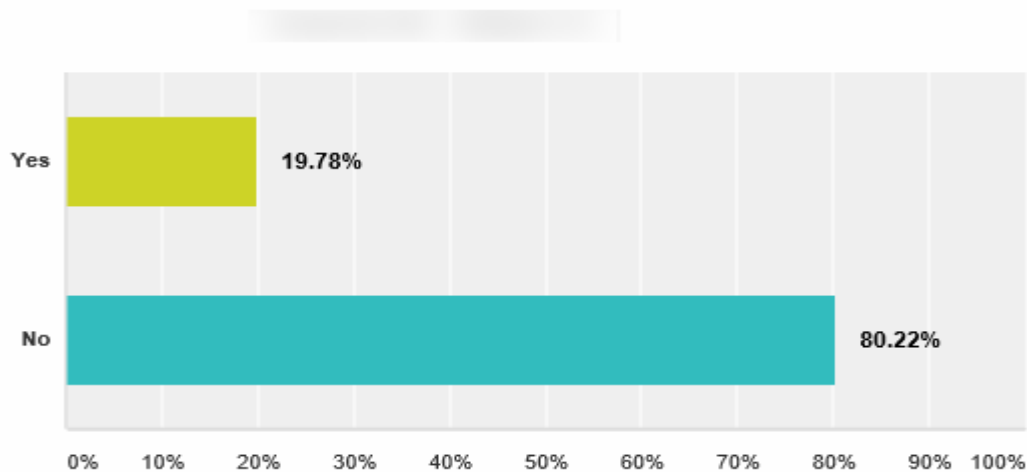
**Who paid for the service? (Click more than one if relevant to different times)**



**Overall, how supportive are your fostering team when you are looking to access emotional/psychological support services for either yourself or a family member? (Please select your overall opinion - even if thinking of multiple examples)**



**Have you or a family member ever been directly offered access to counselling through your social worker or a member of your Fostering team?**

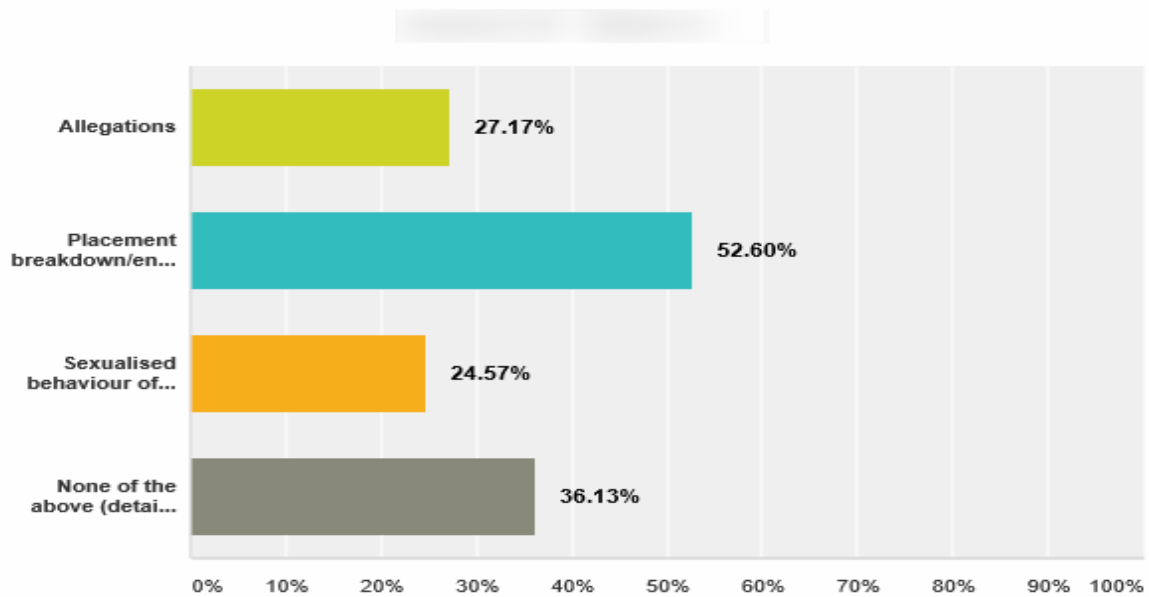


The rationale for this question related to numerous sections of the [National Standards for Children in Foster Care](#) (2003) or the [Child Care \(Placement of Children in Foster Care\) Regulations, 1995](#).

