



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report on a follow-up inspection of the Health Service Executive Fostering Service in HSE Dublin North West Area**

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## About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority established to drive continuous improvement in Ireland's health and social care services.

The Authority's mandate extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting directly to the Minister for Health, the Health Information and Quality Authority has statutory responsibility for:

**Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services).

**Social Services Inspectorate** — Registration and inspection of residential homes for children, older people and people with disabilities. Inspecting children detention schools and foster care services.

**Monitoring Healthcare Quality** — Monitoring standards of quality and safety in our health services and investigating as necessary serious concerns about the health and welfare of service users.

**Health Technology Assessment** — Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.

**Health Information** — Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services.

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## Executive Summary

### 1 Introduction to Executive Summary

The Social Services Inspectorate (SSI) of the Health Information and Quality Authority (the Authority) carried out an announced follow-up inspection between 1 November 2010 and 25 January 2011 of the foster care service provided by the Health Service Executive (HSE) in the Dublin North West (DNW) Local Health Area.<sup>+</sup> This was in order to assess the implementation of the recommendations of the original full inspection report (Inspection Report ID Number: 588, available on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie)) which was published in July 2010. The findings of the first inspection identified significant shortcomings in the HSE's compliance with National Standards\* and regulations<sup>‡</sup> pertaining to foster care services, and a series of local and national recommendations were made by the Authority. The HSE developed an action plan against the local recommendations that related to the DNW Area and the purpose of this follow-up inspection was to monitor progress against the implementation of the action plan. In the original full inspection, there were 12 numbered recommendations and associated sub-recommendations that required action by the DNW Local Health Area. In August 2010, the HSE prepared an action plan in response to this report, and recommendations in this follow-up report are numbered as they appear in the HSE's action plan. Of the 67 numbered recommendations and sub-recommendations in the action plan, the Authority found that 5 had been met, 35 were partly met, and 27 were not met. This report details the actions taken in respect of all the recommendations.

### 2 Findings

#### 2.1 Data on children, carers and parents

In the original full inspection report published in July 2010, inspectors found that the Local Health Area struggled to provide a definitive up-to-date list of children in foster care in its area. There was no register for children in foster care as required by the child care regulations. In this inspection, inspectors found that the Area had a register of children in care and foster carers. Inspectors found that it was an accurate representation of information read in samples of care and foster carer files, but there were some errors. There is a need for systems to regularly assess and ensure the quality and reliability of the information contained in the registers. At the time the

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<sup>+</sup> In this report where the term 'DNW Local Health Area' is used, it refers to the Dublin North West Local Health Area.

\* *National Standards for Foster Care* (2003). These Standards are a set of 25 National Standards based on legislation, regulation, guidance, best practice and consultation. Their purpose is to serve as a basis for consistently promoting quality of care in foster care services nationally. They are referred to in the report as the National Standards or the Standards.

<sup>‡</sup> This term is used throughout the report to refer to the Child Care (Placement of Children in Foster Care) Regulations 1995, and the Child Care (Placement of Children with Relatives) Regulations 1995.

inspection was announced in October 2010, the data in the register provided the following profile of the DNW foster care service:

### **The children:**

- 373 children were cared for by 246 foster carers
- 224 (60%) were placed with relative carers
- 149 (40%) were placed with non-relative foster carers
- 202 (54%) were placed with un-assessed carers
- 122 (33%) children did not have a social worker.

### **Their carers:**

- 246 foster carers in total
- 150 (61%) of the 246 carers were relative foster carers
- 124 (83%) of the 150 relative carers were un-assessed
- 96 (39%) of the 246 carers were non-relative carers
- 11 (11%) of the 96 non-relative carers had not been fully assessed
- 95 (63%) of the 150 relative carers were not assigned a link social worker
- 5 (5%) of the 96 non-relative carers were not assigned a link social worker.

### **Their parents:**

- 179 fathers and 90 mothers were unknown to their children in DNW foster care.

## **2.2 Governance and management**

Inspectors found that the governance of the service had changed, and from January 2011, in all matters relating to child care, the Dublin North East (DNE)<sup>±</sup> Regional Director of Operations reported to the newly appointed National Director for Children and Family Services. The HSE had re-organised the senior management structure so that there was one person with overall responsibility for the operation of children and family services within the DNE Region. The monitoring system was the subject of reforms in the Region and had a newly appointed manager. Four newly appointed monitoring officers were assigned to monitor compliance with foster care regulations and Standards throughout the DNE Region.

A childcare management group, under the chairmanship of the DNW Local Health Manager, met eight times from June to December 2010; and a foster care committee specifically for DNW was established in July 2010. Additional resources were allotted to the DNW Social Work Department, and at the time of the inspection the HSE had put in place permanent middle tiers of management. These consisted of: two principal social workers, a child care manager, a second team leader for the fostering social work team,

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<sup>±</sup> HSE Dublin North East Region, including North Dublin, Meath, Louth, Cavan and Monaghan.

and a second children-in-care social work team. This provided a stronger management structure than was present at the time of the original full inspection. Another change was that child and family social workers were given limited caseloads of between 12 and 18 children, with an average of 15. The Area was using eight agency social workers, and another agency provided care staff specifically to supervise access.

### **2.3 Placement of children in foster care**

Inspectors were provided with minutes of the Childcare Management Group's meetings which recorded a decision made in June 2010 to have a moratorium on foster carer recruitment in the DNW Local Health Area. At the time of the inspection, the Social Work Department in the Area had significant difficulties in finding placements even for young children newly received into care. There was an increase in the numbers of children placed together, with several foster homes having three or four children. There was a reported increase in the use of private foster care, and inspectors found from an examination of case files that in some cases, residential respite services had been used to provide time for social workers to find suitable placements. The transfer of children's cases between HSE local health areas were the subject of recommendations 6.11 and 9.7 in the original full inspection report, and cases had been identified for transfers, but these had not taken place.

### **2.4 Allocation of children's cases**

The allocation of cases of children in foster care had improved. In the full inspection there were 196 children who had been assigned social workers. In the follow-up inspection that figure was 242, an increase of 19%. Although there was an increase in the numbers of social workers, there were still 122 (33%) unallocated foster care cases, and 100 (41%) foster carers who did not have a link social worker. Managers of the service reported an improvement in carrying out statutory visits and care planning reviews. However, inspectors found cases where visits were outside the statutory timescales, and also found that care plans were not in place at all for 15 children and were significantly out of date for another 18.

The Standard on aftercare was partly met with each young person aged over 17 having an aftercare plan. However, there were few resources and DNW had a waiting list of young people needing an aftercare service.

### **2.5 Assessment of foster carers**

The number of foster carers who were not fully assessed and approved, 135 (55%), represented an increase of nearly 11% since the full inspection, when the number was 122. A team comprising 3.6 social work posts was given a remit to clear the backlog of retrospective assessments. There was no system in place for the de-registration of unsuitable carers, and, in spite of the recommendation of the inspection report, no

system was in place for one local health area to notify another when a carer is deemed unsuitable.

## 2.6 Child protection

Although recommended in the initial inspection report, guidance on child protection issued nationally by the Department of Health and Children, *Children First: National Guidelines for the Protection and Welfare of Children* had yet to be implemented in the DNW Local Health Area. The post of child care manager had been filled in August 2010, and the action plan returned by HSE DNW indicated that thereafter the implementation of Children First would be a priority. However, at the time of this inspection the recommendation was not met, and inspectors found no evidence to support the statement that it would be given priority.

The HSE provided inspectors with information about 40 allegations and complaints made against foster carers since the original full inspection that had been investigated or were being investigated. In the absence of Children First the Social Work Department had developed a policy document on the management of allegations and complaints. It also introduced a new duty<sup>+</sup> system in the children-in-care teams. In tandem with the issue of the policy, training was provided for DNW and the other two North Dublin local health areas in regulations and Standards, in responding to complaints and allegations, and in foster carer assessment. While this ensures that there is consistency in the approach to allegations and complaints, it is not acceptable that the recommendation of the original full inspection was not implemented and that the National Guidelines are still not being followed.

The HSE has a statutory obligation to assign social workers who can visit children in their placements within statutory timescales. At the time of the last inspection a series of safeguarding visits were carried out to assess the safety of children who had not been visited by a social worker for a considerable period of time. The last safeguarding visit of the first round took place in September 2010, and a second round had commenced at the time of this inspection. While safeguarding visits are better than long periods where children are not being seen and their safety and welfare are not assessed, the DNW Social Work Department should make it a priority to ensure that staffing resources are sufficient for the allocation of social workers to all the cases of all children in foster care in its Area.

## 2.7 Information systems

In the original full inspection, inspectors found that the HSE DNW Local Health Area was in breach of the relevant regulations and the National Standards in maintaining up-to-

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<sup>+</sup> 'Duty' is a term used to describe a function of a social work team whereby, during office hours, social workers take it in turns to be available to respond to general telephone calls to the department, receive new referrals and carry out initial assessments where there are concerns as well as engage in routine work on unallocated cases.

date records. They found that there had been no dependable system for the management and maintenance of records on children in foster care. Due to the concerns about the poor management and storage of personal data for children in foster care, the Authority notified the Chief Executive of the HSE and the Office of the Data Protection Commissioner of these findings.

In this follow-up inspection, inspectors found that the recording and filing systems had undergone some reform, but there was still much to do. The security of the files had been attended to, and in particular, the disarray encountered in the full inspection in one social work office had been remedied. An audit of files had commenced, and individual files had been opened for some children, but a random check by inspectors showed that several of the other files were still in the same unsatisfactory state as before. This delay in complying with data protection legislation and the Standards is unacceptable. The timelines for reform may appear reasonable for the HSE as an organisation, but in terms of the lives of the children they are not. It is the view of inspectors that if children in care were facilitated to exercise their right to access their own files there would be greater urgency in the programme of reform.

## **2.8 Conclusion**

Despite the progress reported by the HSE and identified by the inspectors, serious deficiencies in assigning social workers to children and their carers in DNW foster care were found during this follow-up inspection. Details of the number of cases without social workers are in Tables 2 and 3 below.

There continued to be considerable delays and an unacceptable backlog in the assessment and approval of foster carers, and in the implementation of Children First. In order to ensure that the HSE DNW is meeting its statutory duty of care to all children in its foster care service in the Area, considerable improvement is required in the implementation of several of the recommendations in the original full inspection report.

Inspectors found that most of the changes that had taken place in response to the original full inspection were structural. At the time of the follow-up inspection, several of the managers at middle-tier level had only just taken up their posts and several of the reforms of daily practice – which require vision, sustained drive and commitment to be achieved in the face of the demands made on the service – will take time to realise. Inspectors were concerned that the changes that had been made to date needed to be subject to far better quality assurance checks, and that the information systems that inform policy makers and senior managers of the service need to be more streamlined, robust and reliable. The increase in the number of monitoring officers is necessary, but the delay in formulating their role in assessing the quality of the DNW fostering service is a matter of concern to inspectors.

## **2.9 Next steps**

From the time of the publication of this report, the Authority requires the HSE to provide it with quarterly reports on the progress made on all of the unmet and partly met recommendations. The HSE is also required to provide the Authority with all foster care monitoring reports.

In order to verify progress, and to ensure that children in foster care there are receiving a safe service compliant with the requirements of regulations and Standards, and consistent with current best practice, the Authority will carry out further inspections of the DNW Local Health Area fostering service as it deems appropriate.

The Authority will also:

- report to the Minister for Children on the findings of all inspections of the HSE DNW fostering service
- continue to carry out and publish inspections of foster care services provided by the HSE in its 32 local health areas
- review progress at a national and local level on an ongoing basis through the foster care monitoring reports, the quarterly written reports from the HSE to the Authority, and updated national and local foster care action plans.

## 1 Introduction

The Social Services Inspectorate (SSI) of the Health Information and Quality Authority (HIQA or the Authority), which incorporates the Office of the Chief Inspector of Social Services, is responsible for the inspection of Health Service Executive (HSE) foster care services under the Child Care Act, 1991 until such time as the relevant part of the Health Act 2007 is enacted.

The Authority carried out an announced follow-up inspection of the foster care service provided by the HSE Dublin North West (DNW) Local Health Area in order to assess the implementation of the recommendations of the inspection report (Inspection ID: 588, available on the HIQA website at [www.hiqa.ie](http://www.hiqa.ie)) which was published in July 2010. This follow-up inspection was carried out by inspectors under Section 69(2) of the Child Care Act, 1991 between 1 November 2010 and 25 January 2011

HSE DNW Local Health Area provides services to the communities north of the River Liffey, in Clonsilla, St Margaret's, Finglas, Blanchardstown, Glasnevin, Castleknock and Cabra. Each HSE local health area throughout the country – formerly known as community care areas – has a social work department. The department comprises a number of social work teams, each led by a social work team leader, under the direction of a principal social worker. HSE data indicates that DNW Local Health Area had responsibility for 430 children in foster care in 2008. At the time of the previous inspection in 2009 and 2010 that number was 378, and in information provided for this inspection the number had reduced further to 373 in October 2010.

## 2 Background

The Authority commenced a full inspection of foster care services in the DNW Local Health Area in September 2009.\* The original full inspection report published in July 2010 highlighted significant shortcomings and concerns in relation to the foster care service operated by the HSE DNW Local Health Area and made national and local recommendations to address the deficiencies. It also highlighted areas where good practice was evident during the inspection.

Deficiencies within the foster care service in DNW were traced back to 2004 when the Area was part of the former Northern Area Health Board, and when Health Board data demonstrated that the Board was not fully compliant with child care regulations and the *National Standards for Foster Care* (2003). The report of the original full inspection indicated that no effective action had been taken to address later concerns expressed through the HSE's own internal quality and safety mechanisms.

The Authority informed the Board of the HSE, and the Minister for Children and Youth Affairs and Minister for Health and Children at the time of its findings. Owing to the

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\* This is referred to throughout this report as the 'original full inspection'.

seriousness of the concerns raised in the early stages of the inspection, the Authority sought an immediate response to address the breaches of statutory duty and to ensure the safety of children in foster care in the Area. The HSE committed to an action plan with accountability for its implementation by the National Director of Integrated Services – Performance and Financial Management and overseen by the HSE Dublin North East (DNE) Regional Director of Operations. The immediate actions required of the HSE by the Authority, and the HSE’s responses, are shown in Table 1.

**Table 1. Immediate actions required by the Authority – July 2010**

<b>Requested actions to be completed by HSE</b>	<b>Date completed</b>	<b>Ongoing actions</b>
1. All children to be visited by a social worker in the Local Health Area	Completed January 2010. The HSE recruited a team of temporary social workers to complete a once-off visit to children that had not been visited in some time. The HSE reported that the majority of children were being cared for well.	The HSE committed to all children having an assigned social worker in the Area. The HSE was recruiting a number of social workers to meet this aim. Two principal social workers posts have been agreed and the two vacant team leader posts have been filled by the HSE.
2. All foster carers to be assessed and approved.	Ongoing	The HSE has identified carers requiring assessment and approval and have commenced this process. The HSE has indicated that this work should be completed by October 2010.
3. All notifications by the Authority of possible child protection concerns to be addressed by the Local Health Area.	The HSE has provided details on the plan to assess and manage these cases.	The governance and management of these cases will be reviewed by the Authority through the follow-up inspection.
4. The HSE to complete a National Audit of Foster Care Services.	Preliminary report provided to the Authority in January 2010 and final report in May 2010.	The HSE has provided national and regional implementation plans to the Authority to address regulatory deficiencies across the country.
5. The HSE to recruit external child care consultants to review the governance deficiencies in the area and report on findings.	External consultants recruited in January 2010.	The report on the findings from the external consultants was due in June 2010 and the Authority has requested a copy.
6. The HSE to liaise with the Data Protection Commissioner	The HSE developed a project team to address deficiencies	The Authority will review the HSE information management

Requested actions to be completed by HSE	Date completed	Ongoing actions
on managing records and information.	in its management of records and work is ongoing in this area.	systems in HSE Dublin North West through the follow-up inspection.
7. The HSE to provide evidence that system changes are sustainable.	The HSE has recruited social workers in both areas. The social work governance and management is under review.	Inspectors will monitor the progress on this issue in the follow-up inspection.

