Building Family Placements

An Evaluation of the Lisdeel Family Placement Initiative

Clíona Murphy & Robbie Gilligan
May 2002
BUILDING FAMILY PLACEMENTS

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CLÍONÁ MURPHY & ROBBIE GILLIGAN

MAY, 2002
Foreword

As Director of Services for the Daughters of Charity Child and Family Services I am delighted to receive the report "Building Family Placements, an evaluation of the Lisdeel Family Placement Initiative". The Children's Research Centre at Trinity College, Dublin 2, carried out this research.

Lisdeel House opened as a short stay residential assessment facility in 1995. Referrals to the Centre are from Community Care Area 7. The maximum length of stay for any child/young person was 1 year. Problems arose during the first year when the number of children needing long term residential or foster care exceeded the availability of placements available. This caused a major dilemma for:

- The children
- The manager and staff of the Centre
- The referring Social Workers
- The Board of Management, Child and Family Services.

In 1998, a working group comprising representatives of the Eastern Health Board, the Management at Daughters of Charity, Child and Family Services, and the team at Lisdeel House met over a number of months to examine the future for Lisdeel. A number of options were explored. The working group looked at similar services in England, Ireland, Scotland and the United States. The working group concluded that Lisdeel should continue as an Assessment Centre. It proposed the establishment of a fostering initiative where foster carers would be recruited and trained by the Daughters of Charity Child and Family Services.

Following this proposal from the working group, the Board of Management met with senior staff in the Eastern Health Board to discuss the proposal and to negotiate the setting up of the Lisdeel Family Placement Initiative. The Daughters of Charity agreed to fund a social worker for the first two years of the project and contributed £90,000. The Health Board agreed to take up the funding of this post in the third year. The Fostering Initiative began in 1999. As this was a new project it was seen as vital to have the service evaluated and the Children's Research Centre, Trinity College were commissioned to do this research.

A key theme which informs this report is the recognition of the working partnership that has developed between the Northern Area Health Board and the Daughters of Charity and the attention to detail that is needed in making successful placements.

This development would not have been possible without the dedication of the staff of Lisdeel House and the enthusiasm and commitment of the foster parents.
I would like to express our appreciation to the Daughters of Charity and the Bewley Foundation for their generous contributions and their belief in this project.

A special word of thanks to the research team at Trinity College for the very sensitive and professional way that they carried out the research for this report.

Sr. Goretti Butler, DC.
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Abbreviations used in the report
CCA – Community Care Area
Daughters of Charity – Daughters of Charity
EHB – Eastern Health Board, now the Eastern Regional Health Authority – ERHA
LFPI – Lisdeel Family Placement Initiative
LH – Lisdeel House
NAHB – Northern Area Health Board
ACKNOWLEDGEMENTS

The authors would like to thank all the families and children who shared their stories and views about the services provided by Lisdeel House and the Lisdeel Family Placement Initiative. And to those children who we met while they lived in Lisdeel House, a very special thanks for making us feel so welcome, for your contributions, and ideas for improving the way we worked. Sincere thanks are due to the staff of those services who were receptive to, and facilitative of, the evaluation. Their commitment to continuous learning, and their evident desire to provide the best service possible to the children in their care, and to the families that will care for them, created conditions in which an evaluation process could work. Also appreciated is the time given by Northern Area Health Board staff who made themselves available for interview. Thank you also to the members of the steering committee of the Lisdeel Family Placement Initiative who met with the researchers.

The support of the advisory group was invaluable to the progress of the evaluation and members worked hard to make a real difference to the evaluation reports through their contributions, advice and feedback. Membership of this group consists of representatives of the Children's Research Centre (Robbie Gilligan and Cliona Murphy), the Northern Area Health Board (Francis Chance who was replaced by Coleman Duggan), and the Daughters of Charity (Sr Goretti Butler and Denis O'Brien). Thanks are also due to Diane Hogan of the Children's Research Centre who was involved in the advisory group for the first year of the evaluation. Diane also played a key role in the initial design of the evaluation and in the introductory stages.

The ongoing support and consultation provided by colleagues in the Centre was vital in sustaining the researchers. In particular, we would like to thank Elizabeth Nixon, Fiona Daly and Anna Fiona Keogh.

Thank you also to Anne O'Neill for making the time to make presentable the various drafts of this report.

