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Chapter 6

Fostering the Future: A Change Agenda in

The Provision of Alternative Care

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Comment [A1]: Change of title to reflect emphasis on foster care. We also changed some words here and there to make for better 'readability'

Introduction

Alternative care is defined as the placement of children within state care and refers to family based care (foster and kinship care) and residential care. This chapter explores aspects of the alternative care system, primarily foster care, which is the principle form of care for looked after children in Ireland. The first section of the chapter provides an historical overview and offers a context for the contemporary picture. The second section relates the perspectives of key participants - children, biological families and carers. This section focuses on two specific aspects of the care experience, namely education and leaving care. Finally, this chapter considers selected policy and legal issues including the concept of permanence, recruitment and retention of carers, kinship care, meeting the needs of diverse populations and the future of the social work role arising from changes in the wider domains.

Section One: Overview of Children in Care

Historically, the numbers of children in state care in Ireland was higher in the years prior to the establishment of professional social work services. The figures reduced in the 1970s and 1980s only to peak again in recent times. At the time of the Kennedy Report in 1970, the industrial and reformatory school system was a regime with enormous scope. 130,000 children had been admitted to the system in the century between 1869 and 1969 (Ferguson, 2007). While the practice of 'boarding out' children with families was a feature from the early years of the twentieth century, the numbers involved remained small. A policy shift in favour of family-based alternative care was heralded by both the Kennedy Report (1970) and the Task Force Report (1980).

In more recent years, the numbers of children in alternative care in Ireland increased from 5,307 in 2007 to 6,160 in 2011. This is one part of a significant general increase in activity levels in the child welfare and protection system as

outlined in Table 1, arising from the greatly increased number of referrals being received over these same years. According to a report (DCYAa 2013) submitted to the UN on the Rights of the Child, a rise in the population and a growing awareness of the impact of both long-term neglect, as well as the impact on vulnerable parents of the economic downturn contributed to the increase in the care population. The majority of children in state care (91%) were living with foster families and the remaining 9% were living in residential care units or other types of placements (p 82). Of the 91% children, 31% were living with relatives, (formal kinship placements) and 60% were living with non-related foster carers (p 82).

Table 1.1 Activity in Irish Child Welfare and Protection System

Year	Child Welfare Referrals	Child Protection Referrals	Total Number of Children in Care System	Total Number admitted to Care per Year
2006	11,579	9,461	5,247	1,845
2007	12,715	10,453	5,307	2,134
2008	12,932	11,736	5,345	2,013
2009	14,875	12,013	5,674	2,372
2010	16,452	12,825	5,965	2,291
2011	15,808	15,818	6,160	2,218

(Source: Data drawn from 'HSE Review of Adequacy for HSE Children and Families Services, (2012)'; and 'Statistical Annex ' (DOCYA 2013B)'.

While there is an increase in overall numbers, the level of children in alternative care in Ireland at 54.6 per 10,000 of population remains lower than the rate in UK, Wales and Australia (see Table 2). Thoburn's 2010 comparative work on rates of children in alternative care places Ireland at mid-point, when the lower rates in countries such as Denmark and Japan are included. Analysis and explanation of these differences requires a major study, however poverty and social isolation has always been a significant feature of the profile of children in the care system and these issues coupled with the impact of growing inequalities and marginalization of communities has contributed to the increase of children currently in care in Ireland (Cregan 2014).

Comment [A2]: Profile of children requiring out of home care

Table 1.2 Children in Care: International Comparative Rates for Populations 0-17 Years

	Children in Care 2011	Children in Care 2012	Annual Change	Population 0 – 17 years	Rate per 10,000 pop
Ireland (Dec 2012)	6,160	6,332	+ 2.8%	1,160,000	54.6
Northern Ireland (Mar 2012)	2,511	2,644	+ 5.3%	n/a	61.2
England (Mar 2012)	65,520	67,050	+ 2.3%	n/a	59
Australia (June 2012)	37,648	39,621	+5.2%	n/a	77
Wales (Mar 2012)	5,419	5,726	+ 5.7%	n/a	92
Scotland (July 2012)	16,231	16,248	+ 0.1%	1,036,409	157