In concluding the original full inspection report in July 2010 the Authority outlined steps to be taken by the HSE in order to respond to the findings of the report and ensure that HSE foster services and the child protection service in the DNW Local Health Area were safe, robust and efficient. They included a requirement that the HSE would provide the Authority with an updated action plan outlining the actions it intended to take to meet all the recommendations in the report within three weeks of the publication of the report. This was done, and in this follow-up report inspectors give their findings on the actions taken to implement each of the 67 recommendations and sub-recommendations in the HSE action plan arising from the original full inspection report. The principal purpose of this follow-up inspection was to monitor and report on progress in meeting all the recommendations of the original full inspection report, and the frame of reference for the follow-up inspection is the action plan presented by the HSE in response to that report.

The Authority was to assess the quality and effectiveness of the HSE's response in addressing the child protection concerns identified in the original full inspection report to ensure that practice was safe and complied with *Children First: National Guidelines for the Protection and Welfare of Children (1999)*, and ensure that any concerns about risks to children due to non-compliance with these guidelines would be notified to the HSE and the Minister for Children and Youth Affairs. This is referred to later in this report.

### 3 Methodology

The focus of the methodology was the HSE action plan in response to the recommendations of the original full inspection report. In the first stage of assessment of the implementation of the plan, inspectors sought as much information prior to fieldwork as possible, including documentation that reflected individual actions specified in the plan. This was a complex exercise due to the fact that recommendations with multiple components were addressed by multiple proposed actions.

Pre-inspection information was requested in four broad categories: a statistical profile of the service, copies of key documents, specific reports on aspects of the service particular to individual recommendations, and relevant updated policies and procedures. As part of the inspection process, the Social Work Department provided to inspectors a

report on the progress made since the full inspection. As appropriate, that information is reflected throughout this report.

### *Preparation for inspection fieldwork*

This included an analysis of the information received and the selection of a sample of children and foster carers whose cases would be examined in the course of the inspection. The information provided was evaluated against the HSE statements under 'Actions to be taken' in the completed action plan. In this report these are shown against each recommendation in the boxes in section 4 below.

Information was gathered from individuals by means of questionnaires and interviews. The preparation phase of the inspection included the selection of sample groups of people involved in the service to which questionnaires were sent. They were: child and family social workers, link workers, children, parents, and young people aged over 16, who were sent a questionnaire specifically on aftercare.

### *Inspection fieldwork*

The inspection fieldwork, which was the second phase of the inspection, was due to take place over three weeks. However, the protracted period of severe winter weather at the time of the inspection caused considerable interruption to the fieldwork programme. The main activities during fieldwork were: reading a sample of children's case files and other records, reading a sample of foster carer files, reading the files of the 40 cases in which inspectors had been told of child protection concerns, and examining other relevant records. This was followed by an extensive range of interviews with children, carers, HSE personnel and managers.

## **4 Findings**

### **4.1 Profile of the Social Work Department in HSE Dublin North West LHA**

At the time of the original full inspection, the DNW Local Health Area had one social work department with one acting principal social worker post. There were five social work team leader posts, two of which were vacant. The child care manager post was also vacant and had been since 2007. There were five social work teams with 42 social workers including the fostering team. The Acting Principal Social Worker was covering the work of the child care manager posts and two vacant team leader posts. The Principal Social Worker had been in the post in an acting capacity since 2005.

In this follow-up inspection, there had been an increase in the number of social workers and the posts in the middle tiers of management had been filled with one child care manager, two principal social workers and seven team leaders. They were responsible for the management of: seven social work teams, including two children-in-care teams

each consisting of eight social workers, the fostering team with 11 social workers and the second fostering team with a team leader and 3.6 social work posts.

## 4.2 Data on the children in foster care in HSE Dublin North West LHA

After the original full inspection, the DNW Local Health Area established a register of foster carers and a register of children placed in foster care by social workers in the Area. The registers contained a wide range of information, and as well as being essential as a means of determining the scope of the service, they assisted the inspection task.

In examining the register, inspectors found that the total number of children in foster care in DNW was down by a small margin from 378 at the time of the last inspection to 373 in this inspection. In the original inspection there were 177 children without an assigned social worker. In this inspection that number had dropped to 131. By the end of the fieldwork this number had dropped further to 122.

A significant finding was that 202 (54%) of the children were placed with unassessed foster carers. There was an increase in the numbers of children who had an assigned social worker. In 2009 the figure was 196 out of a total of 378 (52%). In the follow-up inspection, inspectors found that 242 of the total of 373 (65%) were assigned a social worker. The majority of those who were not assigned a social worker were placed with relative carers.

The figures indicate, and examination of the register and case files confirm, that while the number of relative carers had changed little, there was a significant increase in multiple placements, with several children being fostered in the same placement alongside two or more other children. This is in contravention of the criterion of the Standard covering the numbers of children to be placed in foster care placements.<sup>+</sup> In two cases non-relative children were placed with relatives who had been approved originally only as emergency placements for relative children. In the year between inspections a further 38 children, an increase of 17%, were placed with relative carers. In the same time period the number of relative carers increased by only two. In Table 2 and Table 3 below the figures for this inspection (2010) are compared with findings from the full inspection (2009), and variations in the findings of the two inspections are also included (<>%) as well as the standard percentages for 2010.

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<sup>+</sup> Standard 10.6 of the *National Standards for Foster Care* (2003) states: *Generally, no more than two children are placed in the same foster home at any one time, except in the case of sibling groups and these are not placed with other fostered children. The foster care committee must approve any departure from this practice in advance of the placement.*

**Table 2. Children in HSE DNW Foster Care Service – 2009<sup>†</sup> and 22 October 2010<sup>‡</sup>**

Children in HSE DNW foster care	2009	2010	2010 %	2010 <>%
Total number of children in DNW foster care	378 <sup>‡</sup>	373	100	-1%
Number of children aged 0 – 9 years	211	194	52%	-8%
Number of children aged 10 – 15 years	139	140	37%	0%
Number of children aged 16 – 17 years	52	49	13%	-6%
Number of children assigned a child and family social worker	196	242	65%	+19%
Number of children whose case is unallocated	177	122	33%	-31%
Number of children placed in year prior to the follow-up inspection	50	42	11%	-16%
Number of children placed outside the DNW area	150	127	34%	-15%
Number of children placed near DNW area	74	45	35% (of 127)	-39%
Number of children placed away from Dublin	76	82	65% (of 127)	+7%
Number of children placed with relative carers	186	224	60%	+17%
Number of children placed with non-relative carers	187 <sup>¥</sup>	149	40%	-20%
Number of children placed with un-assessed carers	*	202	54%	
Number of children with no care plan (only 3 of these were placed in 2010)	43	15	4%	-65%
Number of children with care plans significantly out of date	216	18	5%	-92%

#### 4.3 Data on the carers in foster care service in the HSE Dublin North West LHA

There was little change in the number of carers between inspections. There were 248 in 2009 and 246 in this inspection, with a variation of four less non-relative carers and two

<sup>†</sup> Information in 2009 is from the Authority's reading of DNW case files.

<sup>‡</sup> Information in 2010 is from the DNW foster care registers.

<sup>¥</sup> In 2009 details of five cases were not provided.

\* This information was not available in 2009.

more relative carers. There was a small but significant increase in the number of relative carers who were un-assessed. In 2009 the number was 118. In this inspection that had risen to 124 (+5%). Details of the numbers of foster carers in HSE DNW Local Health Area in 2009 and 2010 are provided in Table 3 below.

**Table 3. Foster carers in the DNW Foster Care Service - 2009<sup>†</sup> and 22 October 2010<sup>‡</sup>**

Foster carers in the HSE DNW Foster Care Service	2009	2010	2010 %	2010 <>%
Total number of foster carers	248	246	c100%	-1%
Number of foster carers assigned a link social worker	193	137	57%	-29%
Number of foster carers not assigned a link social worker	55	109	41%	+50%
Number of unapproved foster carers	122	135	55%	+11%
Number of relative foster carers	148	150	61%	+1%
Number of relative foster carers assigned a link social worker	98	54	36% (of 150)	-45%
Number of unallocated relative foster carers	50	96	64% (of 150)	+48%
Number of un-assessed relative carers with children placed	118	124	50%	+5%
Number of relative carer assessments commenced	*	17	13% (of 124)	
Number of non-relative foster carers	100	96	39%	-4%
Number of non-relative foster carers assigned a social worker	95	91	95% (of 96)	-5%
Number of unallocated non-relative foster carers	5	5	5% (of 96)	0%
Number of non-relative foster carers with incomplete assessments	*	11	12% (of 96)	
Number of non-relative foster carer assessments commenced	*	10	11% (of 96)	

<sup>†</sup> Information provided to the Authority by HSE in 2009.

<sup>‡</sup> Information in 2010 is from the DNW foster carer register.

\* Information not available in 2009.

The most notable change between inspections was in the numbers of children in relative and non-relative placements. In 2009, there was an almost exact 50-50 split between the two. In 2010, there was a substantial increase (17%) in the number of children placed with relative carers. Another notable change was in the number of foster carers who did not have a link social worker. In 2009 there were 55 foster carers without link social workers. In October 2010 this number had risen to 109, an increase of 54%. In this inspection, inspectors found that link social workers were visiting allocated foster carers more frequently than was found to be the case in the original full inspection, and they were routinely involved in the investigations of allegations against foster carers.

At the time of the inspection there was a moratorium in HSE DNW Local Health Area on the recruitment of foster carers. Some of the managers of the service interviewed by inspectors confirmed that this was the case. The decision not to hold a fostering campaign, made by the DNW Child Care Management Group Meeting on 10 June 2010, was to be reviewed in October 2010. However, at that point several of the people appointed to the middle tiers of management had only just commenced in their new posts. No foster carer recruitment had occurred in the DNW Area since the original full inspection, and at the time of this inspection there was no strategy in place to recommence recruitment of foster carers. Inspectors found that as a consequence the numbers of multiple placements of children in DNW foster homes had increased, as had the number of placements of children in private foster care, some at a considerable distance from their families and communities of origin.

Inspectors found, from examination of the register and interviews with team leaders and social workers, that the lack of suitable placements was a matter of concern in the Social Work Department. In one case described to inspectors a group of siblings were received into care, but there were no available places. Social workers spent several days looking for a placement and eventually placed them with private foster carers in a remote part of the country. In the interim, the children spent a week in a private residential respite facility. Inspectors noted that there were some carers on the foster carers' register described as 'awaiting placement of children'. However, many of the other carers had more than two children placed with them, and in two cases non-relative children were placed with carers who had been approved only for the placement of relatives. Inspectors were told by team leaders and social workers that the process of seeking placements was stressful. In one case, a young child was placed in residential care after attempts to find a suitable foster placement nationally had failed.

#### **4.4 The HSE's report on progress**

The Social Work Department provided inspectors with a report on progress between the full inspection and the follow-up inspection. It indicated that from October 2009 to November 2010 the Department had established a temporary Fostering Response Team in order to carry out safeguarding visits, reviews and matching assessments for children

in foster care. Relevant information from the HSE progress report is included under the appropriate recommendations in this report.

## 5 HSE's progress in implementing recommendations

The progress of the HSE against the specific recommendations contained in the Authority's original full inspection report is set out here. The recommendations appear in tables, and are presented alongside the HSE's action plan from August 2010. The status of the recommendation at the time of the inspection is also shown in the tables. Recommendations in this follow-up report are numbered in the tables as they appear in the HSE's action plan, and correspond with the sequence of recommendations as they appear in the full inspection report. These are outlined in the first column on the left. The actions reported or proposed by the HSE after receipt of the full inspection report are in the second column. This section also identifies those whom the HSE nominated as responsible for the implementation of the plan along with a timescale proposed by the HSE. In the third column on the right is the Authority's response following the current follow-up inspection indicating whether the recommendation has been met, partly met, or not met. Below each table is a description of the measures taken to fulfil the objectives of the action plan, and, where appropriate, inspectors' comments on the progress made. Table 4 shows the meaning of acronyms and generic words that appear in the HSE action plan.

**Table 4. Key to text and terms used in HSE action plan**

<b>Acronym or words used</b>	<b>Definition</b>
National Office	HSE Office of the National Director of Children and Family Services
NSP	National Service Plan
RDO	Regional Director of Operations

## 5.1 Follow-up findings on the provision of the social work service for children in foster care

### Recommendation 1

Standard 5: The Child and Family Social Worker

Regulation: Part IV

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE must:</p> <p><b>Recommendation 1.1</b> Ensure that all children in foster care have an assigned social worker.</p>	<p><b>HSE actions</b> Additional resources have been provided so that every child in care will have an assigned social worker as set out in National Service Plan 2010. All children in Dublin North West will have an allocated social worker when the additional social workers are recruited.</p> <p><b>Persons responsible:</b> Human Resources, General Manager, and Principal Social Workers</p> <p><b>Timescale:</b> September 2010</p>	<p><b>Recommendation not met</b></p>

The objective of the action plan was for every child in care to have an assigned social worker by September 2010. Inspectors found that this was not the case and that by the target date, 131 children's cases remained unallocated. See the comments under recommendation 1.4.1 below. The management team were aware of the numbers of children on the waiting list. They told inspectors that there had been a peak of referrals and admissions which reflected in the current population of children in care. Managers believed that this happened between 2003 and 2005, but in the register the greatest number of admissions were recorded for 2008. As a consequence, at the time of the inspection there was a surge in the numbers of young people requiring an aftercare service. They also told inspectors that the number of social workers envisaged by the *Implementation Plan from the Report of the Commission to Inquire into Child Abuse*,

2009<sup>±</sup> had not yet been realised in DNW. It is unacceptable that one-third of children in foster care in the DNW Local Health Area did not have assigned social workers.

Inspectors were informed, and found evidence from examining a sample of case records, that a second round of safeguarding visits to children who had not been assigned a social worker was underway. A new duty system was set up for children-in-care teams. It had been running for five weeks prior to the inspection fieldwork. The purpose of the role of the duty officer is to provide consistency in the responses of the department for children who are either unallocated or whose social workers are not available. This included safeguarding visits and reviews. The duty worker also worked with the fostering team to carry out joint visits to foster homes where there were concerns.

Inspectors found that there was a clearly written national transfer policy, and while the DNW Local Health Area had accepted cases that were proposed for transfer, the policy was not working in practice when the DNW Local Health Area wished to transfer a case to another local health area.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 1.2</b> Ensure that assigned social workers coordinate the care of children in accordance with the regulations and National Standards, paying particular attention to the assessment of the needs of individual children, quality care planning and case review and the visiting of children.</p>	<p><b>HSE actions</b> In future all children being placed in foster care will have an assigned social worker at time of placement. Assigned social workers to children in foster care will undertake their duties in accordance with the regulations and Standards, including the arrangement of assessments of needs, the development of care plans and implementation of decisions, arranging care plan reviews and ensuring that decisions are implemented, visiting children in the foster home and meeting them in private, all in accordance with the</p>	<p><b>Recommendation not met</b></p>

<sup>±</sup>The *Implementation Plan from the Report of the Commission to Inquire into Child Abuse, 2009* is the response of the Office of the Minister of Children and Youth Affairs to the *Report of the Commission to Inquire into Child Abuse, 2009* (otherwise known as the Ryan Report).