Finally, thanks to the many people who, at various stages, commented on drafts, answered queries, and encouraged us to think about the other possibilities that can exist.
EXECUTIVE SUMMARY

Background
This evaluation of the Lisdeel Family Placement Initiative began in November, 1999 and was conducted over a two and a half year period by the Children’s Research Centre, Trinity College. The first step of the evaluation explored the context out of which the service arose, and addressed the initial stages of the recruitment and selection of foster carers, and the structures that were put in place to facilitate the development and management of the Initiative. The second component evaluated the progress of children in the preparatory placement in Lisdeel House, examined the professional supports needed in the preparation and support of placements, and how the partnership operated.

Method
Data for the evaluation was gathered by conducting semi-structured interviews with the following key stakeholders:

- Steering committee members
- Lisdeel Family Placement Initiative social workers
- Lisdeel Family Placement Initiative resource worker
- Lisdeel House residential staff
- Lisdeel House manager
- Fostering applicants
- Foster carers
- Friendship families/Respite carers
- Eastern Health Board/Northern Area Health Board social work staff
- Immediate/extended family members who are involved with the child
- Eastern Health Board/ Northern Area Health Board social work team leaders
- Senior managers
  - Daughters of Charity
  - Northern Area Health Board

The researchers also ran a focus group with child care staff in Lisdeel House. Documentary analysis relating to the development of the idea for Lisdeel Family Placement Initiative was carried out. Participant observation was also used as a method of data collection on an ongoing basis throughout the duration of the evaluation.

Findings
The LFPI was set up in response to the gaps and shortcomings in the organisation of foster care. The LFPI has responded by examining different models of practice for recruitment, preparation,
and support of foster carers, and it has adapted and built on practices, procedures and policies already in existence both in Ireland, and in other countries. Since its inception three years ago, the LFPI has placed five children with three foster families, one of whom is a relative family. Two families were approved as friendship/respite carers. All the children have experienced smooth transitions from Lisdeel House to their foster families. To date, none of the foster carers, nor the children placed with them, have had a need for crisis intervention or emergency respite care. It seems likely that the preparation work with both children and carers has paid off, although the value of the preparatory work, and of the intensive support and early interventions offered by the Initiative, and to a more limited degree, Lisdeel House, will only become clear as more placements are made, and over a period of time.

The work of the LFPI has been slow in terms of output of foster families, but the attention to detail and thoroughness should not be undervalued and is clearly evident in their work. It needs also to be borne in mind that, for the first two years, the LFPI consisted of one social worker and one half-time resource worker. Necessarily, a lot of the initial work consisted of planning, the setting up of new processes and recording systems, as well as making contact with other fostering projects. The addition of two part-time social workers, to take on the assessments of applicants, could speed up the number of assessments completed and, hopefully, the number of families approved to care for the children in the preparatory placement in Lisdeel House. This is the first challenge for the Initiative: to have foster carers available to meet the needs of the children in Lisdeel House, when the children are ready for placement.

The LFPI differs from mainstream fostering in a number of ways:

- The Lisdeel Family Placement Initiative is located in a residential unit where children are prepared for living with a foster family. This co-location is now considered an essential component of the services. It has benefits for the children and their families, and it facilitates staff in both Lisdeel House and the LFPI to be consistent and clear in their work with children and their families.

- Recruitment is localised. The campaign runs over a number of weeks and makes use of an information pack. Resources are made available to support recruitment. In general, the response rate to applicants has been very prompt.

- Preparation of carers has an explicit focus on their strengths and motivation to foster. The training programme has been adapted, based on feedback from participants and self-evaluation. Applicants are taken through the preparation process as a group, emerging from those who responded to the recruitment campaign. This approach reduces the likelihood of their having to wait on a training course.

- The Initiative has a clear commitment to seeing foster carers as part of the team.

- The LFPI provides the creative resource of friendship families to children in Lisdeel House, where the need for such intervention has been identified.

- Preparation of children for placement with a family is an explicit process, with a clear focus on involving the child's birth and extended family. Working with children on managing their challenging behaviours is also a focus of the work. The first five children placed by the Initiative were resident in Lisdeel House for an average period of a year.

- The steering committee develops policies and procedures for the Initiative as well as addressing issues arising for the service. The committee is constituted on the different perspectives that make up the fostering arrangement, and some members have described the differences in its membership as its strength.
The Initiative is a joint venture between the NAHB and the Daughters of Charity who are described as taking the lead role in the partnership, where they have the authority to do so.