Source: Review of Adequacy Report, (HSE 2012, p 52)

The historical evolution of alternative care services in this country continues to be an issue of some controversy and debate. Legacy issues arising from the treatment of children and their families by the child welfare system has been a recurring theme for the past fifteen to twenty years and has had a major influence on the current structure of the care system. The work of Raftery and O'Suillivan (1999) and Raftery's powerful TV documentary programme (States of Fear 1997) regarding the treatment of children in state care were pivotal to this awareness. The subsequent investigation of abuse of children within institutional settings (Ryan 2009) and by members of the Catholic Church (Murphy 2009) as well as into the deaths of children within the care system

(Shannon and Gibbons 2012) resulted in public outrage as well as debate on Ireland's failure to protect vulnerable children in recent years. Thus, the issues of child abuse and children's rights have occupied a position high on the political agenda (O'Brien 2012b). Two major features of this evolution provide a context within which to understand the legacy from previous decades of institutional care with which professional social work child care services has had to contend. First, the role of social work was slow to develop in Ireland compared to other Western countries (Skehill 1999). Major developments are traced back to the 1970 Health Act and, since that time, social work has been central in child welfare and protection and the provision of alternative care. The social work role was strengthened with the Child Care Act, 1991, the Child Care Regulations, 1995, and Alternative Care Standards developed in 2003. The service delivery model currently in use is generally referred to as a 'two-worker model' with one social worker having responsibility for the child and the birth family and the second providing support to and supervising the foster home.

Secondly, the policy of preferring family-based care (foster care), first set out in the 1954 Boarding Out Regulations, was also slow to develop in Ireland. However, the re-assertion of the policy in the Task Force (DOH 1980) has been very successful (Considine and Dukelow, 2009) and Ireland now shares the distinction of sharing a lead position with Australia in the provision of such care (Thoburn 2010). Social workers have been pivotal in delivering this achievement. There is evidence of a wide-spread commitment to the idea that foster care is the 'only really good care for children' (Horgan 2002, p 35), but social workers continue to advocate the need for a continuum of care facilities/arrangements, including residential care, to meet the wide range of children's needs (IASW 2011).

Ireland's current child welfare system is now seen as sharing many trends with systems in other jurisdictions (Buckley and Nolan 2013). There has been a growing emphasis within policy and practice on partnership, solution-focused and family-centered practices and a commitment to family support. Where care is needed, there is recognition that children can have complex needs that warrant a range of responses and that kinship placement is a preferred choice if possible (O'Brien 2012a). Paradoxically, it is suggested that the child care system is becoming more risk averse in response to investigations and is seeking certainty and outcome prediction. It is characterized now by growing managerialism, legalism and reliance on tighter procedural approaches (Featherstone et al 2012).

In 2009, a policy decision was made to separate services for children and families from the general health services, where it had been located since 1970. Part of the rationale for this change was to ensure that the focus on children and families would remain a priority as, under the old system, there was evidence

that other health related crises frequently dominated children's issues. Preparations for a stand-alone Child and Family Support Agency, known as CFSA, underway since 2009 (DCYA 2012), finally became operational in January 2014. There has been some welcome for this change, especially for the aim of providing consistent and standardized child welfare services across the country. However, there is concern that safeguards against the negative features associated with overly procedure-driven systems identified elsewhere, (Munro 2011, IASW 2011) have not been incorporated sufficiently into the new Irish system processes.

Section Two - Issues from Stakeholders' Perspectives

In this section, the most pertinent issues as identified by different stakeholders - the children themselves, birth parents, carers and social workers - are mapped out and incorporated in the discussion.

Children's Perspective

The principle of giving voice to children and adopting a 'whole child' approach is central to Irish policy (DOHC 2000). Since 2000, a number of developments have occurred to drive forward this policy initiative. The setting up of a 'National Children's Strategy Implementation Group, 2006 -2016', the publication of 'Children's Agenda for Children's Service' (DOHC 2007), 'Better Outcomes, Brighter Futures: (DOCYA 2014) and the support for the organisation EPIC 'Empowering Young People in Care' (2013) is evidence of major commitment to children and young people.

