Submission to the Department of Children, Disability and Equality on the Development of a National Policy Framework for Alternative Care

FROM: IRISH ASSOCIATION OF SOCIAL WORKERS (IASW)

1. Introduction

The Irish Association of Social Workers (IASW) welcomes the opportunity to contribute to the development of a National Policy Framework for Alternative Care. Social workers are central to safeguarding and promoting the welfare of children, supporting families, and enabling positive outcomes for those who experience the care system. The IASW is committed to ensuring that any reformed model of alternative care is child-centred, trauma-informed, evidence-based, and grounded in strong interagency collaboration.

This submission builds on the IASW roundtable paper Irish Association of Social Workers Government Submission for Department of the Taoiseach in Respect of Crisis in Family & Residential Care Placements and places particular emphasis on prevention, early intervention, therapeutic support, and seamless transitions into adulthood.

While Special Emergency Arrangements (SEA) were intended as short-term measures, they have become embedded features of the system—often unregulated, inadequately overseen, and unsafe. They are symptomatic of a system under enormous strain.

A Prime Time Investigates programme in summer 2024 publicly confirmed what many professionals already knew: Ireland does not have sufficient placements or oversight capacity to meet the needs of children in State care.

In response, IASW convened a Round Table of key stakeholders including EPIC, IFCA, Tusla, HSE, academics, judiciary, and others. A central theme emerged: Ireland requires a whole-of-government approach to children's rights, grounded in evidence, interagency collaboration, and child-centred practice.

Children in Ireland—particularly those in State care—have a constitutional right (Article 42A) to care, protection, and the vindication of their welfare. The Alternative Care Framework must give practical effect to this imperative.

Children in Ireland also have the right to be heard under the UNCRC article 12. All plans and frameworks relating to children requiring state care should have a robust and meaningful engagement from children currently in care (foster care, kinship care, residential care, SEA's, and IPAS centres).

2. Improving interagency working

A core principle underpinning an effective Alternative Care Framework must be robust, formalised interagency working across all relevant departments and services. The IASW recommends the establishment of a national, unified mechanism within DCDE to oversee governance, communication, shared accountability, and the implementation of interagency actions.

Key agencies and sectors

Interagency collaboration must include, at a minimum:

- Tusla – Child and Family Agency
- Health Service Executive (HSE)
- Education sector: primary, post-primary and higher/further education institutions
- Department of Justice: Gardaí, Youth Justice services
- Department of Social Protection
- Local authorities and housing bodies
- Relevant non-profit, community, charity, and private organisations

Focus on early identification and prevention

Interagency frameworks must prioritise early intervention to prevent children entering the care system where safe and appropriate. This includes:

- Early identification of risk and family stressors by front-line services (e.g., schools, primary care, public health nurses, international protection agencies and social welfare officers)
- Timely provision of supports with proportionate intervention levels based on assessed need
- Joint planning meetings and integrated family support pathways involving all relevant agencies

Strong interagency responses are essential to prevent the intergenerational transmission of trauma and to provide families with meaningful support before crises escalate to the point of care entry.

3. Mandatory therapeutic assessment for every child entering state care

All children entering the care system should automatically receive a mandatory, comprehensive therapeutic assessment, coordinated interagency and informed by multidisciplinary perspectives.

Scope of assessment

Each assessment must include:

- Physical health assessment
- Psychological and developmental health assessment
- Psychosocial and developmental assessment
- Educational and communication needs review
- Given the high prevalence among care-experienced children of trauma, attachment disruption, developmental delays, and unmet educational and health needs, early identification is critical to prevent poor long-term outcomes.

Wraparound therapeutic planning

Following assessment, each child must have an individualised, wraparound therapeutic plan that:

- Is reviewed at regular intervals
- Includes trauma-informed interventions
- Is flexible, adding or concluding therapies as appropriate
- Ensures ongoing multi-agency coordination and accountability

Parents, carers, and where appropriate, the child themselves, should be active participants in planning and review.