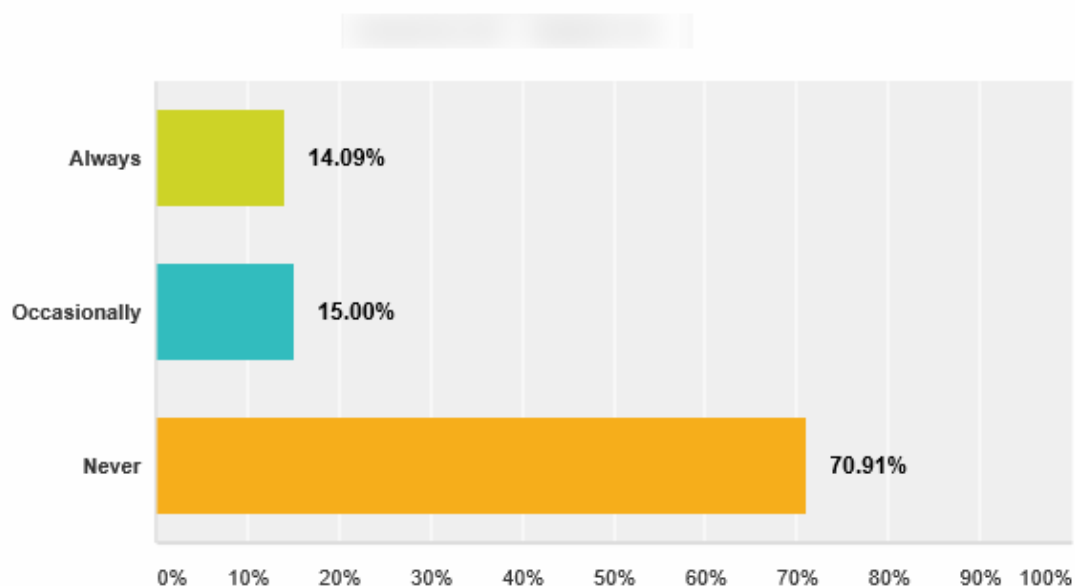
Standard 4.2 of the National Standards for Foster Care, 2003 states:

*“Health boards should ensure that foster carers are offered regular supervision and support by link workers and have access to such respite care, counselling and out-of-hours consultation and advice services as agreed at the time of placement”.*

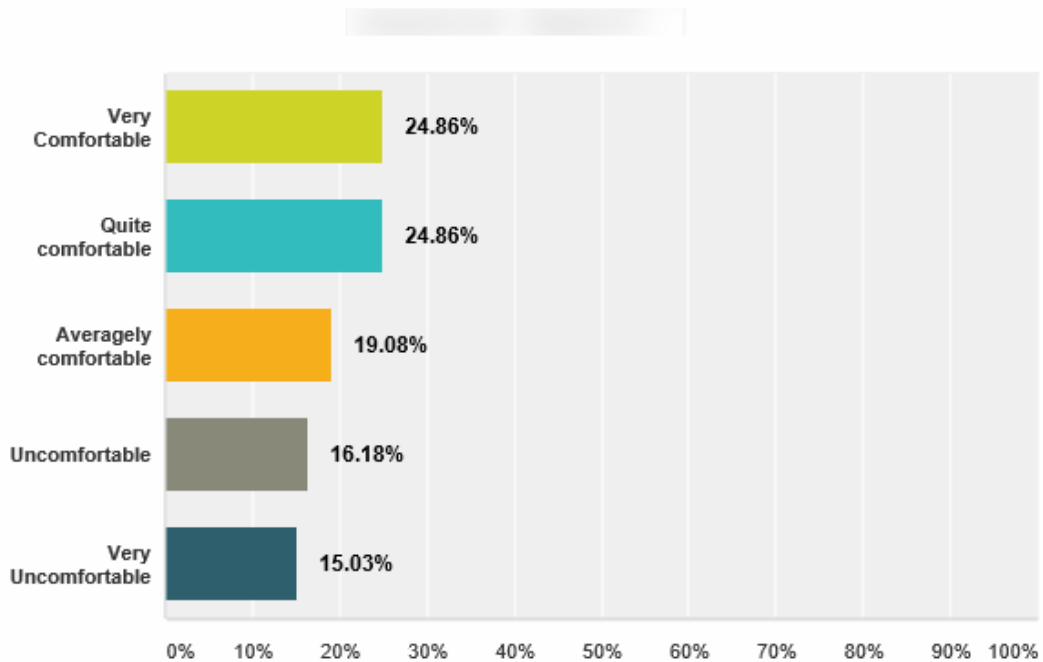
**Can you please indicate if you have encountered any of the following issues during your time as a carer (click multiple if relevant).**