The decision in 2011 to appoint a Minister for Children and Young People, with a separate Government Department, can be seen as the strongest political commitment to prioritize child well-being in Irish society. In the context of the changes in Ireland's economic fortunes since 2008, this decision is significant. Core questions remain about how has the political wish to prioritize children's welfare been implemented and what has the profession of social work been able to achieve since?

A series of outcomes, set out by the responsible government department, provide a new benchmark against which outcomes for children in care can now be examined. However, McAuley and Rose (2010) urge social workers to be cautious, as they argue that too great a focus on outcome, at the expense of process, may militate against real progress for children. While outcomes for children in care are, and should be, held as core measures, the actual experiences of the system by children and young persons are also seen as key indicators. An

important consultation process with 211 children in State care regarding what they consider as the aspects of the care system adds significantly to the available research (McEvoy and Smith, 2011). The strength of this report is that children from across the spectrum of care, as well as children in different age cohorts, were interviewed. The children's views are abundantly clear and, from a social work perspective, contain important messages.

Firstly, social work interventions and workers' ability to build good relationships with children were generally welcomed by children under twelve years of age. This positivity was not followed through in respect of the older cohort of children, who called for more manageable social work caseloads to fulfil their wish that social workers had more time to engage with them. Calls were made for better assessments and vetting of both social workers and foster-carers as well as a re-examination of the child-care review process to enable them to participate more fully in decisions that affected their lives. This Irish research reiterates the high levels of adversity facing children in the care system, especially when they reach the age to leave it (Daly 2012). When this is combined with the issues identified by the Child Death Review (Shannon and Gibbons 2012), the challenges facing social work remain of enormous proportions. A number of these issues are examined in this chapter and are dovetailed with a discussion of service delivery issues.

Birth Parents

The voices of the birth parents who are engaged in the alternative care system in Ireland are heard less, compared to other stakeholders. The work of (Coulter 2013) in reporting judicial child care proceedings offers some insights. The limited extent to which the parental perspective, experience and voice is heard has been recognized internationally (Smeeton and Boxall, 2011). However, the relative silence of the parental voice and experience of the care system in Ireland is noteworthy, given the repeated claim that birth parents and family needs are prioritized over children's needs by Irish society. This claim was one of the arguments cited to support a referendum to underpin children's rights in the Constitution in 2013. So what processes give rise to this marginalization of birth parents' voices and are there particular social work interventions that may be useful?

It is at the point where children enter care that the birth parent's situation becomes more difficult, especially if longer-term care is indicated. For those cases where re-unification is deemed possible, it is likely that much work will be carried out towards achieving this outcome. Birth parents of children where the care plan is for more long term/ permanent care are engaged primarily by the social worker who also carries responsibility for the child in care. It is at this

stage that birth parents' interests may begin to suffer. The social worker is charged with a great number of tasks, especially in relation to meeting the child's needs and thus may have limited time to focus on the needs of the birth parents. The social worker's main focus with parents is frequently to ensure attendance at reviews and to facilitate access when the parents are willing and able to cooperate. The underlying issues/challenges experienced by the parents and associated with the child's entry to care remain largely outside consideration.

The stigma and the disqualification from parenthood which occurs with having children removed by the care system can amplify the parents' underlying difficulties and this can often lead to a downward spiral. The anger, frustration and powerlessness of parents engaging with the care system can militate against meaningful contact (Deignan, 2009). Given the importance of contact with parents for the child and vice versa, the issue of maintaining meaningful contact with parents and families remains an issue.

There is a clear need for more 'wrap-around' services for parents to counteract what can be a bewildering, onerous and negative experience and which could enhance their understanding and ability to manage at a time of crisis. Providing the parents with support and advocacy in their own right may in turn effect change for the other participants in the system, most importantly for the child. Advocacy and support services can ensure a level of stability for the birth parents, even though the care plan may not change significantly.