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	timescales set out in the regulations and Standards.  <b>Persons responsible:</b> Principal Social Workers, Training Department  <b>Timescale:</b> Ongoing	

At the time of the original full inspection, the DNW Local Health Area had one social work department with one acting principal social worker post. There were five social work teams with 42 social workers, including the fostering team. There were five social work team leader posts, two of which were vacant. The child care manager's post had been vacant since 2007. The Acting Principal Social Worker was covering the duties of the child care manager's post and two vacant team leader posts. The Principal Social Worker had been in the post in an acting capacity since 2005.

In this inspection, there had been an increase in the number of social workers, and the posts in the middle tiers of management had been filled with one Child Care Manager, two Principal Social Workers and seven team leaders. Inspectors found that, in comparison to the findings of the original full inspection, visits to children were more frequent and for the most part within statutory timescales and that social workers saw children in private and checked children's bedrooms when they made visits. However, as shown in Table 2 above, 122 children in foster care in the DNW local health area do not have a social worker. To meet the Standard the HSE must ensure that all children in care have an assigned social worker and that each social worker carries out statutory duties within regulatory timescales.

The term 'Safeguarding visits' had been adopted by the Area. In some cases visits were undertaken regularly. Overall, there had been one full round of visits to all the unallocated child care cases in the DNW Local Health Area, and a new round had just started at the time of this inspection. Team leaders and social workers interviewed by inspectors acknowledged that, as well as safety, the welfare and development of children also need to be considered by social workers carrying out visits.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 1.3</b> Ensure that all children aged 16 and over have an aftercare plan and are adequately supported in leaving foster care.</p>	<p><b>HSE actions</b> All young people over the age of 16 years will have an aftercare plan completed in collaboration with their carer, assigned social worker, and aftercare worker where available.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> January 2011</p>	<p><b>Recommendation partly met</b></p>

Inspectors paid particular attention to aftercare because there was a significant number of late adolescents in the population of children in foster care and generally care leavers are more vulnerable than their peers in the community. Social workers and their managers said that for those children who access aftercare the service is good, and young people aged over 18 in foster care who are also accessing third level or further education get good support.

However, overall inspectors found that the Standard was only partly met. Assessments did not take place routinely for all young people, and in several cases refusals by young people to engage in the process were seen as the end of the matter. While most young people aged over 17 had an aftercare plan and there was funding for two non-statutory providers, the aftercare provision was mostly residential and there was a waiting list for places in those services. There were 1.6 aftercare posts catering for children leaving residential care as well as foster care.

Inspectors examined a sample of files of young people aged over 16 years and found that aftercare plans were prepared near a child's 18<sup>th</sup> birthday rather than soon after the child's 16<sup>th</sup> birthday, as required by the Standards<sup>¥</sup>. The intention of the Department was that young people turning 18 would be prepared for leaving care. A key finding under this Standard was that there was an increase in the numbers of young people in the Area at the point of leaving foster and residential care reflecting a 'bulge' in admissions some years ago. Information in the register on the lengths of placements

<sup>¥</sup> Standard 13.2 of the *National Standards for Foster Care* (2003) state: *At least two years prior to a young person reaching the legal age for leaving care, the care plan outlines the personal and financial supports that will be available to the young person, the living arrangements and the support available in times of crisis or seasonal celebration.*

indicated that nearly 18% of the young people in foster care in DNW in 2010 had been received into care during 2008.

Inspectors are of the view that more work needs to be done to ensure that the most vulnerable are provided with an aftercare service. They were concerned that the process of aftercare planning and preparation for leaving care had started too late for several children, and not within timescales required by the Foster Care Standards. They were also concerned to note that in some cases a flat refusal to engage in the process was taken on face value, and as a consequence some young people were unsupported at the point of being discharged from care.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p>To meet this Standard and the regulations the HSE must develop, implement and assure the quality and effectiveness of the monitoring systems that:</p> <p><b>Recommendation 1.4.1</b>                      Assess and manage the risk in the cases of children and families, including those awaiting a social work service.</p>	<p><b>HSE actions</b>                      The implementation of Standard Business Processes throughout the HSE will result in the implementation of standard risk assessment frameworks including the assessment and management of cases awaiting a social work service. Social work practices will be benchmarked against the regulations, Standards, Policies, Procedures and Guidance.</p> <p><b>Persons responsible:</b>                      Principal Social Workers</p> <p><b>Timescale:</b> 15 September 2010</p>	<p><b>Recommendation not met</b></p>

Inspectors found that there were practices that were described as assessment and management of risk in children and family cases. However, these arose from the management of crisis on a day-to-day basis rather than through a standard business process. Inspectors were told that a standard approach across the HSE was being developed, but it had yet to be approved and implemented. Inspectors were told that a newly qualified social worker would not be expected to carry out an initial risk assessment alone and would be supported. Inspectors found no evidence that social

work practice was being systematically benchmarked against regulations, Standards, procedures and guidance. The assessment framework – referred to in the action plan under recommendations 1.4.1, 1.4.5 and 6.1 – was not operational at the time of the inspection. Inspectors also found that there was no other risk assessment framework in place at the time of the inspection. However, in interviews with social work team leaders and social workers, inspectors were told that cases are risk assessed through knowledge and experience of the senior practitioners. The overall plan in the DNW Social Work Department was that the senior practitioner assigned the unallocated children-in-care cases would set up a system similar to that in use in one of the child protection and welfare teams, and that one central system would cover all the cases. However, in practice, this system was in its earliest stages at the time of the inspection.

In the view of inspectors this is a national recommendation that merits closer attention by the HSE at a national level. The impact of the increase in the numbers of social workers in each region and in each social work area team should be assessed against the requirements of a risk management system.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 1.4.2</b>                      Supervise social workers and social work practices to a satisfactory standard.</p>	<p><b>HSE actions</b>                      The Standard Supervision Policy will be implemented. Currently, all social workers receive formal supervision on a monthly basis and this is recorded on file.</p> <p><b>Persons responsible:</b>                      Social Work Team Leaders,                      Principal Social Workers</p> <p><b>Timescale:</b> In place and ongoing</p>	<p><b>Recommendation not met</b></p>

Inspectors were provided with a copy of the National Child and Family Services Staff Supervision Policy which had been issued by the HSE's Primary Continuing and Community Care Governance Group in April 2010. The policy references *Children First: National Guidelines for the Protection and Welfare of Children* (1999), the *National Children's Strategy* (2000) and the *Agenda for Children's Services* (2007). The key tenet of the policy is that 'effective supervision aims to facilitate both individual and systemic change in a process of continuous improvement'.

Although the policy had been issued in the DNW Local Health Area, it had yet to become fully operational in the social work teams. Inspectors found that practice in supervision was in the earliest stages, it was not consistent with policy in terms of frequency and structure, and there were variations in practice between teams. The fostering monitoring officer had carried out an audit of social work supervision and found the Standard not met. While there was evidence that team leaders and social workers were receiving some supervision, social workers interviewed by inspectors said that this happened rarely. The policy states that the frequency should be every four weeks.

Inspectors were told in interviews with team leaders and social workers that although a schedule of dates for supervision was drawn up, other duties, such as attendance at court, interrupted it. Inspectors were also told that social workers had made written representations to their manager about not receiving supervision. Inspectors found that team leaders had not received training in supervision. Some had been trained in previous posts elsewhere. Inspectors were given details of supervision dates, and examined a sample of supervision records. They found that the emphasis in supervision was on case management rather than the professional development of the social worker. They also found that practice varied between teams. In interviewing social workers, inspectors found that the majority had received supervision once or twice in the latter part of 2010. This was not consistent with the policy but it reflected the fact that the team leaders had been in post for only a short period of time prior to the follow-up inspection. In one team, the supervision of social workers was more regular, but there were cancellations when other duties, such as attendance at court, demanded the time.

The supervision of team leaders was also intermittent. The recommendation that social workers and social work practices be supervised to a satisfactory standard has yet to be met. The Social Work Department should maintain a register of supervision and put in place mechanisms to quality assure it. The necessity for professional supervision should be emphasised to newly appointed social work team leaders and social workers in an induction programme at the point of commencement of employment.

HIOA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 1.4.3</b> Define a significant event; ensure that all significant events are notified to social workers in a prompt manner and that social workers respond to these notifications in accordance with HSE policy.</p>	<p><b>HSE action</b> Specific guidance on all aspects of significant events in foster care will be developed and implemented. <b>Persons responsible:</b> Principal Social Workers <b>Timescale:</b> January 2011</p> <p><b>HSE action</b> Social workers and carers will receive training in all aspects of the reporting and management of significant events. <b>Persons responsible:</b> Principal Social Workers, Central Training and Development Unit <b>Timescale:</b> Ongoing</p> <p><b>HSE action</b> The methodology for reporting significant events through the management structure is now covered by a standard operating procedure for the social work department.</p>	<p><b>Recommendation partly met</b></p>

Only the first part of this recommendation was met. Inspectors were provided with a draft written definition of a significant event issued by the DNW Local Health Office in November 2010. It defined a significant event as: 'an unusual or extraordinary action, behaviour or occurrence that may impact either positively or adversely on the physical, emotional or developmental progress of a child.' It also defined a serious incident as a potentially life-threatening injury or a serious and permanent impairment of health, wellbeing or development – consistent with the Authority's *Guidance for the Health Service Executive for the Review of Serious Incidents Including Deaths of Children in*

*Care* (2010). The HSE's draft definition outlines situations in the community, the foster home, on access visits, and in school that might trigger a report of a significant event to a child and family social worker. It stresses that the purpose of the prompt reporting of significant events is to ensure that the HSE can carry out its responsibilities to provide support, encourage the carer and child, access other services or report to other bodies. The HSE's policy is adequate for providing a clear focus on the duty of foster carers to report to social workers. However, it requires some refinement, which may be achieved by consultation with key persons involved in the delivery of the service, and others such as the monitoring officers. The recommendation concerns not only the understanding of social workers about what should be notified to them but also the duty of foster carers to notify social workers of significant events. It is important that the system of notification is understood by foster carers and that their role in notifying social workers of significant events is clear in the HSE's policy and consistently reflected in practice.

It is too soon after its production to assess how effectively the policy will be realised in practice. However, several foster carers who responded to the questionnaires, and those interviewed by inspectors, said that if they contacted social workers with a concern they received a satisfactory response. As in the original full inspection, foster carers interviewed by inspectors restricted their notifications to social workers to health matters involving attendance at hospital. More work is required in assessment, training and placement agreements to ensure that foster carers are clear about the whole range of events that they should notify to social workers.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 1.4.4<sup>±</sup></b>                      Monitor the current system.</p>	<p><b>HSE actions</b>                      The internal monitoring systems comprise the following:</p> <ul style="list-style-type: none"> <li>▪ The Team Leader supervises individual social workers and quality assures individual practices through the formal supervision process and by auditing case files.</li> <li>▪ The Principal Social</li> </ul>	<p><b>Recommendation partly met</b></p>

<sup>±</sup> This reflects the format of the HSE action plan returned to the Authority, and refers to Recommendation 1.4 in the original full inspection report.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>Worker supervises individual Team Leaders and quality assures their practices through the formal supervision process and by auditing case files.</p> <ul style="list-style-type: none"> <li>▪ All complaints and allegations against carers and staff are monitored and analysed.</li> <li>▪ The Foster Care Committee provides quality assurance regarding the assessment, approval and continued approval of foster carers.</li> <li>▪ The local Senior Child Care Management Team reviews the system at its monthly team meetings.</li> <li>▪ The Monitoring Officer monitors compliance with statutory regulations and standards.</li> <li>▪ The Regional Director of Operations monitors overall performance at monthly performance meetings with the Local Health Manager.</li> <li>▪ The National Director monitors performance as</li> </ul>	

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>part of the monthly review of the performance contract with the RDO.</p> <p><b>Persons responsible:</b>                      Regional Director of Operations, Local Health Manager, General Manager, Child Care Manager, Principal Social Workers, Social Work Team Leaders</p> <p><b>Timescale:</b> Ongoing</p>	

This recommendation was only partly met and there needs to be a greater level of monitoring and quality assurance in order to meet the Standard. Regular supervision of team leaders and auditing of files by principal social workers, and regular supervision of social workers and auditing of files by team leaders were not in place at the time of the follow-up inspection. The need for team leaders to be trained in human resources and performance management was acknowledged, but it had yet to happen at the time of the inspection. Newly appointed team leaders were on probationary assessment periods themselves, but their role in managing the teams requires more attention. Inspectors found that there were practices and omissions in carrying out duties that were unknown to senior managers. These were brought to the attention of managers by inspectors during interviews. The management of some complaints and allegations against carers were monitored. However, in examining the case files inspectors were concerned to find child protection concerns that had not been notified to the monitoring officer.

The Foster Care Committee (FCC) was in the early stages of operation and there was no quality assurance system in place that involved it other than within its standard function of considering carers for approval. The monitoring officer's activity in 2010 was confined to the monitoring of child protection concerns and staff supervision. There is a need for the scope of the monitoring function to be widened to include compliance with regulations and Standards, for example, care planning.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 1.4.5*</b>                      Assess the management of risk and case management.</p>	<p><b>HSE actions</b>                      Notwithstanding the roles and responsibilities of individual staff and managers, the Local Senior Child Care Management Team has overall responsibility for the management of children and family services in their Local Health Area.</p> <p>The current system now includes the following:</p> <ul style="list-style-type: none"> <li>▪ All referrals of concerns in respect of children in the community and children in care are assessed by a social worker. There are defined criteria used for the prioritisation and management of all cases.</li> <li>▪ All new referrals assessed as being 'high-risk' are allocated to a social worker and low and medium risk cases may be allocated or managed by the Duty Team.</li> <li>▪ The team leaders manage waiting lists and prioritise allocation of cases based on risk assessment.</li> </ul> <p>The Senior Child Care Management Team meets on a monthly basis to review the effectiveness of their local</p>	<p><b>Recommendation partly met</b></p>

\* This reflects the format of the HSE action plan returned to the Authority, and refers to Recommendation 1.4 in the original full inspection report.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>systems in the context of NSP 2010, the fostering regulations and Standards, Policies, Procedures, and Guidance, the National Audit of Foster Care and associated Action Plan, HIQA Reports and Action Plans.</p> <p><b>Persons responsible:</b>                      Senior Child Care Management Team, Principal Social Workers, Social Work Team Leaders</p> <p><b>Timescale:</b> Ongoing</p>	

The system for responding to referrals and prioritising cases was described to inspectors. The teams hold meetings to prioritise cases. One team had 38 unallocated community welfare and protection cases. The task of reading files of unallocated cases was given to duty social workers. A case summary and action plan was drawn up. This was followed by a duty meeting at which it was determined whether there was a high level of concern and risk. If necessary, the team leader would call for a case conference if risk was identified and there were child protection concerns. Inspectors were told that the teams did not let unallocated cases become dormant, and safeguarding visits were carried out every three months. However, the files did not reflect this in the children in foster care cases.

Inspectors found that there were no defined criteria and no training for assessing risk and prioritising cases, and, as indicated in 1.4.4 above, the assessment framework, – referred to in the action plan, was not operational at the time of the inspection. Significantly, and of serious concern to inspectors, none of the newly appointed social workers had received training in carrying out initial risk assessments in child protection cases, even though the role required them to do so from the outset of their appointments. One team leader acknowledged that it was challenging for newly appointed social workers as there was no assessment tool in use. In practice, inspectors found that the system in use in the DNW Local Health Area relied on the judgment of the team leaders and experienced practitioners rather than defined criteria, as cited in the action plan.