Models for preparation of applicants to foster, and of preparing children in Lisdeel House, are continuously refined as new learning is taken on board.

Lisdeel House provides intensive early support in the first six weeks of placement, and also provide 24-hour phone support to families. The LFPI also provides early intensive and individualised supports to carers, through home visits and phone contact by the LFPI’s social worker. The half-time post of resource worker and respite are also elements of the support provided.

**Hindrances to Progress**

None of the five children placed to date by the Initiative have allocated health board social workers, nor do all the children in Lisdeel House have health board social workers. Staff of both Lisdeel House and the LFPI identified this factor as the biggest hindrance to the Initiative’s progression and have found themselves taking on some of the statutory functions of the board in an effort to ensure that essential duties of the health board, such as arranging access for children, are carried out.

The second biggest hindrance was identified as the difficulties regarding the medical approval of applicants to foster. These are the refusal of Area Medical Officers from two Community Care Areas of the NAHB to sign the medical forms for approval of Lisdeel applicants, the need to address the presupposition in the medical form of the ability to track an applicant’s medical history (a facility not available in Ireland), and the high fee requested by an independent medical advisory for his services. This issue impacts directly on the supply of carers to children in Lisdeel House awaiting placement.

Both of the above issues need to be addressed urgently, at area level and the level of the NAHB, due to their impact on the progression of the Initiative, and their wider relevance for all health boards, and services involved in partnerships providing services to children and their families.
Chapter 1

INTRODUCTION
CHAPTER 1: INTRODUCTION

Introduction to the evaluation

This report is an evaluation of the first three years of the Lisdeel Family Placement Initiative (LFPI). It arises from the integration of two evaluation reports researched and written by the Children’s Research Centre, and commissioned by the Daughters of Charity, in association with the Eastern Health Board. The evaluation began in November 1999, and was conducted over a two-and-a-half year period. A progress report was submitted in May 2000, with the Components One and Two evaluation reports submitted, respectively, in February 2001 and May 2002.

The research was conducted by Cliona Murphy, who worked on the evaluation on a half-time basis. Robbie Gilligan directed the evaluation, which was also supported by an Advisory Group. Membership of this group consisted of representatives of the Children’s Research Centre (Robbie Gilligan and Cliona Murphy), the Northern Area Health Board (Francis Chance, who was replaced by Coleman Duggan), and the Daughters of Charity (Sr Goretti Butler and Denis O’Brien). Diane Hogan of the Children’s Research Centre was also involved in the evaluation, in an advisory capacity, for the first year.

The Children’s Research Centre

The Children’s Research Centre was set up by Trinity College in 1995 as a joint initiative of the Department of Psychology and the Department of Social Studies. The Centre undertakes research and evaluation on issues and policies concerning children and young people. The Centre is multidisciplinary in approach, and works in close collaboration with other members of the University, practitioners and policy makers, and international colleagues. It also works through partnerships with statutory, voluntary and community bodies concerned with children and young people. The Centre has a range of publications.

Aims of the evaluation

Initially, the evaluation was designed to answer the following questions:

- What work was conducted in the first phase of the LFPI?, and what issues arose during this phase that would need to be addressed for the future of the service?
- What occurred during the foster placements, and what seemed to influence this, with particular reference to the support needs of the foster carers?
- What were the key stakeholders’ perceptions of the placement experience(s) and of the scheme?
- What were the outcomes for the children, as judged by their own accounts and other evidence?
- What are the lessons for the operation and development of such schemes in the future, with special reference to the voluntary organisation’s lead role in the scheme?

The research questions were divided into two components. Component One related to the initial stages of the recruitment and selection of foster carers, and to the structures that were put in place to facilitate the development and management of the Initiative. Component Two outlines the
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progress of children in the preparatory placement in Lisdeel House, and the professional supports needed in the preparation and support of placements. Each component was addressed in a separate report.

Component One

At an Advisory Group meeting on the 8th December 1999, the research questions and methodology were decided upon. At that stage, the research questions pertaining to Component One – 'recruitment and selection of foster carers' - were further broken down, and the research questions for that component were as follows:

- What work was conducted in this phase? What structures were put into place? What procedures were put in place? How do they operate?
- What is the project trying to achieve?
- What are the implications of delivering a fostering service from Lisdeel? For the children, for staff, for the EHB (now the ERHA), for the families?
- How will this mode of service delivery impact on recruitment and assessment of families, the preparation of children for placement, support for carers?
- How did prospective carers experience the recruitment, assessment and training process?
- What are the issues emerging that need to be addressed for the future of the service?