Foster Carers

The demographic features of the 3,783 foster and kinship carers (DOCYAb 2013) is largely unknown but 'snapshots' are provided by Meyler (2002), Daly and Gilligan (2005), and Irwin (2009). The profile of kinship carers is an even more unknown quantity (O'Brien 2002, 2012a; Munro and Gilligan, 2013). The precise profiles, challenges and opportunities faced by carers are therefore hard to describe. It is known however that the tasks involved in caring for children in care can be enormous (DOHC, 2001). A high level of skill, capacity and a willingness to be innovative, creative, energetic and yet grounded is needed to find ways to deal with the challenges of the care-giving role. The foster carer role is complex. The work can sometimes engender huge conflict while, at other times, it provides great rewards and personal satisfaction (Irwin, 2009). Carers provide for the child on a day-to-day basis, while striving to address challenges that children in care face. They act as advocates when the need arises and work to sustain relationships between children and their birth parents and other family members. At the same time as carrying out fostering tasks, they juggle the demands associated variously with their own work, relationships with family and community aspects of their lives. Personal sacrifice, in order to meet the

children's needs, is often the default position of the carer (Kennedy, 2002 and Cregan, 2002).

The provision of supports to enable carers to do the job is critical (DOHC, 2001; HSE 2010). The allocation of a social worker and payment of a weekly allowance in respect of the child are two central supports provided by the state. Unlike other countries, fostering agencies in Ireland have very limited provision to make variable payments to carers, but the levels of financial reimbursement provided are seen as high when compared to social protection rates paid to other families in respect of children. This is a point raised frequently by birth parents who lose custody of their children.

An on-going short-fall between the numbers of carers and the children in care, as well as a shortage of designated social workers to provide support to both, has been a repeated finding in HIQA inspection reports of foster care services.

Key Issues within the Care Experience

While many issues are pertinent to a discussion of alternative care, the place of education and the post-care experience are seen as two issues of such enormous importance that they warrant particular consideration in this chapter.

Education and Children in Care

The relationship between educational achievement and enhanced economic life chances is well established in modern economies. Thus, the trends in respect of educational outcomes for children in care are crucial. Internationally, there is evidence that school performance and educational completion rates of children in alternative care are inferior compared to their peers (Fernandez, 2008). However, more research is needed in respect of class differences and inequality factors which impact educational outcomes across peer groups. Studies of children that succeed educationally while in alternative care are needed to enable the factors involved to be identified and incorporated into future systems. This is crucial, as an important comparative study shows that the rate of educational participation of young people leaving care is estimated as five times lower than the national average across five European countries, Hungary, England, Sweden, Spain and Denmark (Jackson and Cameron, 2010).

In Ireland, only a small number of studies have explored the educational experiences of children in care. Daly and Gilligan (2005) explored the experiences of thirteen to fourteen year olds; Darmody et al (2013) examined care experience and the education context and both Kelleher et al (2000), and

Daly (2012) considered education influence in respect of young peoples' after-care experiences. In Kelleher's study, only 10% of the young people who had left care took the Leaving Certificate examination while 60% of the respondents had left school aged 15 or under. In Daly's (2012:66) more recent work, 37% of the 65 respondents (in foster and/or residential care) had sat the Leaving Certificate examination. Twelve months after leaving the care system, one fifth (37%) were engaged in further education, with multiple accommodation moves associated with cessation of education or training (Daly, 2012, 66). This is in contrast to the general population of 19 year olds in Ireland, of whom 77% of females and 66% of males were in full-time education during the period 2010/ 11 (CSO, 2012: 93). The absence of specific data to indicate children's educational outcomes is part of a wider gap in outcome data for children in care. We await more robust longitudinal data on outcomes for children in care as a sub set of the general population from the 'Growing Up in Ireland' project. Meanwhile, social workers have an important role to play as they carry responsibility for the child's care plan and advocating towards enhancement of the child's educational outcomes should be a priority. This is crucial in light of a level of evidence (McEvoy and Smith 2011; Darmody et al 2013) that social workers pay more attention to other aspects of children's lives, rather than their education.