4. Governance and oversight

High-quality alternative care requires clear structures for oversight, evaluation, and accountability. IASW recommends:

- A unified governance structure within DCDE responsible for interagency coordination
- Clear protocols for information sharing between agencies
- Standardised procedures across regions to eliminate variation in practice
- National data monitoring to identify gaps in service provision and respond to emerging needs

Children with disabilities in residential settings

Children with disabilities who require residential placements must receive the same level of governance, oversight, and safeguarding as children placed in care for child protection concerns.
This includes:

- Consistent national standards
- Full integration of parental involvement
- A strong focus on the voice and will of the child
- Equality of access to therapies, education, and social inclusion supports
- Family contact to strengthen relationships and promote the child's belonging
- Access to all alternative care options available including foster care·
- Child centred care planning in collaboration with all relevant parties
- Full integration of parental involvement
- Equality of access to therapies, education, and social inclusion supports
- A regular review to explore the possibility of return to the family home where possible, or transition to arrangements such as shared care placements

5. Bespoke placement development at local and regional levels

Local, regional, and national planning must work cohesively to ensure that:

- Bespoke placements are planned and created to meet the individual needs of the child and their family
- Supports are available to allow children to remain safely at home wherever possible
- Families are provided with practical, emotional, and therapeutic support to sustain a stable and nurturing home environment
- A move away from for-profit private residential homes with little or no therapeutic supports and poor qualified to unqualified staff ratios

Placement decisions prioritise proximity to the child's community, school, siblings, and cultural supports where appropriate.

Access to and planning for sibling relationship maintenance and development must be included in all bespoke plans.

Investment in community-based family support, respite care, and early intervention teams is critical for keeping families together.

6. Supports for foster parents

The IASW recognises that Foster care is the best option for children where out of home care is required.

Fostering numbers have been decreasing in recent years and all avenues need to be explored to strengthen and support new and existing foster parents. Fostering needs to recognise new societal norms, some progress has been made through increasing diversity, recognising the housing crisis and many families are now renting, however, more public awareness and information needs to be provided to encourage those suitable to become foster parents.

Foster parents should be encouraged and required to attend ongoing relevant CPD to ensure they are aware of the developments in caring for traumatised children.

Pay and pensions for foster parents alongside access to funding to support all expenses related to fostering a child should be explored. This should include their therapeutic, medical and educational needs. Fostering should not mean that a family is financially burdened for providing a home to children.

7. Supporting transition from child to adult services

A successful Alternative Care Framework must address the significant challenges faced by young people leaving care. Care-experienced individuals are disproportionately represented among those experiencing homelessness, addiction, mental health crises, and early justice system involvement.
To prevent these outcomes, IASW recommends:

Priority access to state services

All care-experienced adults should receive priority access to:

- Ongoing Social Work support
- Housing supports
- Healthcare services
- Educational pathways, including post-primary, further, and third-level institutions
- Life skills education including driving lessons and basic household maintenance

Education supports

We know from the recent "Educational Attendance, Attainment and Other Outcomes of Children in Care 2018-2025" CSO report that 29% of children in care or with care experience do not finish school with a leaving certificate compared to 8% of the general population who do not finish school.

They are also more likely to attend further education, post leaving certificate courses or youth reach, rather than higher education than the general population who are not in care or care experienced.

Children in care or with care experience need additional supports in order to complete or return to education when they are ready. These supports must stretch beyond the current age of 23 to allow these children time to adjust to their lives out of the care system.
A dedicated education support fund for care-experienced young adults should provide:

- Technology supports (laptops, software, internet access)
- Book and equipment allowances
- Stationery and materials
- Tuition, exam fees, and course-related expenses
- Transport and housing supports

Access to life skills and economic participation

State-funded or subsidised support should enable care-experienced adults to access:

- Free or reduced-rate travel
- Driving lessons and driving test fees
- Computer literacy courses
- Basic employment and life skills programmes

These measures promote long-term stability, independence, and social inclusion.

8. Supporting services to deliver timely and appropriate care

IASW strongly endorses an early intervention and prevention model across all child and family welfare services.
To achieve this:

- Investment must be significantly increased in early family support services, community programmes, and preventative interventions
- Families experiencing intergenerational trauma should have improved access to wraparound care, respite options for children, and parenting supports
- Respite should be available to allow parents to attend training, education, or therapeutic programmes that help them care for their children effectively

Providing timely supports reduces the need for more intrusive interventions and aligns with the principle of keeping children safely within their families where possible

9. Conclusion

The IASW urges the Department of Children, Disability and Equality to incorporate these recommendations into the national Alternative Care Framework. A strengthened, well-resourced, and interagency-driven system is essential to:

- Protect children
- Support families
- Mitigate the impacts of trauma
- Promote long-term positive outcomes for care-experienced individuals

Social workers stand ready to collaborate across all sectors to build an alternative care system that is responsive, equitable, trauma-informed, and grounded in the rights and voices of children.