It was also agreed that this first phase of the evaluation needed to address the context out of which the service arose, and a further section was needed to consider the role of residential staff in the assessment of the children's needs during their time in Lisdeel House. The report also explored the background and context out of which the Initiative arose, as well as the management of the project and the structures and procedures that were put in place to facilitate the operation of the project.

Component Two

To date, LFPI has placed five children with three families. The initial design of the evaluation reflected the expectation that six placements would have been made by the Initiative, and would have had a substantial period of time to settle, thus allowing the evaluation to track the needs, experiences and outcomes for both child and carer. At a meeting of the advisory group to the evaluation, following the Component One evaluation report, the group considered that there were not enough placements made from which to gather data to inform a substantial report on the progress of the placements. In light of the slow rate of progress with which placements had been made, the group decided to review the proposal for Component Two of the evaluation. The Component Two report outlines the progress to date of children who have been, or who currently are, in a preparatory placement in Lisdeel House, as outlined by their keyworkers and relatives. At a meeting of the advisory group in December 2001, it was decided to focus on the following in Component Two of the evaluation:

- Review the role and value of the preparatory placement in the project.
- Examine the kinds of social work and professional support needed in the preparation and support of placements.
- Examine the lead role of the voluntary organisation in its partnership with the health board.
Research methodology

The evaluation reports were compiled on the basis of interviews with key individuals, a focus group, participant observation and documentary analysis.

The introductory phase

This phase involved meeting with key stakeholders in the evaluation to introduce the research team and the evaluation. It involved outlining the aims of the evaluation, as well as some details as to how the research would be conducted. At the outset, the researchers and Diane Hogan met the staff in Lisdeel at their team meeting. The researchers met the children in Lisdeel after one of their children’s meetings, and also met with the Lisdeel/LFPI steering committee. The researchers also attended the first ever training meeting for fostering applicants, to introduce both herself and the evaluation.

Interviews

Key stakeholders in the Initiative were interviewed. Interviews usually began with an explanation of the purpose of the interview and the role of the evaluators. Limits of confidentiality were also clarified. The researchers made use of an interview guide, which served as an instrument to draw the interviewers’ attention to the key areas to be covered in an interview. For example, initial interviews with those applying to foster focused on their motivation to become a carer, a description of the steps to becoming a foster carer, and the roles and responsibilities a foster carer might have. Key areas addressed in interviews with members of the steering committee included the aims and objectives of the service, how the need for the service was identified in the first place, and the role of the steering committee. Interview guides were continuously reviewed, as the researchers obtained new information and insights. Interviews were usually taped, and the interviewee’s permission was obtained before doing so. As a result, quotes used in the report are mostly verbatim quotes.

The majority of data collection for the Component One report took place from December 1999 to February 2000. Fostering applicants were interviewed again in August 2000, following completion of the training course. Those who participated in interviews for the Component One report are listed below:

- Members of steering committee (6)
- Lisdeel residential staff (3)
- Fostering applicants (7) (interviewed twice, with one exception)
- EHB social work team leaders (2)
- LFPI social worker (3 interviews)
- Lisdeel resource worker (1)

Data collection for the Component Two report took place in February, March and April 2002. Interview guides were designed for use with the following stakeholders in the evaluation:

- The service providers:
  - LFPI manager
  - LFPI social workers (2)
  - LFPI resource worker
Lisdeel House manager

- Senior managers:
  Daughters of Charity (2)
  Northern Area Health Board (2)

- Chair of the steering committee

- Children
  Children in the preparatory placement (2)
  Children placed with foster carers (2)

As this data is so limited, and the quality of data collected through two of the interviews is poor, data collected from the children is not used in this report. The perspectives of the children, therefore, are not be represented.

Immediate/extended family where they are involved with the child (8 interviewed, two before and after their child relative was placed).

- Foster carers (2 couples/1 single carer)
- Friendship families/Respite carers (2 couples)
- NAHB social work staff (4)

Two staff members were interviewed a year ago, before they left their posts in the area.

The researchers also ran a focus group with child care staff in Lisdeel House.