Aftercare and Transitions to Adulthood for Young People in Care

The transition from care to 'independence' presents significant challenge to young people and social workers have been to the fore in calling for greater action in this area (IASW, 2011). Officially, young people leave formal care when they reach the age of 18, although there is discretion to extend formal care where young people are in full time education. This provides for the agency continuing to pay an allowance to the carers and to assist with other approved expenses. Under this arrangement, 1,110 young people were supported in 2013, compared to 847 in 2009 (DOCYAa, 2013 p 87). For many young people who progress to college, continuing to live with their foster family provides a significant level of security.

Overall, the vulnerabilities faced by young people transitioning from care can lead to an increased risk of homelessness and the risk increases for those leaving residential care (Kelleher, 2000; Daly, 2012). Internationally, accommodation instability and homelessness have been identified as issues of particular concern (Hojer and Sjoblom, 2009;) as this can set off a cycle of other events. Mayock et al's Irish study captured a young person's experience 'You just don't turn into an adult straight away overnight.....I think they should give you more time' (2008 p. 139).

Healthcare risks are also higher for young people leaving care, again with those leaving residential care showing particular vulnerability (McNicholas et al 2011). Studies show higher than average rates of illegal drug use, teenage pregnancy and mental health issues (Daly, 2012). Karen, a, 18 year old in Daly's study encapsulates the difficulties when she states:

"Yesterday, I was having an extremely bad day...I had nobody to talk to...I tried phoning one of my [support] worker's colleagues and she didn't ring, and I was thinking 'Please, just even a five minute conversation to calm me down,' y'know and it wasn't there. I just think, you don't get as much support when you turn 18. It's a lot harder" (2012, p 67).

While the vulnerabilities of young people leaving care have been widely recognized for many years by social workers, it wasn't until 2011 that a national 'after-care' policy was established. This policy development while welcome has been implemented slowly. The discretionary nature of after-care proposed in the 2011 policy highlights the need for legislative change to enable young people and their carers to be supported until the age of 21 or until they complete their education. This is an area of advocacy that should remain a priority for social workers, given the levels of vulnerability and other factors involved.

Section Three - Future Issues

In this final section of the chapter, selected policy and legal issues, including the concept of permanence, recruitment and retention of carers, kinship care, meeting the needs of diverse populations as well as the future of the social work role arising from changes in the wider domains, are considered.

'Permanence', Historical Practices and Adoption

The length of time children spend in care, the multiple placements experienced by some, the use of permanence as a concept underpinning care planning and the place of both long-term care and adoption in providing stability for children in care are issues that will challenge social workers in respect of decision making in the future. A level of clarity regarding what may be involved is important. Table 3 shows that the majority of children in care between the years 2006 and 2011 spent between one and five years in care, with 35.2% of the total number of children spending more than five years in care.

Table 3 Period of Time Children Spent in Care - 2006-2011.

Amount of Time in Care	< 1 year	1-5 years	More than 5 years

2006	27%	39.4%	33.6%
2007	25.2%	37.4%	37.4%
2008	23.1%	40.1%	36.2%
2009	27.5%	39.4%	33.1%
2010	25.3%	39%	35.7%
2011	23.1%	43.3%	33.5%

(Source : HSE 2012, p 62)

Children are rarely adopted from the Irish care system. An Adoption Bill, 2012, published as part of the Children's referendum campaign, contains proposals to permit children to be adopted if they are with foster carers for three years or more. The limited position of adoption in the care system was linked in the Children's Referendum campaign to the 'lack of voice for children' and 'the protection of the family based on marriage' in the Irish Constitution. Prior to this proposal, adopting children of marriage or without parental consent could only occur in the rarest of circumstances (Adoption Act, 1988). The use of this 1988 legislation by professionals, including social workers, has been very limited (AA1 2011). The specific definition of 'abandonment' which the 1988 law is based upon has been a factor in this

However, it is contended that an understanding of the potential place of adoption in the alternative care system needs more detailed analysis. It is argued that the linkages between oppressive past practices and the specifics of the legislative proposal will need to be taken into account in any future legislative debate (O'Brien, 2013).