## 5.2 Follow-up findings on the provision of link social workers for the foster carers

### Recommendation 2

Standard 15: Supervision and Support

Regulations: Part III and Part IV

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE must:</p> <p><b>Recommendation 2.1</b> Ensure that all foster carers have an assigned link social worker.</p>	<p><b>HSE actions</b> In Dublin North West a second fostering team is being established to ensure that all carers have an assigned Link Worker. New posts are currently in recruitment phase. Families will be allocated as social workers come on stream.</p> <p><b>Persons Responsible:</b> General Manager, Principal Social Workers</p> <p><b>Timescale:</b> October 2010, contingent on staff being recruited.</p>	<p><b>Recommendation not met</b></p>

This recommendation was not met. Over half of the foster carers (59%) had assigned link social workers, but ninety-five relative carers and five non-relative carers did not. Nearly all the posts in the fostering team were filled at the time of the inspection. However, there was a backlog of assessments to be completed, and some of the newly appointed social workers were assigned to a small team, under the second fostering team leader, to address this. To meet this Standard, the HSE must ensure that all foster carers have an assigned social worker.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 2.2</b> Ensure that link social workers carry out their duties in accordance with the regulations and the National Standards, paying particular attention to the formal supervision of foster carers.</p>	<p><b>HSE actions</b> All Staff are being trained in the regulations and Standards. Link workers will supervise foster carers in accordance with the regulations and Standards.</p> <p><b>Persons responsible:</b> Principal Social Workers, Social Work Team Leaders, Training Unit</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

This recommendation was met for those carers who were assigned link social workers. All staff had received training in regulations and the National Standards. Training in the assessment of foster carers had been provided by the training unit. However, it was for social workers from teams across the three North Dublin local health areas, and only five of the DNW fostering team had completed it at the time of the inspection. A significant proportion of link social workers' time was taken up in investigating complaints and allegations against foster carers and inspectors found that practice in this area had improved.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 2.3</b> Agree on and provide core training to all foster carers.</p>	<p><b>HSE actions</b> A local training schedule is in place. Foster Carers receive training in 'Foundation For Fostering' and relative carers will receive training in 'Fostering Relations', a new course which has been developed for Relative Carers. This will form part of core training and will be</p>	<p><b>Recommendation partly met</b></p>

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	compulsory.  <b>Persons responsible:</b> Principal Social Workers  <b>Timescale:</b> Ongoing	

Inspectors were provided with information about the training courses. Newly recruited or newly assessed non-relative foster carers were receiving training, but the training of relative carers had yet to roll out. This is an area of practice that the HSE regional monitoring and quality assurance systems should track.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<b>Recommendation 2.4</b> Revise contracts with foster carers to ensure foster carers' compliance with HSE policy generally and attendance at core training in particular	<b>HSE actions</b> All new carers are now issued with a signed copy of their contract in accordance with the Standards and regulations. All carers will be issued with a copy of their contract in accordance with the Standards and the regulations, where this is outstanding. The contract will include a requirement to attend training.  <b>Persons responsible:</b> Foster Care Team Leaders  <b>Timescale:</b> October 2010	<b>Recommendation partly met</b>

This recommendation was met only insofar as the template for contracts had been revised. There were renewed contracts in place for some carers, and the contract

template included a requirement for foster carers to attend training. Contracts for the majority of carers required review.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 2.5</b> Ensure that assessments for the purpose of matching the needs of individual children with the capacity of foster carers to meet these needs are carried out in accordance with National Standards and HSE policy and recorded appropriately.</p>	<p><b>HSE actions</b> The assessment of the child's needs is contained in the form E and care plan. The fostering assessment is contained in the Form F. All long-term matches for children in care will be presented to the foster care committee for approval.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> December 2011</p>	<p><b>Recommendation not met</b></p>

This recommendation had yet to be met at the time of the inspection. The temporary team set up during the full inspection had carried out some matching assessments while doing safeguarding visits. However, there was a considerable backlog of matching assessments that needed to be carried out by the social workers in the children and family teams. The fact that the Foster Care Committee had only recently been constituted at the time of the follow-up inspection impacted on the implementation of this action. Inspectors were of the view that given the delay in establishing the Foster Care Committee there may be difficulties for the Social Work Department in meeting the proposed deadline of December 2011. The HSE should consider the viability of the proposal and adjust it accordingly in order to expedite the assessments.

**Recommendation 3**

Standard 14(a): The Foster Carers (non-relative)  
 Regulations: Part III s.5 (2)(a)(b)(c)(d)

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE must:</p> <p><b>Recommendation 3.1</b>                      Approve and implement an appropriate model of assessment for non-relative foster carers, and provide clear guidance on the content and structure of assessment reports provided to the Foster Care Committee(s) by link social workers.</p>	<p><b>HSE actions</b>                      Dublin North West assesses non-relative carers using the agreed model of assessment. Training in assessment is provided to all staff and guidance is provided within Form F.</p> <p><b>Persons responsible:</b>                      Principal Social Workers</p> <p><b>Timescale:</b> In place and ongoing</p>	<p><b>Recommendation partly met</b></p>

Inspectors found that a model of foster carer assessment had been approved and most of the non-relative carers, 85 out of 96, were fully assessed and approved. Most of the fostering social work team had received training in the approved assessment model, but there were some who had yet to receive it. The recommendation will be fully implemented when all non-relative carers are fully assessed and all the fostering team have received appropriate training.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 3.2</b>                      Satisfy itself that all non-relative foster carers are assessed and approved in accordance with the National Standards and the regulations and within the statutory timescales.</p>	<p><b>HSE actions</b>                      Non-relatives carers are assessed and approved in accordance with the regulations and Standards and within the statutory timescales, under our control. All existing outstanding non-relative carers will be assessed and presented for</p>	<p><b>Recommendation partly met</b></p>

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>approval to the Foster Care Committee. A database has been developed to track and monitor all activity regarding assessments and approvals.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> December 2010</p>	

There were 11 non-relative carers whose assessments had not been completed. The fostering team had commenced assessment of 10 of these. The actions necessary to clear the backlog of assessments had commenced only recently during the period of inspection fieldwork. Although there was an aspiration to complete assessments within the required statutory period, 16 weeks, fostering team leaders acknowledged that some assessments might take longer and it would be some time before the team got into a regular pattern of assessment within the prescribed timescale. Inspectors examined a recent assessment of a non-relative foster care applicant and found it had been completed to a high standard within the timescales. It was thorough and comprehensive with all the appropriate checks and vetting in place. To meet the Standard fully the fostering team should clear the backlog of assessments and service managers and the Foster Care Committee should quality assure all new assessments to ensure that they comply with regulations and Standards.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 3.3</b> As a matter of priority, ensure that any deficiencies in the vetting of existing non-relative foster carers are identified and addressed in an effective way.</p>	<p><b>HSE actions</b> An audit will be undertaken of all files in respect of existing non-relative carers to establish the extent of deficiencies in the vetting of non-relative carers. All outstanding clearances will be submitted to the Garda Vetting Unit.</p>	<p><b>Recommendation not met</b></p>

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> October 2010</p>	

This recommendation was not met. Inspectors were told that an audit of carer files was carried out and that new requests for Garda Síochána checks had been processed. However, in the course of the inspection, inspectors examined a sample of 10 foster carer files and found that Garda Síochána checks for one carer and an adult living in the same household were not on the file. The Garda Síochána check for one carer was found on another carer's file. In another two files there were requests for Garda Síochána checks completed in December 2009 and April 2010, but there was no return from the Garda Vetting Unit on file.

#### Recommendation 4

Standard 14(b): The Foster Carers (relative)

Regulations: Part III s.5 (1)(a)(b)(c)(d)

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE must:</p> <p><b>Recommendation 4.1</b> Approve and implement an appropriate model of assessment for relative foster carers, and provide clear guidance on the content and structure of assessment reports provided to the Foster Care Committee(s) by link social workers.</p>	<p><b>HSE actions</b> Dublin North West currently assesses relative carers using the approved model. Training in the approved assessment model will be compulsory for all workers undertaking fostering assessments. Clear guidance is available from the link workers.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> Immediate and ongoing</p>	<p><b>Recommendation partly met</b></p>

A model of foster carer assessment had been approved. However, most of the relative carers, 124 out of 150 (83%), were not assessed and approved in accordance with the regulations. The regulations allow for children to be placed with suitable relative carers in an emergency, but also require a full assessment to be completed within 12 weeks of admission.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 4.2</b> Ensure that all relative foster carers are assessed and approved in accordance with the National Standards and the regulations and within the statutory timescales.</p>	<p><b>HSE actions</b> All new relative foster carers are assessed in accordance with the regulations and the Standards and within the statutory timescales under our control. A plan has been developed to have all outstanding assessments for existing relative carers completed.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> December 2011</p>	<p><b>Recommendation not met</b></p>

A second fostering team consisting of a team leader and 3.6 social work posts was established to clear the backlog of foster carer assessments. The team had commenced assessments of 17 of the 124 relative carers who were unassessed. The team leader's estimate was that it could take up to three years to carry out all the retrospective assessments. The actions necessary to clear the backlog of assessments had commenced only recently during the period of inspection fieldwork, and although there is an aspiration to complete assessments within the required statutory period, 12 weeks, fostering team leaders acknowledged that some assessments might take longer, and it would be some time before the team got into a regular pattern of assessment within the prescribed timescale.

To meet the Standard the fostering team should complete all the assessments, and service managers and the Foster Care Committee should quality assure all new assessments to ensure that they comply with regulations and Standards. The HSE should assess the viability of the programme for this particular team in the light of an estimate by the fostering team leaders that it will take three years to clear the backlog of assessments. In the view of inspectors this is far too long a period, and measures

should be taken to clear the backlog sooner in the interests of the safety of those children who are in the care of unassessed foster carers.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 4.3</b></p> <p>As a matter of priority, ensure that any deficiencies in the vetting of existing relative foster carers are identified and addressed in an effective way.</p>	<p><b>HSE actions</b></p> <p>An audit will be undertaken of all files in respect of existing relative carers to establish the extent of deficiencies in the vetting of relative carers. All outstanding clearances will be submitted to the Garda Vetting Unit.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> December 2010</p>	<p><b>Recommendation not met</b></p>

In the sample of 10 foster carer files examined, inspectors found that Garda Síochána checks had not been obtained in two cases. One of the carers for whom there was no check was not fostering children at the time of the inspection. Inspectors also found that the outgoing fostering committee had returned an assessment to a social worker with advice to consult the Principal Social Worker about it on the basis that it was not able to approve the person as a carer. Potentially, this is a serious problem for the Social Work Department in its plan to clear the backlog of retrospective assessments. For example, if a Garda Síochána check return for the applicant relative is unsatisfactory, and in the case of a non-relative applicant would not meet the criteria for approval, the Committee needs to make a decision about the suitability of the carer weighing up any current or potential risk. Inspectors strongly recommend that the Committee develops a sound risk-assessment tool to assist it in making decisions in such instances. The HSE nationally should issue guidance to the committees to assist and support them in making these decisions.

### 5.3 Follow-up findings on safeguarding and child protection

#### Recommendation 5

Standard 10: Safeguarding and Child Protection

Regulations: Part II

Child Care Act, 1991: Part II

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE must:</p> <p><b>Recommendation 5.1</b>                      Ensure that any and all protective measures taken by the HSE Dublin North West Local Health Area in relation to <i>all children</i> in its care and <i>all additional children known</i> to the Area:</p> <ul style="list-style-type: none"> <li>▪ are adequate</li> <li>▪ keep children safe and protected</li> <li>▪ have addressed all concerns notified to the Area.</li> </ul>	<p><b>HSE actions</b>                      In Dublin North West there is an established duty social work team who respond to all child protection referrals. There are approximately 1000 new referrals made on a yearly basis. There is an initial risk assessment tool currently being utilised which ensures that all children deemed to be at risk have an immediate social work response.</p> <p>The social workers on the duty team hold cases for an initial three-month period to complete an assessment before the case is either closed or transferred to a long-term team within the area. Within the internal transfer process, the team leaders ensure that all children who are deemed to be at risk have ongoing social work intervention. The waiting list system for both the long-term teams is regularly risk assessed through a duty system to ensure that children are safe and protected.</p>	<p><b>Recommendation partly met</b></p>

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>All children in the care of the HSE Dublin North West, will have a Care Plan which is up to date and is the subject of a review in accordance with the regulations and Standards. This will apply to residential care, foster care and young people in, or entering, the Aftercare system.</p> <p>Part of this review process will involve consultation with children and young people, their carers and their families.</p> <p>All outstanding care plans are in the process of being prepared. New referrals to the Social Work Department will be prioritised in terms of risk – child protection cases will typically be addressed within 1-2 weeks of referral – child welfare within 4-6 weeks.</p> <p>All referrals assessed as being 'high-risk' will be allocated and low and medium risk cases may be allocated or managed by the Duty Team.</p> <p>All fostering link workers will receive further training/refresher training regarding their obligations under the regulations and Standards.</p> <p>The link workers will ensure</p>	

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>that all carers receive further training/refresher training regarding safeguarding and child protection through the Foundation for Fostering and Fostering Relations training courses. Carers will receive all relevant information on the child/children placed with them to enable them to ensure adequate safeguarding in respect of the foster child/children, the carers' children, other children, and the carers themselves.</p> <p>Foster children will be thought appropriate self-care and self-protection skills.</p> <p>A new draft Policy, Procedure and Practice Guidance on Handling Allegations and Concerns has been developed in accordance with Children First. All child protection concerns will be addressed as set out in the Standards.</p> <p>Complaints are managed in accordance with the HSE's Complaints Management Policy 'Your Service Your Say'. A child-centred guide to complaints is being developed.</p> <p>The recording, management, monitoring and analysis of concerns, complaints and</p>	

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>allegations against carers will form part of the local, regional and national performance monitoring processes. The Monitoring Officer will be notified of all occurrences and will report on progress. Also, see 1.4.5 above.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	

This recommendation had been partly met. Inspectors were provided with information about 40 allegations or concerns notified to the Social Work Department during the year October 2009 to October 2010. They examined all files in relation to the 40 allegations or concerns.

Of the 40 allegations, 11 were concerns about inappropriate or inadequate care practices, nine concerned inappropriate physical discipline, four were of emotional abuse, three were of sexual abuse, three of criminal behaviour, three were of drug-related problems, two of neglect and one was about the quality of care. Most of the allegations were against carers, but some arose from the behaviour of other members of carers' households. All of the allegations had been or were in the process of being investigated, and the outcomes were as follows: 12 were still under investigation at the time of the inspection, 11 were unfounded, 10 were founded, five had no recorded outcome, and two were founded in part.

The 23 concerns for which assessments and investigations had been completed had the following timescales: up to 3 months – 10 allegations, between 3 and 6 months – 3 allegations, between 6 and 9 months – 8 allegations, and between 9 and 12 months – 2 allegations. The 12 allegations still under investigation at the time of the inspection had been ongoing for a considerable time ranging from five to 14 months. Allegations that were made in the year 2010 were notified to the monitoring officer or Foster Care Committee between one and seven weeks after initial referral, but in one instance the period of time between initial referral and notification was over 20 months. The case files of one of the children about whom there were child protection concerns was missing. The Authority requested the HSE to rectify the issue of the missing case files

for this child, and has written to the senior managers of the service requesting up-to-date information on how this has been done.