Analysis of documents/records

The Initiative management and staff facilitated the researchers in accessing all relevant documentation and records requested. The researchers have been able to read and study documents relating to the development of the idea for the LFPI. These included documents from work the residential staff were involved in, from the working party, and from similar projects in the UK. The minutes of steering committee meetings were sent to the researchers on a regular basis.

Participant observation

This method of data collection is based on researchers locating themselves in everyday routine situations in which the informants find themselves. It involves observation, informal interviewing and introspection. While the presence of a researcher may affect the actions of those being observed, this method is still considered an essential method of data gathering. This method was used throughout the evaluation, and was employed during visits to Lisdeel House and at a training session for foster carers.

The identity and names of the children in Lisdeel House and those who have been placed by the LFPI has been changed in this report, as have the identities of the children’s relatives. Although one female has been accepted for admission to Lisdeel House/LFPI, all the children will be referred to as male.

The reader will notice that quotes in the report are followed by a code and a number in brackets, e.g. [SM_3]. The code denotes a particular category for the person quoted. Only one code is given
to an interviewee although some interviewees may be both a member of the steering committee and the residential staff, for example. The codes and categories are as follows:

- LFPI – Lisdeel Family Placement Initiative staff interviewed 1999/2000
- LF – Lisdeel Family Placement Initiative staff interviewed 2002
- LH – Lisdeel House residential staff interviewed in 2002
- RS – Lisdeel House residential staff interviewed in 1999/2000
- FC – Foster carer
- SW – Health board social worker
- F – Immediate or extended family member
- SM – Senior manager

Background and context

Introduction

The Lisdeel Family Placement Initiative is unique in many ways. The Initiative is a collaboration between the Daughters of Charity and the NAHB that aims to recruit, train and select foster families, while also assessing and preparing children for foster placement. It also has a focus on placing sibling groups together. The service aims to provide a high degree of support to placements. It is probably the first time in this State that an agency other than a health board has been mandated to recruit, train, and approve foster carers.

Fostering in Ireland

The past five years or so have seen a number of significant developments in foster care in Ireland:

- a steady growth in the numbers of children fostered (and of those in care overall)
- a consolidation of the trend whereby Ireland has an internationally high proportion of children in state care fostered (upwards of 75% nationally)
- an increasing difficulty in recruiting new foster carers
- the introduction of new statutory regulations governing the operation of foster care
- the emergence of relative placement as a significant niche form of provision (and the introduction of statutory regulations governing this form of care)

According to the provisional Department of Health and Children figures for 1999 (Child Care Interim Minimum Dataset), there were 1,652 children in the care of the Eastern Health Board on 31st December 1999. Of these, 1,155 children (70%) were in foster care. The total number fostered included 298 children placed with relatives, that is 18% of all children in the Board’s care. This meant that 52% of children in the Board’s care were placed in foster care, in the conventional sense of placement with non-relatives. Nationally, according to the same data, there were 4,216 children in health board care, of whom 2,535 (60%) were placed with non-related foster carers. Thus, the rate of placement in (non-relative) foster care within the EHB stood at 8 percentage points below the national average.

The origins of the service

The Daughters of Charity established Lisdeel House in 1995. It is located in a detached six-bedroom house, situated on a main road, and it looks the same as the rest of the houses in the
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Immediate neighbourhood. The house was used, initially, to provide a short-term emergency unit for children aged 6 to 12, and served one community care area of the EHB. Due to the closure of Madonna House—a large residential child care facility in the city—there was a dire need for emergency accommodation at the time. Within a short space of time, the function of the house was changed to that of an assessment unit, where children’s needs were to be assessed and a decision made as to whether they could return home or move to out-of-home care.

Late in the first year of its operation, the assessment unit became blocked, as children placed there were unable to return home and the health board was unable to provide appropriate onward placements for the children, either in residential or foster care. All but one of the children in Lisdeel at that time had been assessed as needing foster care. Interviewees describe the effects of the blockage as manifesting in many ways. Staff morale was low. Staff and children alike became very frustrated. The children’s status was described by one worker as ‘like being in limbo’. The frustration also extended towards the referrers—the Eastern Health Board (EHB) social workers. Indeed, children, their parents, and the staff all had contracts or expectations about Lisdeel that were not being met.