The legacy of the past continues to evoke a level of societal unease and shame, especially in relation to forced adoptions. While there is an obvious need to safeguard children's placements to offer them stability and security, adoption should only be seen as one option. There is a need to continue to explore the question of why so few foster carers have availed of the legislative provision enacted in 2005 for them to become 'special' guardians for children in their care for more than five years? Is this to do with limiting the provision to pay an allowance for those carers who opt to adopt children in their care? Is there a link between declining numbers of children available via inter-country adoption and renewed interest in adoption for children of marriage and expanding legislative provision for terminating parental rights? Finally, there is a need to consider

seriously the circumstances in which children themselves should have the right to choose adoption over long term foster care, and can social workers advocate for this to happen or should legal advocates be involved?

Recruitment and Retention of Foster Carers

The international trend in respect of the challenges of recruiting and retaining foster carers (Colton et al, 2008) is very much evident in Ireland. Arising from fostering recruitment shortfalls, a private fostering sector has emerged since 2005 to fill the gap in supplying foster placements through the HSE system. Limited data is available regarding the specifics of market share, but two factors in particular may influence the future direction and pace of this development. Firstly, private agencies face the same problems of recruiting in areas where placement demand is highest. Thus, many placements purchased by the statutory services involve moving children a great distance from their family and community networks. The impact in the medium and long term, especially in terms of identity formation and maintaining sibling and parental bonds, should not be underestimated.

Comment [A3]:

Comment [A4]: Couldn't fit any more here on private providers

Secondly, the commitment to family-based care in Ireland may be compromised if more active measures are not put in place to address the challenge of recruiting sufficient foster carers. The role of existing foster carers in the successful recruitment of new foster carers, as well as the need to provide realistic information and to target specific groups in the population, and in the location where the need is highest are well recognized internationally (Colton et al 2008). While this factor has been recognised in Ireland (HSE 2010), there is a need for a more strategic approach incorporating social media, marketing strategies and creative ways to incorporate foster carers into the recruitment process.

Internationally, there is evidence to suggest that foster carers leave caring and retention issues arise because they are unsupported in the task. For some, it may be associated with a life-cycle stage. There is a need for more research to understand the specifics of the fostering/family life-cycle, compared to the more 'normative' family life-cycle. Furthermore, the relationship between motivation to foster, recruitment, support and retention while complex, needs to be better understood. Finally, there is an urgent need to ensure there is a cohort of foster carers to meet the care needs of a growing number of children in care. Otherwise the past success of providing family-based care to Irish children in care is threatened. This is not a policy or practice development that social workers would favour.

Kinship Care

Through tapping into kinship care, the Irish care system has been able to deliver the policy commitment of providing a family-based experience for children in need of care (O'Brien 2012a). While there is some useful information regarding general trends in respect of kinship care in Ireland (O'Brien 2012a and 2012b; Munro and Gilligan 2013) a gap remains in terms of an up-to-date profile of the kin carers, family and children. It is also unknown how many other children are living with relatives through informal care arrangements which may be organized by family members, either in conjunction with child welfare services or privately. There is an urgent need to research this further. It is especially important to establish the extent to which an extended family has the resources to provide care for children and to explore the relationship between family and the state in respect of children who need care and protection (O'Brien 2012c, 2013) taking into account new diverse family forms and the realities of transnational parenting as outlined by Christie and Walsh in Chapter Two. The issue of recruitment and assessment of the kinship home remains a challenge to growth and development of kinship care. A model developed for the Irish context (O'Brien 2014) re-defines kinship care assessment to be part of a larger case management system and moves assessment from a narrow 'home study' perspective to an appraisal of the information available about the network of evolving relationships in the family.

The model builds on a number of international initiatives. However, to date the Irish child care system has been slow to adopt the changes required to incorporate the model in the system. Instead, the existing foster care case management system has been utilized, although a level of adaptations have occurred to take account of the differences in the kinship relational field. Whatever case management model is used, it needs to take into account fully the profile of kinship carers, the policy and value positions regarding the role and expectations of extended family in caring for children and the pathways between formal and informal kinship care, including the resourcing and supervision requirements.