The system for responding to referrals and prioritising cases was described to inspectors. See comments under 1.4.5 above. Inspectors were told that the Social Work Department had processed referrals of 1,000 families during the year between the inspections. In one community team they had an active caseload of 600 children. Social workers' caseloads were set at 15 children, and all other cases were unallocated and managed by the duty social workers. Duty was carried out by child and family social workers on a rolling roster. A senior practitioner was assigned the duty of managing the caseload of unallocated children in care, and the children in care teams ran a duty system similar to that in the community teams. Inspectors found that 15 children in foster care did not have care plans, and that only three of these had been placed during the months prior to the inspection. Another 18 children had care plans that were significantly out of date. In one case it was eight years since the child's care plan was last reviewed.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 5.2</b> Develop, implement and monitor safe, effective and robust systems that ensure that foster carers found to be unsuitable to care for children do not have children placed with them, and that all relevant parties are notified of their unsuitability.</p>	<p><b>HSE actions</b> Where foster carers are found to be unsuitable to care for children, the Principal Social Worker (PSW) will be informed. The PSW will ensure that all relevant parties are informed including notifying the local social work departments if the carers live outside the area which may include activating the child abuse notification system.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

This recommendation was partly met. There was clear evidence that the fostering team were tackling retrospective cases where concerns about the suitability of foster carers had been brought to the attention of the Social Work Department. New foster care committee guidelines and procedures were in the process of being developed nationally in relation to the de-registration process, but they had yet to be implemented at the

time of the inspection. As a consequence, no foster carers were de-registered in 2010. Inspectors were concerned that even after its approval by the HSE, this process would not apply in some cases because foster carers had not been assessed in the first instance.

Inspectors examined all the children's case files and foster carer files in the 40 cases where there were child protection concerns, and found clear evidence that the new approach to addressing the serious concerns raised, and to making a decision about the suitability of foster carers, was rigorous and robust. On the basis of assessments of suitability the DNW Local Health Area ceased new placements of children with some foster carers. The DNW Committee and Social Work Department intended to give priority to formally de-registering unsuitable foster carers once the approved HSE national guidelines were in place. To meet this Standard fully, the HSE should ensure that there is a system in place to register and de-register foster carers, and that a fully developed system of notification to all relevant parties is in operation.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<b>Recommendation 5.3</b> Develop and maintain a national central register of all allegations made by children against foster carers.	<b>HSE actions</b> The PSW maintains a local register of all allegations made against foster carers. Information will be passed to a regional/national database, when developed.  <b>Persons responsible:</b> Principal Social Workers  <b>Timescale:</b> Ongoing	<b>Recommendation not met</b>

This recommendation had yet to be met. The situation at the time of the inspection was as described in the HSE actions above. The DNW Principal Social Worker maintained a local register of all allegations made against foster carers, but there was no system in place to hold that information in regional and national databases.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 5.4</b> Ensure that foster carers and children's individual case files contain records of notifications of alleged abuse by foster carers to the Garda Síochána, outcomes of any criminal investigations conducted by the Garda Síochána and any other protective measures taken by the HSE to ensure the protection of individual children.</p>	<p><b>HSE actions</b> The PSW in Dublin North West will maintain a register of all allegations made by children against foster carers. There is an operational procedure on allegations to ensure that they are recorded, investigated and outcomes are noted. Copies of these allegations and their outcomes will be placed on the child and carer's files.</p> <p><b>Persons responsible:</b> Principal Social Workers, Social Work Team Leaders</p> <p><b>Timescale:</b> October 2010</p> <p><b>Action</b> Any allegations found to be valid will be notified to An Garda Síochána through the child abuse notification systems and the Child Care Manager will ensure that the Gardai notify the social work department of the outcome.</p> <p><b>Person responsible:</b> Child Care Manager</p> <p><b>Timescale:</b> September 2010</p>	<p><b>Recommendation partly met</b></p>

Inspectors examined all the files for a sample of 48 children and a sample of 10 carers. The children's case files that were examined included the 40 cases in which there had been child protection concerns in the year prior to the inspection. Inspectors found that information on child protection matters were on either the child's or the carers' files, and sometimes on both, but practice was not consistent.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 5.5</b> Implement <i>Children First: National Guidelines for the Protection and Welfare of Children</i> and the National Standards in all regions (including those issued by Ministers and produced by the Authority subsequent to this inspection).</p>	<p><b>HSE action</b> As of the 3<sup>rd</sup> August 2010, the Child Care Manager post in Dublin North West has been filled and the implementation of Children First will be a priority.</p> <p><b>Person responsible:</b> Child Care Manager</p> <p><b>Timescale:</b> September 2010</p>	<p><b>Recommendation not met</b></p>

In examining files and interviewing senior managers, team leaders and social workers, inspectors found that the Children First Guidelines were not implemented in the DNW Area and that this recommendation has yet to be met. Inspectors received conflicting accounts about the reasons for Children First not being implemented in the DNW Local Health Area. Some of the people interviewed said that the issue with the union and resources, referred to in the original full inspection report, still persisted. Inspectors were also told that the impasse resulting from that agreement had now been removed. Some interviewees said that the implementation of Children First in the Area awaited the official implementation of the revised 2010 version by the HSE nationally.

The newly appointed Child Care Manager, who took up her post in November 2010, said that in child protection cases the Area 'follows' the Children First Guidelines, and the action plan in response to this recommendation reflects the stated intention of the DNW Social Work Department to give priority to the implementation of Children First. However, team leaders and social workers said that the Children First guidelines were not in use at the time of the inspection, and that the child protection manual predating Children First was still in use.

In practice, inspectors found, through examination of the 40 case files of the children about whom there had been child protection concerns in the year prior to inspection, that notifications were sent directly to the Child Care Manager. However, practice varied, and a standardised reporting form and formal system of notification to the Garda Síochána were found on only a few case files. Also, there was no specific progress in terms of when notifications should be made. The DNW Child Care Management Group decided in October 2010 that practice in child protection would be reviewed by a specific forum. Inspectors were provided with information by the HSE that, in the period between the original full inspection and this inspection, 40 allegations and complaints

had been made against foster carers. These were all either investigated or in various stages of investigation. In the absence of Children First procedures the Area had produced a policy document on the management of allegations and complaints against foster carers, and a system for notifying the HSE monitoring officer of each allegation so that she could carry out a tracking function. Inspectors found that the fostering team leader had been proactive in calling strategy meetings to address the allegations in the initial stages and ensure that there is a coordinated approach to them. To meet this recommendation the HSE should ensure that Children First is fully implemented in the DNW area.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 5.6</b> Ensure that in any respite or childminding arrangements social workers know exactly who is looking after a child in care and ensure that appropriate steps are taken to assess his/her suitability.</p>	<p><b>HSE actions</b> The fostering link workers and the child's social worker will ensure that they are aware of any respite or childminding arrangement being made for a child in care. Respite carers will be approved by the Foster Care Committee (FCC) and respite outside of 72 hours will be comprehensively assessed. Regular child minders will be Garda cleared. All arrangements will be in line with the National Standards.</p> <p><b>Persons responsible:</b> Social Work Team Leaders</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

Inspectors were told that all respite carers were Garda Síochána checked. They found evidence that known respite carers were Garda Síochána checked. However, they also found that a request of the previous foster care committee for a Garda Síochána check for a housekeeper who occasionally cared for the children in the absence of the foster parents had not been acted on, and that some children were placed in a respite programme for a week. HSE policy and the National Standards state that programmes of care lasting longer than 72 hours a week must undergo a comprehensive safeguarding assessment. The HSE should ensure that any respite arrangement lasting more than 72 hours is appropriately assessed in accordance with the National Standards

and the HSE's policy and action plan. It should also monitor the care plans for children for whom there is no immediate placement at the point of their admission to care .

<b>HIQA local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 5.7</b> Carry out a systematic review of all case records for children in foster care in the Area in order to satisfy itself that any and all child protection and child welfare concerns have been identified, notified and dealt with in accordance with the National Standards, regulations and <i>Children First: National Guidelines for the Protection and Welfare of Children</i>. Where necessary, the HSE must notify any concerns identified to the Garda Síochána.</p>	<p><b>HSE action</b> All case records are being reviewed as part of the Action Plan currently being implemented and notified to HIQA.</p> <p><b>Persons responsible:</b> Child Care Manager, Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation not met</b></p>

Inspectors found that some action had been taken to meet the requirement of this recommendation. A systematic review of all case records was underway at the time of the inspection, but it was not complete. Inspectors were assured that in the reorganisation of the case files, identified child protection or welfare concerns would be referred to the Principal Social Workers. However, the primary purpose of the review of the filing system was to implement recommendation 6.7 rather than this recommendation. A senior practitioner had been assigned specifically to carry out this task. Inspectors were told that all foster carer files and the case files for 151 children had been reviewed. This figure included the 122 cases that were unallocated at the time of the inspection. To fulfil this recommendation, the Social Work Department must include the identification of child protection and welfare concerns in case files in the programme of reform of the filing system, and complete the review of all files.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 5.8</b> Provide social workers with specific training in the assessment of risk.</p>	<p><b>HSE actions</b> The PSW and Training Unit are devising a comprehensive training programme that incorporates training in the areas of supervision, risk assessment and the management of allegations of abuse against foster carers.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> August 2010</p>	<p><b>Recommendation not met</b></p>

This recommendation had not been met. All the social workers interviewed by inspectors confirmed that they had not received risk assessment training. The Principal Social Worker interviewed by inspectors also confirmed that this was the case.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 5.9</b> Issue guidance to social workers and foster carers on the management of allegations of abuse against foster carers.</p>	<p><b>HSE actions</b> A new draft Policy, Procedure and Practice Guidance on Handling Allegations and Concerns regarding foster carers has been developed in accordance with Children First. All child protection concerns will be addressed as set out in the Standards. Training in the management of allegations will be provided to social workers and guidance and training will also be provided to foster carers.</p> <p>The recording, management,</p>	<p><b>Recommendation met</b></p>

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>monitoring and analysis of concerns, complaints and allegations against carers will form part of the local, regional and national performance monitoring processes. The Monitoring Officer will be notified of all occurrences and will report on progress.</p> <p><b>Persons responsible:</b> Principal Social Workers, Central Training and Development Unit</p> <p><b>Timescale:</b> August 2010</p>	

This recommendation had been met. The Area had introduced an allegations and complaints procedure congruent with the national HSE policy and procedure, *Your Service Your Say*. A local policy for dealing with allegations against foster carers had been issued. It was characterised by a joint assessment and investigation by the fostering and children-in-care teams. Initial assessments were carried out soon after a strategy meeting, and the team leaders of the respective teams were in control of the process in its initial stages. Notifications were made to the Child Care Manager and Foster Care Committee as appropriate. The Child Care Manager was Chairperson of the new DNW Foster Care Committee.

Inspectors were told and found evidence during the examination of files, that in contrast to the findings during the original inspection, more time was spent on strategy meetings, particularly in the initial stages of handling allegations against carers. In one case, social workers interviewed children who had previously been at the placement, and not just those currently living there, and social workers external to the case carried out the interviews, a practice that is consistent with the requirement of the Standard. Inspectors were provided with a copy of the guidance, and social work team leaders and social workers confirmed that they were aware of the procedures.

<b>HIQA local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 5.10</b> Conduct a review (external to the Area and independent of the Executive) of the two cases identified to the Dublin North West Local Health Area where children had been left in unsafe placements.</p>	<p><b>HSE actions</b> Individuals have been identified to conduct an independent review of the two cases where children were left in unsafe placements.</p> <p><b>Person responsible:</b> Local Health Manager</p> <p><b>Timescale:</b> October 2010</p>	<p><b>Recommendation partly met</b></p>

The HSE made an arrangement for these cases to be reviewed in sequence rather than concurrently, and at the time of the inspection, only one child's case had been reviewed. Inspectors were extremely concerned to note that even though the review identified significantly poor practice and confirmed that the child had suffered while in a previous foster care placement, his case was unallocated at the time of the inspection. This concern was brought to the attention of the senior managers of the service. Inspectors were concerned that there should be no further delay in carrying out the review of the second case and required information from the HSE on the timescale for its completion.

<b>HIQA local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 5.11</b> Review all allegations made by children in foster care in the Dublin North West Local Health Area in the 10 years prior to the inspection.</p>	<p><b>HSE actions</b> Following the audit of the link workers' files, the same team will then review all allegations made by children in the past 10 years.</p> <p><b>Person Responsible:</b> Local Health Manager</p> <p><b>Timescale:</b> November 2010</p>	<p><b>Recommendation not met</b></p>

This recommendation had not been met. Senior managers of the Social Work Department confirmed in interviews that the process of reviewing all allegations over

the 10 years prior to the inspection had not commenced owing to a lack of deployable resources to conduct the review.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 5.12</b> Assess the 70 cases of retrospective abuse allegations that were identified during the inspection.</p>	<p><b>HSE action</b> Following completion of the outstanding relative assessments the 70 cases of retrospective abuse allegations will be assessed.</p> <p><b>Persons responsible:</b> Local Health Manager, General Manager, Principal Social Workers</p> <p><b>Timescale:</b> December 2010</p>	<p><b>Recommendation not met</b></p>

This recommendation had not been met. Senior managers of the Social Work Department confirmed in interviews that the process of assessing the 70 cases of retrospective abuse allegations had not commenced owing to a lack of deployable resources to carry out this major work.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 5.13</b> Provide updated reports to the Authority on child protection concerns arising as a result of this inspection and notified to the Dublin North West Local Health Area by the Authority.</p>	<p><b>HSE action</b> Up-dated reports will be provided as part of the Action Plans currently being implemented and notified to HIQA.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> October 2010</p>	<p><b>Recommendation met</b></p>

This recommendation was met primarily because the follow-up inspection was announced in October 2010, and as part of the inspection methodology, information was sought by inspectors prior to fieldwork. The information was provided by the newly

appointed Child Care Manager. Further updates are required in the regular reports requested by the Authority from the HSE Regional Director of Operations, as indicated in 'Next Steps' below.

#### 5.4 Follow-up findings on governance and management

##### Recommendation 6

Standard 19: Management and Monitoring of Foster Care Services  
Regulations: Part IV s.12, 13, 17 and Part VI

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE must:</p> <p><b>Recommendation 6.1</b> Ensure that foster care services are managed in accordance with legislation, the regulations and National Standards and are child centred in every aspect of their delivery.</p>	<p><b>HSE Actions:</b> The management and monitoring systems are as set out at 1.4.4 and 1.4.5. The roles and responsibilities of all relevant staff from the social worker, team leader, principal social worker, child care manager, general manager, local health manager, regional director of operations, national director, trainers and the monitoring office are defined and understood by all relevant parties.</p> <p>The monitoring function is separate from the line management function and is being strengthened.</p> <p>Local policies and procedures have been updated on an interim basis pending the implementation of standard business processes.</p> <p>An up-to-date local register of all children in foster care and</p>	<p><b>Recommendation partly met</b></p>

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
	<p>in care with relatives is maintained.</p> <p>Demographic information is available from several sources such as Census data, the national disabilities database, the local authorities, the CSO.</p> <p>The data collection and analysis function in respect of fostering services is being developed in line with the requirements of Standard 19 (19.7, 19.8).</p> <p>Service Level Agreements are signed when external agencies are contracted to provide fostering services.</p> <p>Social workers are employed in accordance with budget allocations, service development approvals and the employment control framework.</p> <p>Contingency plans are being reviewed in the context of the child's allocated social worker being unavailable for an extended period.</p> <p>All children in care will have a care plan by the end of 2010 and all reviews will be conducted in accordance with the regulations and the Standards.</p>	

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>A standard assessment framework is being introduced as part of the implementation of Standard Business Processes.</p> <p>All information requested for the annual Review of Adequacy of Child Care and Family Support Services (Section 8, Child Care Act 1991) is provided.</p> <p><b>Persons responsible:</b> Local Health Manager, General Manager, Child Care Manager, Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	

Inspectors found that the monitoring function, which was separate from the line management function, was being strengthened and the Area shared the services of three monitoring officers specifically allocated to foster care. Local policies and procedures were updated on an interim basis pending the implementation of standard business processes, but some processes were awaiting national policy and guidance. An up-to-date local register of children in foster care and in care with relatives was maintained.

While the action plan states that the data collection and analysis function in respect of fostering services is being developed in line with the requirements of Standard 19 (19.7, 19.8) the register had some significant omissions including children placed in private foster care, and children in supported lodgings. It also did not adequately reflect movement between placements, for example intermittent respite placements.