It was very difficult for us care staff to muster up any enthusiasm for a while. [RS-3]

Staff described how a lot of energy went into behaviour management with children whose inappropriate placement in Lisdeel continued well beyond the length of time initially agreed upon—in some cases, stretching into years. Staff, who had an understanding that they were to work in a short-term unit, experienced confusion about their role and whether they should be making long-term plans for the children in their care.

Short-term needs were definitely being met but their long-term needs were not. [RS-4]

There was a consensus among the staff interviewed that ‘the children were really losing out’.

We had a brief, but constantly met with a brick wall of no movement, no change, no places. [RS-3]

The dilemma was brought to the Board of Management of the Daughters of Charity Child and Family Services. Three options were identified:

- to make the unit a long-term residential unit for the children there, or
- to provide a different service altogether from Lisdeel House, or
- to look at why the block existed and try to identify an alternative way forward.

The idea of making Lisdeel a long-term residential unit was not supported by the representatives of the Daughters of Charity, and was thus abandoned. A decision was made to further examine the third option, and a working party was established. The membership comprised representatives from the Daughters of Charity, the EHB and the manager of Lisdeel, and this group met on a regular basis. During the course of these meetings in 1997, it was suggested that Lisdeel House should recruit its own foster carers. A short time later, the working party invited a speaker from the ‘Boys and Girls Welfare Society’ in Manchester to speak about a family placement service they operate. The Society had experienced similar problems to Lisdeel House, in that their local authorities had proved unable to provide placements for children who were ready to move out of residential settings. The Lisdeel working party concluded that Lisdeel should continue to function as a short-term assessment and intervention unit, but that it needed to establish a means to have placements available for children to move on to, where necessary.

In 1998, a proposal for the Lisdeel Family Placement Initiative was written up and sent to the Child Care and Family Support Services section of the EHB. The proposal clearly showed the
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influence of the contact with the ‘Boys and Girls Welfare Society’. The basis of the service was described as comprising:

- a social work post, reporting to the manager of Lisdeel House, with access to an EHB team leader for consultation; and
- a committee to oversee the assessment and placement processes, which would also be subject to health board criteria.

The proposal was approved promptly, and far more quickly than had been expected.

We were given the go-ahead much earlier than we thought ourselves. [SC-4]

The speed with which the decision was approved may have been due to what some respondents described as the good working relationship between the Daughters of Charity and the EHB. It may also have been due to the timing of the application:

It [the proposal] actually coincided with a time when there was a dearth of foster carers, and the health boards all over the country were looking at new ways of fostering, so maybe we just hit at that time ... [SC-4]

Following approval of the proposal, preparations were set in train and the post of LFPI social worker was filled in May 1999.

It is reported by members of the working party, and among the staff in Lisdeel, that the idea of the LFPI appealed to all, and gained wide support. Staff described themselves as eager to see the idea working, and stated that the sense of movement generated from the decision to recruit foster parents for the children in Lisdeel helped morale greatly.

[The LFPI social worker] was employed and things changed then. [SC-3]

What precisely is LFPI trying to achieve?

The Family Placement Initiative is a response to certain problems which the earlier Lisdeel service had identified in care provision and, more specifically, a response to gaps and shortcomings in the organisation of foster care. Firstly, there was recognition of a lack of a sufficient supply of foster or residential placements for children who could not return home from Lisdeel House. The need for placements could, however, be more accurately seen as a need for foster placements, as all except one of the Lisdeel children were assessed as needing foster care. The health board could not provide placements for any of them.

Foster parents were just not an option then. [RS-4]

Furthermore, children in the 6-12 age range were identified by some respondents as having been particularly difficult to place.

In planning the Initiative, the working party recognised the need to recruit foster carers, but also the more general problem of a shortage of applications to foster. The steering committee and LFPI social worker thus sought to identify and address factors possibly related to the supply of foster carers in the current system.

... the lack of foster carers then, I think, highlighted the need to do more work, to have a different approach to fostering, because foster parents weren’t coming forward and, as a result, children weren’t moving out of Lisdeel. [SC-6]

1 See footnote on page 9.
A number of factors possibly linked to the shortage of foster carers were identified, by both steering group members and the residential workers in Lisdeel. The members of the steering group highlighted what they saw as a negative perception of the assessment process among members of the general public, both in terms of a possibly discouraging tone, and the level of efficiency and promptness with which it might be conducted.