Meeting the Needs of Diverse Populations : Ethnic and Cultural Minorities and the Care System

The change in Ireland's ethnic profile has direct implications for child welfare but there is no official data available on the rates of placement for children, or the number of carers, from ethnic minorities. This is a gap that is increasingly difficult to justify. Most importantly, in the absence of data, it is not possible to establish if disproportionality is a feature of the care system. This is defined as children from certain racial/ethnic groups entering into the care system at

different rates than other racial/ethnic groups. Kirk and Griffith (2008) suggest that this may occur due to discriminatory practices in society and within the child welfare agencies processes. International research (Earner, 2007) suggests that ethnic minority families have been negatively stereotyped by the child welfare system and this may contribute to the over representation of these groups in child protection and welfare cases.

Coulter's (2013) presentation of Irish data shows some worrying trends, whereby there were high rates of children from certain ethnic minority groups entering care. She found that children of African origin were 20 times more likely than an Irish child to be subject of court child-care proceedings. She suggests that, for ethnic minority parents in Ireland, parental mental illness/intellectual disability and parental absence were the two main reasons for children going into care. While the data on the rate at which children from ethnic minorities are entering care is limited, urgent action is needed to monitor and address this potential trend. Irish practice and policy should be able to learn from the vast experiences of other jurisdictions that have worked with more diverse populations for long periods.

Social workers are to the fore in Ireland in working with unaccompanied minors and are involved in both advocating for change through their professional association and conducting research (Ni Raghallaigh, 2013). The position of separated children has improved, having been removed from largely unsupervised hostels and they are now being placed more with carers. However, a level of concern remains, both in terms of the adequacy of social work and fostering services, in particular the return of separated children into the direct provision system when they reach 18 years, which is an ongoing issue. There are difficulties in matching children with carers from within their own communities due to shortages of such placements (Ni Raghallaigh, 2013).

Comment [A5]:

Comment [A6]: Separated children

Future Service Delivery

Evidence that the model of preferred service delivery has been under increasing pressure in economically straitened times in trying to deliver targets set out in the regulatory frameworks and standards has been established through HIQA inspection reports. The gaps in service delivery to children and carers have led to criticism in the public domain and concerns within the social work profession itself. Has the time come to critically examine if the 'one size fits all' approach still actually fits? To what extent is there a need to revisit the models of service delivery, as well as the regulatory and standards and inspection frameworks? While such an invitation requires multiple stakeholders to engage with the idea, social workers could, in the meantime, take the lead in putting forward proposals to roll out a series of demonstration projects aimed at addressing

many of the issues raised in this chapter. Social work needs to be alert both to the possibilities and the constraints of alternative care remaining as a single disciplinary responsibility. Change at this level, no doubt, will have an impact on social work's professional identity. Such considerations may provide opportunities to the profession to wider its scope. The profession should, perhaps, choose to take the initiative to lead such developments, while recognizing that such a change process will bring significant challenges.

Conclusion

In conclusion, this chapter provides an overview of demographic features of the Irish foster care system. It locates the system within its historical context and demonstrates how it has been influenced and shaped by the UK model. The challenges resulting from a limited research base and information management systems, the shifting and decreasing role of residential care in a context of an increasing rate of family foster placements and the emergence, use and particular challenges of kinship care were discussed. The use of permanency in care planning and, in particular, how the recent insertion of Children's Rights into the Constitution may change the position of adoption within the alternative care system was explored. The specific needs of a number of parties was highlighted and included young people leaving care, birth parents whose rights are relinquished by the courts and the changing requirements of foster carers. Finally, some implications for the social work profession in respect of the emerging issues are discussed, presenting social workers with new challenges to meet and changes to which the profession can and will adapt.

Comment [A7]: Ending changed

Note

We wish to acknowledge the input of Professor Robbie Gilligan (Trinity College Dublin) into the earlier structure of this paper.

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