Service level agreements were signed when external agencies are contracted to provide fostering services. Inspectors were given details of the placements, and were told by team leaders and social workers that there was an increased use of private foster placements, many of them at a great distance from the DNW Local Health Area. While there had been an increase in the number of social workers employed in the Area, the restriction of caseloads and the overall demand for services (with 122 cases being

unallocated in the children-in-care teams, and other cases being unallocated in the community welfare and protection teams) meant that there were insufficient social workers to provide the service within the requirements of the regulations and National Standards. The action plan stated that contingency plans are being reviewed in the context of the child's allocated social worker being unavailable for an extended period. Inspectors found that this consisted mostly of use of agency workers to fill the gaps in provision.

Inspectors were provided with details of the employment and deployment of staff, and noted that the Childcare Management Group had identified a high level of movement between teams as well as in and out of the Social Work Department. The information provided to inspectors indicated that in 2010 there had been 38 'starters' in a variety of posts. These included the Child Care Manager, a principal social worker, seven social work team leaders and 27 newly appointed social workers. In the same time, 13 social workers left the Department and five staff were on maternity leave. One factor in this process was that the assignment of social workers to posts was in part determined nationally by the HSE's National Recruitment Service. In the same period there was a rapid turnover in some posts. A team leader that started in May left the post in November 2010, and a social worker who started at the beginning of May left in September 2010.

The intention that all children in care should have a care plan by the end of 2010, and that all reviews be conducted in accordance with the regulations and the Standards, had not been realised in practice. The standard assessment framework was not introduced as part of the implementation of standard business processes.

Since the original full inspection, a local Childcare Management Group had been established under the chairmanship of the Local Health Manager. The Group was established in June 2010 with the following membership: the Acting Local Health Manager, the Acting General Manager, a senior manager, principal social workers, the Alternative Care Manager, and the Child Care Manager. The Group reserved the right to co-opt people whose roles were relevant to the overall childcare service into the Group from time to time. The terms of reference of the Group were to examine service data, determine the best use of human resources, oversee the implementation of emerging policies and procedures, identify areas of risk, examine particular cases, consider aspects of the service's relationship with non-statutory providers, and monitor all local committees, including the DNW Foster Care Committee. Inspectors were provided with minutes of DNW Childcare Management Group meetings. In the period between June and December 2010 the group had eight meetings. The importance of induction of new team leaders and social workers was highlighted by the meetings, but by the time of the inspection this had not happened. The Group had a standing item on the agenda of the meetings for consideration of serious incidents. Less serious but important matters, such as the placement of children aged 15 years old and under in supported lodgings, were

not brought to the attention of senior managers. There was also no standard system in place for tracking the care of fostered children with disabilities.

The DNW Local Health Area had made some moves towards more child-centred practice. Some of the team had qualifications and experience in play therapy. Through them, a set of resources for communicating with young children was made available to social workers. There was also a revision of the children's review report sheets, and the introduction of a new system for sharing information amongst members of the team. The concept of child-centredness had been understood insofar as the interactions between social workers and young children were concerned, and there was evidence of more visits where children were seen in private by social workers. However, the system itself has some way to go to ensure that its children's rights practices, decision making processes, and administration and recording systems are more child-centred.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 6.2</b> Review the governance of all social work departments in order to satisfy itself that they:</p> <ul style="list-style-type: none"> <li>▪ are fit for purpose</li> <li>▪ have high quality leadership</li> <li>▪ have suitably qualified staff</li> <li>▪ have a senior managerial structure to which they are accountable and which provides clear support to them in the execution of their duties.</li> </ul>	<p><b>HSE actions</b> Pending the implementation of the recommendations in the PA Consulting Report<sup>†</sup>, the social work department will be reviewed to ensure that services are delivered in accordance with the regulations and Standards up to the limits allowable within available resources. Ongoing risk assessments, prioritisation and reviews of unallocated cases will be an integral part of the management of service.</p> <p>Management and monitoring will take place as set out at 1.4.4 and 1.4.5 above.</p> <p>Training, support and supervision will be provided to all staff including team leaders and principal social</p>	<p><b>Recommendation not met</b></p>

<sup>†</sup> A report commissioned by the HSE based on a review of the delivery and management of child and family services.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>workers.</p> <p>Overall governance and support will be provided by the local Child Care Management Team and by line managers.</p> <p><b>Persons responsible:</b> Local Health Area Child Care Management Committee</p> <p><b>Timescale:</b> Ongoing</p>	

This recommendation had yet to be met. There are many new personnel in key positions in the DNW social work teams, and they had mostly been in post only a matter of weeks at the time of the inspection. There was a considerable amount of hope that the 'new blood' in the system would generate a new service with the emphasis on 'getting back to basics'. This was described to inspectors as a person-centred, and particularly a child-centred service. There are challenges, some of which have been identified by the Childcare Management Group. One of them is the absence of administrative support for social workers; another is the need for work-and-time-management and health and safety assessments of the social work role. Social workers interviewed by inspectors described several situations where they felt unsafe visiting certain homes or areas of the city. The concerns about the calls on their times by conflicting duties left them with situations in which some duties were sacrificed for others. Their statutory responsibilities, such as visiting and care planning, which were less likely to be achieved because they had lower priority than court and access work, and some of the added constraints, such as a requirement that social workers use public transport, should be reviewed in the context of ensuring that social workers are deployed effectively and optimally for the level of responsibility they carry.

The movement of cases between the teams was described to inspectors. A new referral comes to the duty team in the child protection and welfare team and is managed by the team for up to three months. In that time, the proceedings necessary for reception into care take place. At the end of that period the case is transferred to the long-term team if the social work involvement is going to be long term. Cases are held by the long-term team for up to 12 months before they are transferred to a children-in-care team.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 6.3</b> Establish a <i>national</i> register of all foster carers and introduce appropriate systems that ensure it is:</p> <ul style="list-style-type: none"> <li>▪ accurately maintained</li> <li>▪ dependable</li> <li>▪ up to date</li> <li>▪ contains names of any carer(s) found to be unsuitable to care for children.</li> </ul>	<p><b>HSE actions</b> An up-to-date accurate and dependable local register of all foster carers and relative carers is maintained. It includes details of those de-registered.</p> <p>All relevant information will be submitted to a national register, when established.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> In place</p>	<p><b>Recommendation partly met</b></p>

This recommendation had been partly met. There was a *local* register of carers. It did not include those who provided supported lodgings. It was not clear from the register whether dates of approval referred to the Foster Care Committee or an emergency approval by a senior member of the Social Work Department management team. Inspectors were told that the national register had yet to be established. Inspectors suggest that the register should list the number of children that carers are approved for since it listed the children currently in placement, and in many cases there were more than the limit of two children as required by the Standards.\*

A system for de-registration of unsuitable foster carers had yet to be put in place. One carer who was deemed to be unsuitable was not de-registered because he/she had not been approved by the Foster Care Committee in the first instance. The file showed that the carer had been providing supported lodgings, and that the reason given for no longer using the placement was the age of the carer rather than allegations. A corollary to this is that there is no system in place yet for communication between one local health area and another when a carer is no longer used because of a decision that he/she is unsuitable.

\* Standard 10.6 of the *National Standards for Foster Care 2003* states: *Generally, no more than two children are placed in the same foster home at any one time, except in the case of sibling groups and these are not placed with other fostered children. The foster care committee must approve any departure from this practice in advance of the placement.*

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 6.4</b>                      Ensure that all foster carers are approved on the basis of a thorough registration process in the case of first time applicants and that registration status is verified for all other applicants.</p>	<p><b>HSE actions</b>                      All new foster carers will be subject to comprehensive assessment (Form F). This is then presented to the Foster Placement Committee for approval and registration</p> <p><b>Persons responsible:</b>                      Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

This recommendation was partly met. Inspectors examined a file of recently assessed and approved foster carers and found that the assessment had been thorough, comprehensive, within the statutory timescales, and well recorded and filed.

The assessment and registration of all other carers was underway. As a consequence of the investigation of complaints and child protection concerns, some carers had been identified as unsuitable to provide foster care. See comments under recommendation 5.2 above.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 6.5</b>                      Ensure that no child is placed with a carer who is not registered.</p>	<p><b>HSE actions</b>                      No child will be placed with an unregistered foster carer save in the case of an emergency. No child will be placed with a de-registered carer under any circumstances. Section 36 placement will be risk assessed and Garda clearance and references obtained and made in accordance with the regulations and Standards.</p>	<p><b>Recommendation not met</b></p>

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p><b>Persons responsible:</b> General Manager, Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	

This recommendation was not met. There were a total of 124 foster carers who had yet to be assessed, and there were 11 other foster carers whose assessment was incomplete at the time of the follow-up inspection. Some children aged 15 years old and under had been placed in unregistered supported lodgings. Inspectors recommend that where supported lodgings are to be used for the placement of children aged 15 years and under, the carers should be fully assessed as foster carers in order to regularise the arrangement. See comments under recommendation 5.2 above.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 6.6</b> Establish a <i>national</i> register of all children in foster care and introduce appropriate systems that ensure it is:</p> <ul style="list-style-type: none"> <li>▪ accurately maintained</li> <li>▪ dependable</li> <li>▪ up to date.</li> </ul>	<p><b>HSE actions</b> An up-to-date, accurate and dependable local register of all children in foster care and relative care is maintained. All information will be submitted to the national register when established.</p> <p><b>Persons responsible:</b> Assistant National Director, Principal Social Workers</p> <p><b>Timescale:</b> None given</p>	<p><b>Recommendation partly met</b></p>

Within the DNW Local Health Area the recommendation was mostly well met. Inspectors were provided with a copy of a *local* register of fostered children. However, the register needs to be regularly updated to reflect the movement of children between placements, and to reflect returns to home or transfers to residential care or other settings. It needs to be regularly monitored and quality assured in order to maintain a high level of

accuracy and dependability. To meet the Standard fully, the HSE should ensure that these requirements are fulfilled and that a national register is established.

<b>HIOA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 6.7</b>                      Review and amend as necessary the systems for collecting, recording, filing, day-to-day storage of and archiving of information on children and families so that all records are accountable, coherent, complete, secure, up to date, reflective of practice, maintained in accordance with legislation and accessible to those with a right to access them.</p>	<p><b>HSE actions</b>                      NWD have assigned a Senior Staff member to oversee the current filing system to ensure compliance with relevant legislation and quality standards. In addition the business standardisation process will assure that improved standards of report writing and record keeping in line with international good practice are achieved. A standard operating procedure will be provided to deal with data/file security.</p> <p><b>Persons responsible:</b>                      General Manager, Principal Social Workers</p> <p><b>Timescale:</b> August 2010</p>	<p><b>Recommendation partly met</b></p>

The reorganisation and auditing of files was underway locally using systems designed by the practitioners in the Area. The filing system had undergone some reform. The security of the files had been attended to, and in particular, the chaos that was encountered in the original full inspection in one social work office had been replaced by orderliness and greater ease of access to information. In the sample of files seen all baseline statutory information was present, for example, birth certificates. However, even in re-ordered files certain documents are still required such as up-to-date care plans. An audit tool was developed by representatives from the three Dublin Local Health Areas (Dublin North, Dublin North West, Dublin North Central). The scheme was introduced as a pilot in one local office within DNW Local Health Area in August 2010.

The recommendation to ensure that each child in care has an individual file had been met in part in some of the cases. The structure of the children's individual files was also

locally determined, and the Area awaited direction from management on the design and structure of files. Some of the work of establishing individual files under these terms had been completed, and in all the unallocated cases children had individual files. However, whilst some statutory documentation was clearly present and accessible, such as birth certificates, other documentation remained in the family files, for example care plans. The reason for this was that the individual files covered only the period from the last inspection to the present day. On examination of files inspectors found that several key documents concerning children in care were still in the family files. The Authority recommends that individual children's files contain all documentation relevant to the child from the point of the initial placement in care.

As well as reading a sample of 48 children's case files, inspectors also carried out a random file check. They examined samples of files of unallocated and allocated cases. They found that the files of unallocated cases had all been audited, and that an individual file was in place for each child. However, the documentation in the files, taken from the beginning of 2010, whilst it included the statutorily required information, did not include all the documentation referring to the individual child since being received into care. As a consequence, there were documents referring to actions decided at review meetings prior to 2010 that had not been carried out. There was still relevant documentation on individual children in the older family files.

In looking at the allocated cases, inspectors found that there were folders with loose papers awaiting filing. In one instance this folder was full, the documents were not secure or in order, and documents needing to be put in the secure individual file were dated up to a year prior to the inspection. In another example, social workers held a foster carer file while they completed an assessment for matching purposes. The documents on file indicated that this process was taking several months. In another case a care plan, dated February 2009, was in the folder of loose papers awaiting transfer into the secure individual file. The case had been unallocated for a considerable period of time in 2010. In the section of the filing cabinet under the name of one child inspectors found several documents concerning other children. The files of the unallocated cases were mostly in good order, but in one instance there was no birth certificate, as required by regulations, even though there was evidence of a request for one from the registrar in the General Register Office in September 2010. Inspectors found documents unsigned and undated. In one instance the transfer summary details were signed 'Duty Social Work Team'. Some of the files had evidence that they had been checked by duty social workers as part of their role in managing the cases on the waiting list for allocation. In one instance two surnames for one child were shown on the file. The name used in the case should be consistent with that on the child's birth certificate. Most of the files seen by inspectors had children's birth certificates. Where they were absent there was an explanation. Inspectors were told that as soon as a reception-into-care form is completed a birth certificate request form is sent out the next day.

The quality of records had improved in some cases. However, in the organisation of the files and the quality of records there is still much to do. The incongruities between manual and electronic recording, and the Social Work Information System (SWIS) computer-based records and standard paper files, remained. Inspectors advised senior managers that a rigorous quality assurance system is required to bring recording and filing up to standard. They also reiterated the recommendation of the inspection report that connects the exercise of the right of access to records with the potential for improvement of their contents. HSE progress reports on the implementation of the action plan should include the progress made in the reform of the recording and filing system and an indication that there is continued liaison with the Office of the Data Protection Commissioner.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 6.8</b> Introduce governance and management systems to quality assure the information systems implemented, and all information held by the HSE in relation to children and families.</p>	<p><b>HSE actions</b> Currently Dublin North East (DNE) is undertaking a file auditing system review to quality assure the current processes re policy adherence, recording and file storage. All new files are audited by Team Leaders for compliance with requirements. The system will also be subject to external audit.</p> <p><b>Persons responsible:</b> Area Manager Consumer Affairs, General Manager, Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation not met</b></p>

This recommendation had yet to be met. Inspectors acknowledge that an audit of files had commenced only a few weeks before the inspection, but it had not covered half of the files. There was evidence in the sample of case files seen by inspectors that the computerised and traditional recording systems were not congruent with each other, and neither was dependable. The inspectors are of the view that the system and the social workers required an adequate and dependable level of administrative support in order to attain and maintain a suitable standard, and there was need for clear direction,

training, rigorous monitoring and a strict quality assurance mechanism to achieve consistency in all the social work teams.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 6.9</b>                      Ensure and demonstrate the effective monitoring of foster care services by the HSE appointed Monitoring Officer, and take any actions necessary to address any shortcomings.</p>	<p><b>HSE actions</b>                      An additional monitor is being appointed to strengthen the monitoring function. Monitoring is undertaken in the context of the regulations and Standards and in accordance with a formal programme and work plan. This work plan also facilitates monitoring in circumstances of an emergency situation arising.                      A monitoring report is produced which requires local management to prepare and implement an action plan to address the monitor's recommendations.                      The local management team monitor implementation of the action plan as does the Monitoring Officer.                      Also, the RDO monitors progress at the monthly performance meeting with the LHM.                      Copies of the monitor's reports and action plan are submitted to HIQA.</p> <p><b>Persons responsible:</b>                      Assistant National Director</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

The structures were in place for an effective monitoring system. Two HSE foster care monitoring officers had been appointed in addition to the officer already in post to cover

the three North Dublin City local health areas. At the time of the inspection, they had yet to formulate their function and become fully operational.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 6.10</b> Review the HSE policy on supported lodgings and undertake an audit nationally to ensure the safety and welfare of all children in supported lodgings</p>	<p><b>HSE actions</b> All children in supported lodgings in DNW will be risk assessed as part of their case review process. All new placements will be in accordance with the current policy.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation not met</b></p>

This recommendation had not been met. The policy on supported lodgings has not been reviewed, and managers of the service interviewed by inspectors were unaware of the fact that children aged 15 years old and under were placed in supported lodgings by DNW social workers. In one household four underage children were placed together.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 6.11</b> Review and implement the HSE's national policy on the transfer of children's cases across HSE areas.</p>	<p><b>HSE action</b> NWD accept referrals under the national transfer policy and continue to work with other LHOs to progress transfers under the policy.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation not met</b></p>

There were 127 children from the DNW Local Health Area placed in foster homes outside the Area. None of the transfers proposed by DNW were accepted by the other local health area. However, there was evidence that three cases were transferred to

DNW from other areas. In the case referred to in recommendation 9.7 below, the transfer request from DNW to a neighbouring area was not made in spite of it being subject of a specific recommendation in the original full inspection report. Explanations for this offered to inspectors were unsatisfactory. It is imperative that the senior managers of children's services, and particularly the national HSE managers, drive the implementation of this policy. It should be implemented not only on the basis of the policy itself but in the best interests of the children concerned and in the context of the efficiency of local services and the optimal use of resources.