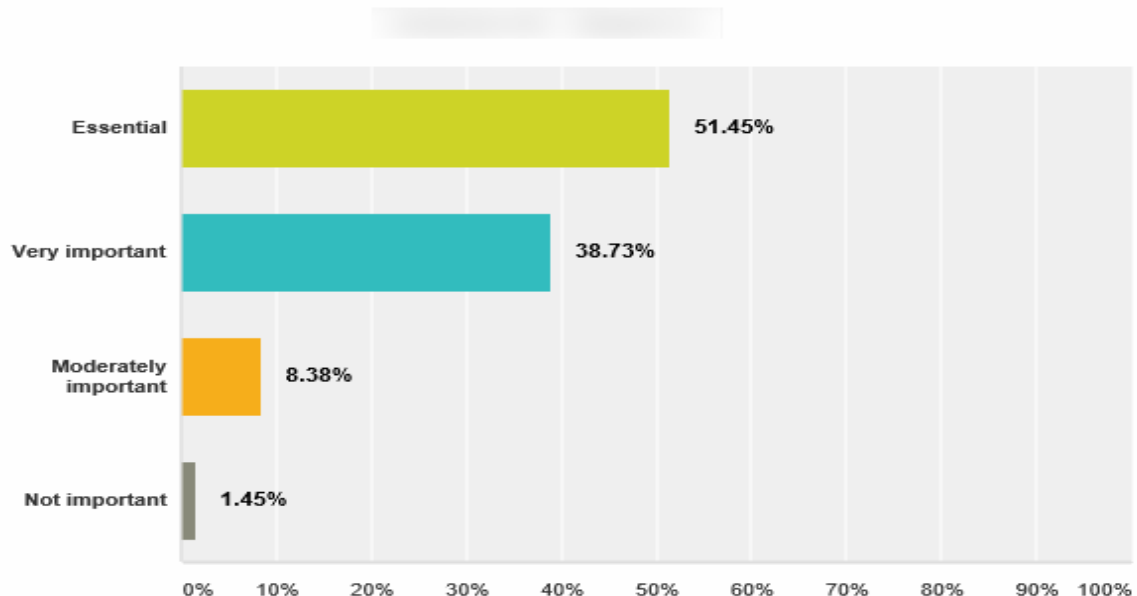
**Were you and your family ever offered counselling or additional emotional/psychological support by your Fostering team after encountering these issues?(please choose your overall response - even in relation to multiple examples)**