**Recommendation 7**

Standard 23: Foster Care Committee

Regulations: Part III s.5(3)(4)

Child Care Act, 1991: Part II (s.8)

<b>HIOA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p>To meet this Standard and the regulations the HSE must:</p> <p><b>Recommendation 7</b>                      Review the functions of the Foster Care Committee to ensure that it:</p> <ul style="list-style-type: none"> <li>▪ maintains an up-to-date panel of all foster carers</li> <li>▪ contribute to foster care service planning</li> <li>▪ functions effectively and efficiently</li> <li>▪ is child centred</li> <li>▪ has defined duties in respect of allegations made against foster carers.</li> </ul>	<p><b>HSE actions</b>                      The DNW Local Health Area is reverting back to a local Foster Care Committee (FCC) in October 2010.                      The Committee will maintain an up-to-date panel of carers, contribute to foster care service planning, function effectively and efficiently in accordance with the regulation and Standards, be child centred and will have defined duties in respect of allegations against foster carers.                      The FCC will function in accordance with any guidance which issues following the national review of FCCs. Training for members of the new Committee is scheduled for September 2010.</p> <p><b>Persons responsible:</b>                      Chairperson of the Foster</p>	<p><b>Recommendation partly met</b></p>

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	Care Committee  <b>Timescale:</b> October 2010	

At the time of the original full inspection there was one foster care committee for the three local health areas in the north of Dublin City. Between the original full inspection and the follow-up inspection, the system had changed so that each Local Health Area had its own committee. The DNW Foster Care Committee was established in July 2010 and held its first meeting to approve assessed foster carers at the onset of this inspection. In accordance with the regulations it was made up of a cross section of people with expertise in child care and related fields.

The part of the recommendation that refers to the HSE reviewing the functions of the FCC was met. However, those parts of the action plan referring to the ongoing functions of the Committee had yet to be assessed. A challenge for the Committee will be the 124 retrospective assessments of relative carers. Some of the carers were caring for sibling groups and had done so for a considerable period of time. Where there is the potential for them not to meet the threshold criteria that would normally apply in the case of fully assessed non-relative carers, the Committee may be required to risk assess the placement of children with the applicant foster carers and exercise discrete judgment. It is essential that this is done in order to ensure that the retrospective assessments are not delayed, and to support the specific fostering assessment team in clearing the backlog of assessments.

## 5.5 Follow-up findings on day-to-day experiences of foster children in the sample group

### Recommendation 8

Standard 2: Family and Friends

Regulations: Part IV s.16 (2)(9)

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE must:</p> <p><b>Recommendation 8.1</b> Ensure that all children are aware of their care status and family background. Where this is not the case, the HSE must satisfy itself that decision-making is transparent and based on a robust risk assessment, is lawful and is recorded on the child's case file.</p>	<p><b>HSE actions</b> Through the care planning and review process, the social workers in LHO NWD will ensure that all children are aware of their care status and family background</p> <p>In the course of completing care plans, a number of children were identified who were unaware of their care status and family background. The Social Workers addressed these matters. However, in some circumstances where it was deemed inappropriate to give the children this information, a detailed explanation was recorded on file.</p> <p><b>Persons responsible:</b> Principal Social Workers, Social Work Team Leaders</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation met</b></p>

Inspectors, in examining case files, and in interviews with foster carers and children, sought evidence that practice in promoting awareness in children of their care and family status had improved since the original full inspection. They found that there had been considerable improvement. Children who were not aware of the identity of parents who were involved with the Social Work Department were now aware of them, and it was clear that discussions about their origins were taking place with several children.

On reviewing the register of children, inspectors found that a total of 269 parents, 90 mothers, 179 fathers were unknown to their children, and 92 parents were unknown to the Social Work Department.<sup>±</sup> Of those unknown to the children 122 (78 fathers and 44 mothers) were homeless or their whereabouts were unknown, and 50 were deceased. In respect of this latter number, several of the children, but not all, were aware that their parents were deceased. This is a particular challenge to social workers in ensuring that children are age-appropriately aware of their family background.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 8.2</b> Satisfy itself that any risk assessment model used by the social work department is robust enough to ensure that the decision to take any child into care is based on their need for care and protection.</p>	<p><b>HSE actions</b> A policy outlining the necessary steps to inform the decision to bring a child into care will be developed. This will entail assessing the risk within various escalations including inputting family supports, strategy meetings, interagency referral, case conferences, supervision order. A decision to take a child into care will be based on need for care and protection and will be taken by senior managers.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> September 2010</p>	<p><b>Recommendation not met</b></p>

This recommendation had not been met. There was no formal risk assessment model in operation in the DNW Social Work Department. The DNW system for prioritising cases is described under recommendation 1.4.5 above.

<sup>±</sup> See Table 5 under Recommendation 9.5 below.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 8.3</b> As a matter of priority, review access arrangements for all children in foster care.</p>	<p><b>HSE actions</b> Access arrangements for children without a social worker are being prioritised for review.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> November 2010</p>	<p><b>Recommendation not met</b></p>

This recommendation had not been met at the time of the follow-up inspection. It was noted by inspectors, and is reported above, that the Area employed a private access supervision service to facilitate access and free up social workers for other duties. In one case that was in the sample in the original inspection, there had been a significant improvement, with contact with a parent re-established after a five-year break. However, in some of the cases inspectors identified in the original full inspection – where access should have been reviewed – there had been no change. Inspectors were particularly concerned that in one case, the subject of recommendation 9.7, neither access nor the transfer of the case had been reviewed. Inspectors also were concerned to find that some of the planned access arrangements had not taken place, including one scheduled for Christmas 2010. In spite of the case being brought to the attention of the Social Work Department by the Authority, the child had less access than the four sessions per year set out in the care plan in the year between the inspection, and the review to consider transfer of the case, to a local health area in which all the child's siblings lived, had not taken place. Inspectors brought their findings and concerns about this case to the attention of the DNW Local Health Manager and the Dublin North East (DNE) Regional Director of Operations.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 8.4</b> Ensure that children placed a considerable distance from their families have regular opportunities for access, and children not placed with their siblings have opportunities for high levels of contact.</p>	<p><b>HSE actions</b> Social workers ensure that children continue to have opportunities to maintain contact with their families.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> December 2010</p>	<p><b>Recommendation partly met</b></p>

This recommendation had been partly met. There was evidence from files and from interviews with social workers that in some cases improvements had been made in the level of access that children living at a distance from home could have. In one particular case, contact and access with a parent who had not seen his child for years had been re-established and was working well. In another case, however, sibling access did not take place at the frequency set out in the care plan.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 8.5</b> Ensure that children are informed of the death of a birth parent in a timely and sensitive manner.</p>	<p><b>HSE actions</b> Team Leaders will ensure that children are kept informed and updated of any significant change in the circumstances of their birth family in a timely and sensitive manner.</p> <p><b>Persons responsible:</b> Social Work Team Leaders</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

The Principal Social Worker and team leaders told inspectors that social workers were given clear directives about keeping children informed about changes in circumstances in their family. However, the implementation of this recommendation can only be assessed over time as circumstances arise. The Authority recommends that practice

under this recommendation is monitored by the HSE monitoring officers in response to relevant notifications that they receive, and that compliance with the recommendation is reflected in the monitoring reports.

### Recommendation 9

Standard 1: Positive Sense of Identity

Regulations: Part III (s.8)

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE must:</p> <p><b>Recommendation 9.1</b> Develop practice standards for all social work departments that are child centred, respectful and responsive to need.</p>	<p><b>HSE actions</b> Social Work Department practice is child centred and respectful. The allocation of social workers to all children in care will ensure compliance with the regulations and Standards.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

The concept of child-centredness is referred to under recommendation 6.1 above. Some of the child-centred practices that needed to be developed concerned children's rights. For example, there was a need for a child-centred complaints system that children are encouraged to use and in which they can have confidence.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 9.2</b> Develop a policy that prevents the changing of children's names whilst they are in foster care without the authority of a court.</p>	<p><b>HSE actions</b> The Social Work Department recognises that the child's legal name is the one that is on their birth certificate. However the Social Work Department (SWD) recognises that children may choose to take the name of</p>	<p><b>Recommendation partly met</b></p>

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>the foster family when they have been living there for a significant period of time. All documents in regard to children in care will have their legal name and include any alias the child may have. A review of all files to complete this work will be undertaken. Local practice will be informed by national policy and guidance in this regard.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> September 2010</p>	

Inspectors found that in those cases where individual files for each child were in use, the file contained a recently acquired birth certificate and the name on the birth certificate was the one used in the records contained in the file. However, in the random check of the filing system there was evidence that some confusion about names persisted in some cases. There was no written national HSE policy in place at the time of the inspection. The recommendation clearly states that changing names should not take place without the authority of the court, and practice should reflect the importance of the name in establishing the child's true identity.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 9.3</b> Ensure that each child's case record has a copy of the child's birth certificate and that all records refer to the child by the name on the birth certificate.</p>	<p><b>HSE actions</b> The SWD will conduct an audit to ensure that all children have a birth certificate on their file. Missing certificates will be obtained and records will be kept accordingly.</p>	<p><b>Recommendation partly met</b></p>

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p><b>Persons responsible:</b> General Manager, Principal Social Workers</p> <p><b>Timescale:</b> December 2010</p>	

In those records checked by inspectors birth certificates were present. The HSE's audit of files had yet to be completed before the DNW Social Work Department could confirm that all children's case records contained birth certificates.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 9.4</b> Develop a non-discriminatory policy on the care of children with disabilities that makes clear to social workers their role and responsibilities to them.</p>	<p><b>HSE actions</b> The Social Worker Department will work with the Disability Manager to support the rights and needs of children with disabilities in care. Any concerns highlighted will be addressed in a timely fashion.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> Immediate and Ongoing</p>	<p><b>Recommendation not met</b></p>

The task of developing a non-discriminatory policy has been assigned to a disability manager in one of the three North Dublin City local health areas. This had yet to be finalised and issued at the time of the inspection.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 9.5</b> Develop policies and clear practice guidelines for social workers on the promotion and facilitation of the child in care's right to access information about services and about his/her own life history.</p>	<p><b>HSE actions</b> Every child in foster care has access to the IAYPIC should they so choose. IAYPIC leaflets were distributed to all children in foster care along with the Children's Book About Foster Care. Policies and guidelines will be developed in terms of children's rights to information about services and about their own life.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> Immediate and Ongoing</p>	<p><b>Recommendation not met</b></p>

This recommendation was not met. Social work managers acknowledged that a change in the culture of the Department is needed for this recommendation to be implemented fully. The Irish Association of Young People in Care (IAYPIC) leaflets were distributed, but, as referred to under recommendation 9.1 above, there was a need for a strategy to ensure that this right is exercised by all children in care, particularly those of secondary school age. If necessary, they should be supported through counselling in seeing information that might cause upset.

Managers informed inspectors that it was normal practice for social workers to promote the right of children to access information. However, in the examination of case files inspectors did not find evidence that this right had been exercised.

This is a children's right, and it is appropriate that it should be facilitated while the person is still a child and not postponed to a point beyond his/her 18<sup>th</sup> birthday when he/she is no longer a child. In examining the register, inspectors found that a significantly high number of the parents of DNW fostered children (36%) were unknown to their children, or in some cases, were known to them but did not have contact with them. This presents the Social Work Department with a serious challenge in meeting the requirements of this Standard and promoting the heritage and life history of the children and their families. Table 5 below gives details of the numbers of parents unknown to

their children and includes those unknown to the Social Work Department. The information is taken from the DNW children in foster care register.

**Table: 5 Parents of Children in HSE DNW Foster Care - 22 October 2010**

	<b>2010</b>
<b>Number of mothers unknown to the Social Work Department</b>	<b>14</b>
<b>Number of fathers unknown to the Social Work Department</b>	<b>78</b>
<b>Number of mothers unknown to their children</b>	<b>90</b>
<b>Number of fathers unknown to their children</b>	<b>179</b>
<b>Total number of parents unknown to their children</b>	<b>269</b>

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 9.6</b> Ensure that social workers are always aware of who is looking after the child in foster care and ensure that the appropriate checks are undertaken.</p>	<p><b>HSE actions</b> Foster carers will be reminded of the need to let the SWD know who is looking after the child and if someone other than the approved carer is looking after the child for a period longer than 72 hours. The appropriate checks and clearances will be undertaken as a standard operating procedure.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

See comments under recommendation 5.1 above.

Inspectors were told that all respite carers were Garda Síochána checked. However, inspectors made social workers aware of a case where children were being placed with temporary carers in another jurisdiction who had not been Police checked. Inspectors were also told that interpreters who attend reviews on behalf of children and their parents for whom English is not their first language were not Garda Síochána checked. Inspectors recommend that this deficiency in safeguarding be remedied as soon as possible.

<b>HIOA local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p>To meet this Standard and the regulations the HSE must:</p> <p><b>Recommendation 9.7</b> Ensure that the case of one child in the sample, whose parents are deceased and whose siblings are in care in a neighbouring local health area, is reviewed and that consideration is given to transferring the case in order to maintain strong attachments between siblings.</p>	<p><b>HSE Action:</b> This case is being independently reviewed</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> November 2010</p>	<p><b>Recommendation not met</b></p>

Inspectors were concerned that not only had this recommendation not been implemented, but access which the child was supposed to have with siblings did not take place on two out of four occasions during the year. See comments under recommendation 8.1 above. Access should not depend on the outcome of a consideration of transferring the case. Senior managers should ensure that access is immediately reviewed through the care planning process and that any agreed arrangements for access are honoured to the letter.

<b>HIQA local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 9.8</b>                      Any items intended for a child in foster care or a parent is delivered to the recipient without delay.</p>	<p><b>HSE actions</b>                      With immediate effect all personal items belonging to children in care or their parents are delivered to the recipient without delay.</p> <p><b>Persons responsible:</b>                      Principal Social Workers</p> <p><b>Timescale:</b> August 2010</p>	<p><b>Recommendation not met</b></p>

Inspectors found that in most cases personal cards, photos, letters and other memorabilia from parents were passed on to the children concerned. However, in one case a large quantity of presents, cards and other effects were discovered in the course of preparing the file for presentation to inspectors. These items had been sent to the child in August 2010, and were still in the offices of the Social Work Department in November 2010. Of significance was the fact that the team leaders and Principal Social Worker were not aware that these items were being held contrary to directives from themselves. In order to fulfil the requirements of this recommendation all social workers, and their managers, must ensure that this is not repeated.