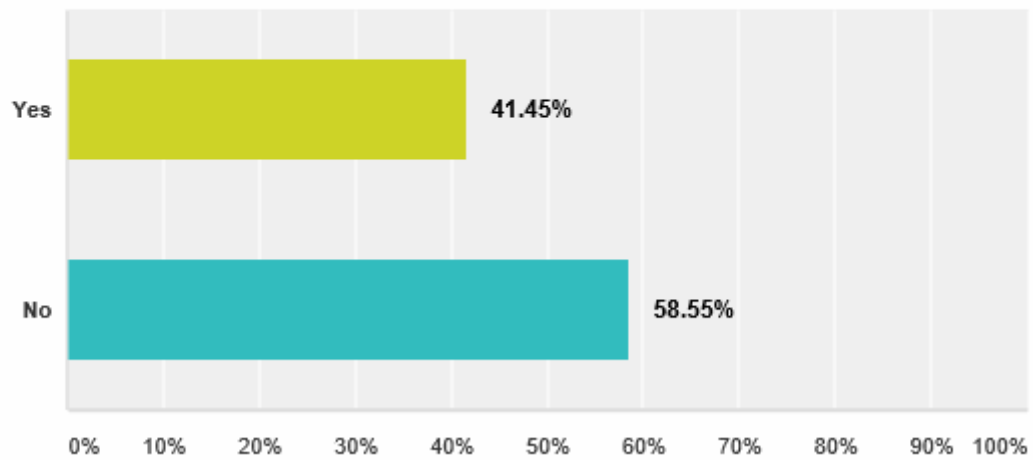
**How comfortable would you be with regards to asking for emotional/psychological support for yourself or a family member through your social worker/Fostering team?**



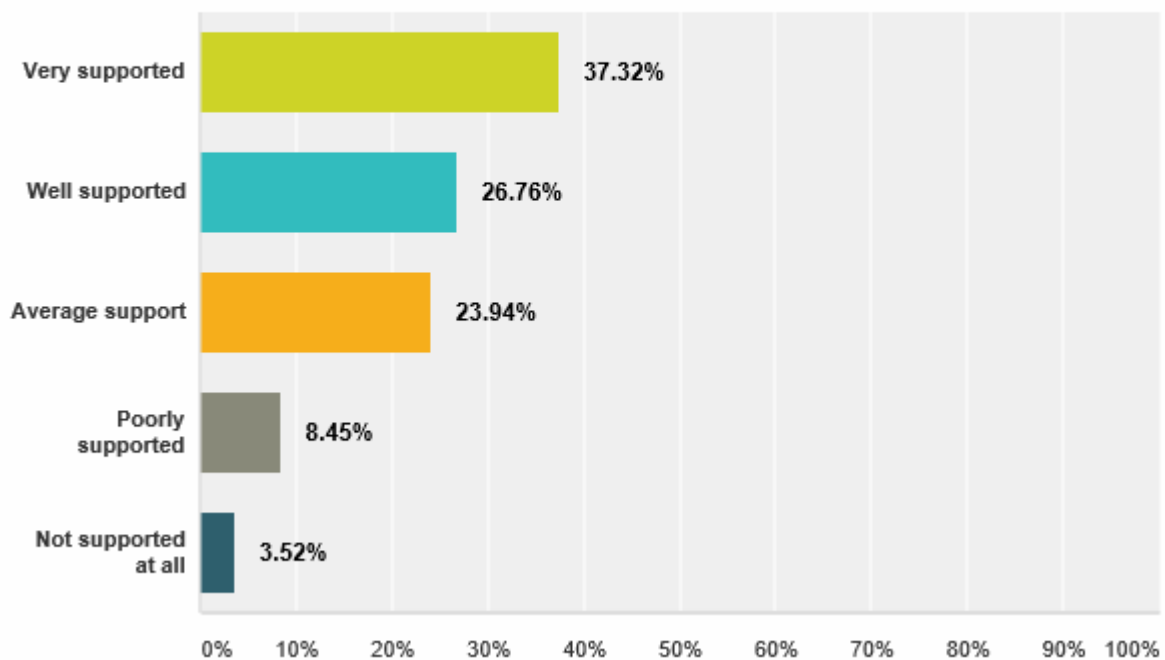
**What importance do you place on the availability of emotional/psychological support in order for an individual to be an effective Foster Carer?**



### Have you ever used IFCA's Support Service? (i.e: IFCA Support Helpline, Support Volunteer Service).



### Please rate how supported you felt in accessing IFCA's support service?



**Please add any additional comments/observations relating to your overall experience of looking for relevant emotional or psychological supports, or what kind of supports you personally would like to see easier access to.**

#### Support for birth children of carers

*"I would like to see support for foster carers own birth children"*

*"Perhaps some support for birth children who have to deal with the often challenging behaviour of the foster child"*

*"I would very much welcome being offered emotional support for myself and my children as we are going through a difficult time at the moment and have been for a long time"*

*"Help for your birth children. They have been very traumatised ....and they get nothing"*

*"Foster children should have access to psychological support without foster parents having to find it and pay for it themselves and foster parents and birth children need to be supported too."*

*Foster children should have access to psychological support without foster parents having to find it and pay for it themselves and foster parents and birth children need to be supported too."*

*"Behavioural analyst is a Godsend and the techniques he employed and the skills he imparted are used on a weekly basis"*

#### Suggestions/solutions for support

*"A child care worker to see a child once each week to take him/her out".*

*"Practical support and advice on how to deal with issues I incur while fostering ...advice on how to access supports and help in getting information from social workers for both our families and the foster child"*

*"I feel a lot more emotional support and training is needed for all carers for the benefit of self-care and looking after those who care for others quite often under difficult and challenging situations."*

*“I think all children being fostered need emotional supports especially when the transition is happening and in the early stages of placement .Children presenting with challenging behaviours most definitely need psychological supports”*

*“In my experience the bulk of emotional and psychological support takes place in the family home. Evidence based research that outline practical strategies to deal with a myriad of mental health needs should be offered. Whilst clearly some mental health needs require specialist intervention the role of the foster carer within the family is often integral to supporting the mental health needs of the child. Practical tips and strategies that are family based would be a good start”.*

*“Access for young teens/pre-teens to informal support groups, so they are hardly aware of a therapeutic value to it. I feel that the interaction with peers in similar situations, in a structured, fun, and reassuring environment could be helpful before problems escalate - doing fun things involving life skills, like cooking, skincare, planting, speed-shopping etc / a bit like play therapy for teens!”*

*“Psychology services for children. They cannot wait six months to a year for an appointment. I think it is time for social workers to meet the needs of vulnerable children quickly. It will save money in the long run with less breakdown or children going AWOL.”*

*“Better quality training around attachment and coping when difficulties arise”*

*“Attachment disorder does not seem to be recognised as an illness here in Ireland”.*

*“There is no weekend services available for Children in the care of Foster Parents (The Child & Family Support Services are only available Monday to Friday 9am to 5pm.)”.*

## IFCA Recommendations

- Priority for access to mental health services for children in care.
- A reduction in the waiting times for emotional/psychological support for children in care.
- A more diverse range of services available – including access to specialists in Attachment and Play Therapy.
- A review by TÚSLA on the scope of the services that can be accessed and are funded by them directly. An appraisal of standardised models of approved interventions.
- Focussed services to work with children and adolescents to support secure attachments.



- A renewed focus on the needs of the children of foster carers and consideration of a defined set of available emotional/psychological support resources for those who require it.
- Better lines of communication between carers and social workers regarding the process of seeking support for children in care – with more involvement of carers in key decision-making processes.
- Better defined policies in place by TÚSLA to provide guidance and structure to those seeking support. Access to same policies to be readily available to all involved in foster care.
- The formulation of a statement of process by TÚSLA concerning the procedures by which a carer may seek support for children in care, or the carers and their families.
- Clear standardised communication from TÚSLA to articulate to carers that seeking support is an indicator of strength rather than weakness.
- The creation of a centralised department within TÚSLA with responsibility for the management of the emotional and psychological needs of children in care and the provision and coordination of such services.
- Increased learning and development opportunities for fostering team staff on the provision of appropriate support for children in care, foster carers and their families.
- Resourcing and supporting Link Workers in recognising the importance of their role and the support they can offer.
- National clearly documented access routes for children for whom child mental health services are identified
- CAMHS services offered to children in the location where they reside as opposed to current practice where the child is required to travel to the location of the birth mother to access the service.
- Continuation of services for adolescents who move from care to after-care and beyond if required.

IFCA welcomes the opportunity to meet with the Seanad Committee to elaborate further on the issues highlighted within this submission.