In the course of the inspection, inspectors found that the majority of social workers had not read the inspection report in spite of copies being provided to them. Equally, several were not aware of the contents of the action plan and what it would entail in terms of their professional practice. In interviewing social workers, inspectors found that some of them were unaware of the requirement of this particular recommendation. As a consequence of this and the findings referred to above, inspectors formed the view that neither the social workers nor their managers were in a position to give an assurance that items intended for children were delivered to them without delay in all cases. The HSE should introduce a quality assurance system that ensures that all those who should know what is required are aware of their responsibilities and that practice in meeting this Standard is consistent.

**Recommendation 10**

Standard 3: Children's Rights

Regulations: Part II s.4(ii) and Part IV s.18(5)(d)(i) and s.16(1)(2)(e)

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p>To meet this Standard and the regulations the HSE must:</p> <p><b>Recommendation 10.1</b>                      Ensure that there is a robust complaints process in place which children and foster carers have confidence in.</p>	<p><b>HSE actions</b>                      Complaints are managed in accordance with the HSE's Complaints Management Policy 'Your Service, Your Say'.</p> <p>Carers and Social Workers will receive further training in this regard. A child-friendly guide on the whole complaints process is being developed and children in care will be made fully aware of what to do should they wish to make a complaint.</p> <p>The management of all complaints will be tracked and monitored and the Foster Care Committee and the Monitor will be notified. Complaints will form part of the foster carer review process. All complaints will be handled within the timeframes in the policy.</p> <p><b>Persons Responsible:</b>                      Principal Social Workers</p> <p><b>Timescale:</b> September 2010</p>	<p><b>Recommendation partly met</b></p>

Complaints were managed under the new policy issued to the social work teams on the management of allegations and complaints. Inspectors were provided with a copy of *Your Service Your Say*. Inspectors were concerned that, owing to its complexity, it was

not an appropriate document for a child exercising the right to make a complaint. They were told that a child-friendly version was being developed.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 10.2</b> Ensure that the needs of all children with disabilities are assessed and addressed immediately, paying particular attention to providing a supportive framework for foster carers that enables them to care and provide for these children in an effective manner.</p>	<p><b>HSE actions</b> A review of children in care with disabilities will be undertaken and care plans will be updated.</p> <p>Carers will be supported to meet the needs of the child and the social worker will arrange assessments and access services in accordance with available resources.</p> <p><b>Persons Responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> October 2010</p>	<p><b>Recommendation not met</b></p>

This recommendation had not been met.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 10.3</b> Ensure that children have access to their case files and this access is encouraged and facilitated as appropriate.</p>	<p><b>HSE actions</b> Allocated social workers will ensure that children have access to case files and that it is appropriate in line with their needs.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

Inspectors found that there was a need for improvements in practice in access to information and records including files. The maintenance and quality of the recording system is intrinsically linked to the right of access to records and is, therefore, more

likely to be assured when it is fully understood that children may exercise their right to see information or records about themselves.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 10.4</b>                      Ensure that all children in care are made aware of their rights, and that all foster carers and social workers are clearly aware of their duty to promote, protect and facilitate them.</p>	<p><b>HSE actions</b>                      Social Workers will ensure that all children are made aware of their rights. The responsibilities of foster carers and social workers to inform children of their rights and of their duties to promote, protect and facilitate them in every way will be addressed through social work training programmes, on-going supervision, at core training for carers, and by their link workers.</p> <p><b>Persons responsible:</b>                      Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

This recommendation is partly met. There is more work to do to ensure that social workers are aware of children's rights and promote and facilitate the exercise of them. See comments under 9.5 above.

<b>HIQA national and local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 10.5</b>                      Ensure complaints made by children in foster care are centrally recorded and that the complaints system is regularly monitored.</p>	<p><b>HSE actions</b>                      A process of centrally recording complaints made by children in foster care will be developed. Complaints will be analysed and monitored by the Child Care Manager and the overall system will be</p>	<p><b>Recommendation met</b></p>

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>monitored by the local Senior Child Care Management Team.</p> <p><b>Persons responsible:</b> Child Care Manager</p> <p><b>Timescale:</b> October 2010</p>	

Inspectors found that complaints were recorded and monitored by the monitoring officer, and inspectors were kept informed of a case in which several children had made complaints, as it was being addressed during the time of the inspection fieldwork. Practice in this area should be continuously monitored and assessed more fully in the next inspection of the service.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 10.6</b> Children in foster care have the same day-to-day experiences as their peers, for example to receive pocket money age-appropriately, and are fully integrated into the families in which they are placed.</p>	<p><b>HSE actions</b> A fundamental principal of the service is that children in foster care have the same day-to-day experiences as their peers. Foster carers and social workers work continually to fully integrate children into their foster families.</p> <p>The fostering link workers ensure that all children in care do not experience discrimination within the care setting.</p> <p><b>Persons responsible:</b> Principal Social Workers, Social Work Team Leaders</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

This recommendation was difficult to assess because inspectors met only a small sample of children in DNW foster care. In examining case files, reading case records, and the questionnaires returned by young people and parents, there was evidence that the majority of fostered children were integrated into foster families and that they enjoyed the same day-to-day experiences as their peers in the community. Besides this evidence, inspectors also considered the implementation of other relevant recommendations and formed a view that this recommendation was partly met. Practice in this particular Standard needs to be assessed over time.

<b>HIQA local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 10.7</b> The culture and heritage of children of non-Irish origin is promoted.</p>	<p><b>HSE actions</b> LHO DNW is committed to the recruitment and retention of carers from other cultures to promote and maintain the culture and heritage of children in our care. Also, foster carers will be supported in this regard and specific training will be developed.</p> <p><b>Persons responsible:</b> Principal Social Workers</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

This recommendation was partly met. The social work teams had workers from different cultural and ethnic origins. It is too early to assess their impact on child care in the DNW Local Health Area, and practice should be assessed over time in order to get a true picture of how culture and heritage is promoted.

<b>HIQA local recommendation, July 2010</b>	<b>HSE Action Plan August 2010</b>	<b>Status of recommendation at the time of inspection</b>
<p><b>Recommendation 10.8</b> Children's privacy is promoted and they have suitable, adequate and appropriate accommodation.</p>	<p><b>HSE actions</b> Foster carers are required to have appropriate accommodation to meet the needs of the child in their care. This will be assessed as part of the review process and by the Foster Care Committee at approval stage.</p> <p><b>Persons responsible:</b> Social Work Team Leaders</p> <p><b>Timescale:</b> Ongoing</p>	<p><b>Recommendation partly met</b></p>

In examining case files and interviewing a sample of children, foster carers and social workers, inspectors found that children's privacy was promoted and that accommodation checks were carried out by visiting social workers. Besides this evidence, inspectors also considered the implementation of other relevant recommendations and formed a view that this recommendation was partly met. The Authority requires the HSE to include in its quarterly reports details of how compliance with this Standard is being assessed.

## 5.6 Follow-up findings on conclusion of previous inspection reports

### Recommendation 11<sup>¥</sup>

HIQA national recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 11</b> The Board of the HSE should nominate a national director with direct accountability and authority for the provision, by or on behalf of the HSE, of safe and high quality services for children.</p>	<p><b>HSE action</b> The HSE is actively considering the optimal structures for the management and delivery of children and family social services at national, regional and local levels.</p> <p><b>Persons responsible:</b> National Director</p> <p><b>Timescale:</b> December 2010</p>	<p><b>Recommendation met</b></p>

This recommendation was met. The HSE appointed a National Director who took up the post in January 2011.

### Recommendation 12<sup>¥</sup>

HIQA national recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p><b>Recommendation 12</b> Progress made against the implementation of the recommendations contained in this report, and the findings of associated reviews requested by the Authority, should be reported to the Board of the HSE, the Authority,</p>	<p><b>HSE action</b> The Board of the HSE and the Risk Committee of the Board of the HSE receive briefings and progress reports on the implementation of recommendations from HIQA. Progress will be reported to HIQA at intervals to be agreed. Progress will be reported to</p>	<p><b>Recommendation partly met</b></p>

<sup>¥</sup> Refer to *Follow-up inspection on the implementation of national recommendations on Health Service Executive foster care services*, Health Information and Quality Authority (2011).

HIQA national recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
Minister for Children and Youth Affairs, and published.	<p>the Minister for Children and Youth Affairs at the regular scheduled monthly meetings already underway. The HSE is committed to publishing progress reports and are currently reviewing the communications process.</p> <p><b>Persons responsible:</b> National Office</p> <p><b>Timescale:</b> Ongoing</p>	

The implementation of this recommendation was partly met. Inspectors found that, as indicated in the action plan, the HSE Office of the National Director of Children and Family Services intended to provide regular, monthly reports to the Authority on progress made against the implementation of these recommendations and recommendations of other reviews and reports. At the time of this inspection, progress reports as outlined in the action plan had yet to be received from the HSE. The HSE Office of the National Director of Children and Family Services confirmed to inspectors that at the time of inspection that it intended to report progress made to the Board of the HSE, the Risk Committee of the HSE and the Office of the Minister for Children and Youth Affairs on a quarterly basis, and this is included in the Next steps below.

## 6 Conclusions

In conclusion, inspectors found that while some progress has been made in implementing the HSE Dublin North West foster service action plan, particularly in terms of management structure of the service, much work remains to be done to comply fully with the regulations and Standards and ensure the service is safe for all children. Many of the changes that took place in response to the original full inspection were structural. These included the appointments of social work managers and social workers. The establishment of a middle-tier of management in the DNW Social Work Department was the most significant improvement, but the fact that appointments to key posts had been made only shortly before the inspection meant that those in post had had little time to implement several of the recommendations and put in place appropriate quality assurance systems to ensure that Standards and regulations are met. The Authority acknowledges that several of the reforms of daily practice – which require vision,

sustained drive and commitment to be achieved in the face of the demands made on the service – will take time to be realised.

The recruitment of additional social workers was a welcome finding, as was the increase in visits to those children who were assigned a social worker. However, the overall adequacy and deployment of staffing resources still requires attention from senior managers of the service, and the high number of unallocated cases of children in DNW foster care is a matter requiring urgent attention.

The monitoring of DNE Region children's services has been strengthened by the establishment of new monitoring posts, and this is welcomed by the Authority. However, there had been an undue delay in formulating the role and work plan of the monitoring officers with responsibility for the DNW foster care service. Inspectors are concerned generally that all the changes that had been made to date in DNW need to be subject to far better quality assurance checks. The Authority is also concerned that the information system that should inform managers in relation to how well the service for children is being provided, needs to be more streamlined, robust, reliable and safe

Despite the progress reported by the HSE and identified by the inspectors, serious deficiencies in assigning social workers to children and their carers in DNW foster care were found during this follow-up inspection. There continued to be considerable delays and an unacceptable backlog in the assessment and approval of foster carers, and in the implementation of Children First. In order to assure that the HSE DNW is meeting its statutory duty of care to all children in its foster care service in the Area, considerable improvement is required in the implementation of several of the recommendations in the original full inspection report. In summary, they include:

- assigning a social worker to all children in care and all foster carers
- the assessment and vetting of all foster carers
- implementing *Children First: National Guidelines for the Protection and Welfare of Children*
- the development of a care plan prepared in accordance with the requirements of the regulations for every child in care
- the development of a national register of children in foster care and their foster carers
- further, more rigorous reforms in the information and filing systems in DNW
- the development of children's rights, including their right to knowledge of their origins and heritage, and contact with parents and family
- the development of a care system that is truly child-centred
- the development by the HSE of a reliable means of assessing fully its compliance with the foster care Standards and regulations.

## 7 Next steps

From the time of the publication of this report, the Authority requires the HSE to provide it with quarterly reports on the progress made on all of the unmet and partly met recommendations. The HSE is also required to provide the Authority with all foster care monitoring reports.

In order to verify progress, and to ensure that children in foster care there are receiving a safe service compliant with the requirements of regulations and Standards, and consistent with current best practice, the Authority will carry out further inspections of the DNW Local Health Area fostering service as it deems appropriate.

The Authority will also:

- report to the Minister for Children on the findings of all inspections of the HSE DNW fostering service
- continue to carry out and publish inspections of foster care services provided by the HSE in its 32 local health areas
- review progress at a national and local level on an ongoing basis through the foster care monitoring reports, the quarterly written reports from the HSE to the Authority, and updated national and local foster care action plans.

## 8 References

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## 9 Glossary of terms

**Care orders:** under the Child Care Act, 1991 there are a number of procedures, which the Health Service Executive (HSE) can use when dealing with children who are at risk or who are in need of care. The HSE may apply to the courts for a number of different orders, which give the courts a range of powers including decisions about the kind of care, and the access to the children for parents and other relatives. The HSE must apply for a care order if a child needs care and protection which he / she is unlikely to receive without an order. The district court judge may make an interim care order while the decision on a care order is pending. This means that the child is placed in the care of the HSE for eight days. It may be extended if the HSE and the parents agree. Generally the parents/guardians must be given notice of an interim care order application. A care order may be made when the court is satisfied that:

- the child has been or is being assaulted, ill-treated, neglected or sexually abused or that the child's health, development or welfare has been or is likely to be impaired or neglected
- the child needs care and protection which he/she is unlikely to receive without a care order.

When a care order is made the child remains in the care of the HSE for the length of time specified by the order or until the age of 18 when he / she is no longer a child. The HSE has the rights and duties of a parent during this time.

**Emergency approval:** under the child care regulations foster carers are approved for placements by a foster care committee. However, emergency placements are sometimes made prior to this approval when there are limited options for the care of the child.

**Foster care:** where possible the HSE places children with foster parents. The Child Care (Placement of Children in Foster Care) Regulations 1995 require that a care plan for the child be drawn up which sets out, among other things, the support to be provided to the child and the foster parents and the arrangements for access to the child in foster care by parents or relatives. If there is a shortage of foster parents, and / or it is assessed as meeting a child's needs, children may be placed in residential care instead.

**Link social worker:** the social worker assigned by the HSE to be primarily responsible for the supervision and support of foster carers.

**Placing children with relatives:** the Child Care (Placement of Children with Relatives) Regulations 1995 make provision for relatives to receive an allowance for caring for a child placed with them by the HSE. The child care regulations set out the arrangements for the placement and are broadly similar to the foster care regulations.

**Preparation for leaving care and adult life:** these centres prepare young people for leaving care. The young people in these centres are generally 16 or over. Leaving care and aftercare centres that accommodate young people under 18 require registration as children's residential centres.

**Residential Care:** residential care can be in a home run by the HSE, a children's residential centre registered under the Child Care Act, 1991, a school or other suitable place of residence. The Child Care (Placement of Children in Residential Care) Regulations 1995 state the requirements for the placing of children in residential care and the National Standards for residential centres, which are registered with the HSE. The centres are subject to inspection by the Health Information and Quality Authority.

**Supported lodgings:** according to HSE policy, supported lodgings is the provision of support and accommodation to children in care aged 15 and over who require less supportive environments than younger or more vulnerable children. Providers of supported lodgings are vetted in accordance with HSE policy but are not assessed to the same criteria as foster carers.

**Voluntary care:** if a child is in need of care and protection and is unlikely to receive it at home, then the HSE must take them into care. In other cases, where parents are unable to adequately care for their children, for reasons such as serious illness or other difficulties, they may agree to their children being taken into the care of the HSE. This is known as voluntary care. In such cases, the wishes of the parents as to how care is provided to the children must be considered. The HSE is under obligation to maintain the children for as long as their welfare requires it.

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