Interviewees from the residential staff put more emphasis on factors they perceived to be affecting the breakdown of foster placements and these included:

- Lack of support for foster carers, especially at night and at the weekends.
- Lack of respite for carers.
- Poor preparation of children for placement.
- Lack of involvement of birth parents, who then don’t give the child permission to settle.

The challenge, then, was to devise and deliver a model of fostering which consciously sought to address these identified or perceived difficulties with existing foster care provision. An important ingredient in delivering an enhanced form of foster care within the LFPI was likely to be the support and morale of the overall Lisdeel staff group. One interviewee raised the issue of staff needs, and stated that the project employees needed to feel valued and listened to. He also referred to the importance of maintaining ‘a healthy working environment’ [SC-3].

It’s nice to be in the middle of something positive in childcare ... carework has got very downtrodden over the years. [RS-4]

Bearing in mind the issues that the Initiative was set up to address, the evaluators believe, on the basis of responses to their questions, that the aims of the service can be set out as follows:

Aims of LFPI

1. To provide foster care, or relative care, for children who are assessed by Lisdeel House as being in need of placement.
2. To provide all necessary support, financial and otherwise, to enable foster carers to care for the children placed with their family.
3. To prepare children to benefit from their placement.
4. To reduce the risk of placement breakdown, by aiming for a placement experience that meets the needs of both child and carer.
5. To explore and test alternative models for enhancing the delivery of fostering services.
6. To work in partnership with the NAHB to secure stable and successful foster placements for children in the care of the NAHB.
Funding

The EHB (now the Eastern Regional Health Authority) agreed to the proposal for the Lisdeel Family Placement Initiative in summer 1998. The Daughters of Charity agreed to fund the social work post and associated costs (secretarial support and travel) for two years, while the EHB funded the fostering element, including recruitment and training costs, and payments to carers. In addition, the health board accepted a system of payment to Lisdeel carers different to that operated by the EHB itself. The health board agreed to pay Lisdeel foster carers the rates of fostering allowance and expenses decided by the Lisdeel steering committee.

Conclusion

The Lisdeel Family Placement Initiative is a response to the gaps and deficiencies in the organisation of foster care, and is intended to be an innovative approach to the development of fostering services. It could be said also to serve as a pilot for a number of features by which it was to differ from mainstream fostering. In some instances, these differences were clear cut, in others the precise detail had to be worked out in practice. The LFPI is intended to differ from mainstream fostering in the following ways:

- It has more customised and flexible approaches to recruitment, assessment and preparation of carers.
- It offers more comprehensive support to carers.
- It has an explicit process of preparation of the child for foster placement.
- It has a clear preference for active inclusion of the child's own parents in the whole process.

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2 The EHB was replaced by the ERHA on March 1st, 2000. ERHA is the statutory body with responsibility for the provision of health and personal social services for those living in Dublin, Kildare and Wicklow. The functions of ERHA are operationalised through three area health boards. The health board with statutory responsibility for children admitted to Lisdeel House and placed by the Initiative is the Northern Area Health Board (NAHB).

3 LFPI proposed that its foster carers be paid at the rate of IRL200 (£254) per week per child, which was substantially more than the rate paid by the health board at the time. The health board agreed to the rate proposed by the LFPI and, soon after, in the next budget, the rate paid by the health board was raised to equal that paid by Lisdeel.
Chapter 2
PROJECT STRUCTURES
CHAPTER 2: PROJECT STRUCTURES

Introduction

This section considers the structures that have been put in place to manage and support the service and its development. The role of the steering committee and staff will be examined, and the relationship between different systems involved with the project will also be outlined, with reference to accountability and communication. This section of the report will also provide a brief update on the key developments in the organisational structure of the LFPI, and the attendant shifts in roles and responsibilities.

Steering committee

Once a ‘way forward’ was established by the working party, there was a need to establish a structure to manage and guide the development of the Initiative. To this end, a steering committee was set up, its first meeting being held in September 1999.

The role of the steering committee

The terms of reference for the Steering Committee (SC) were set by the working party and describe the role of the Steering Committee as follows:

- To agree procedures for recruitment, assessment, training, support and review of foster families, and for making and reviewing placements for children.
- To oversee, advise and support the implementation of procedures.
- To set targets for the Initiative, and ensure that these are regularly reviewed, and that the Initiative is evaluated.
- To oversee financial supports and budget.
- To ensure annual reports of the service are produced.
- To receive any complaints about any aspect of the service, and to ensure that they are fully investigated.

The role of the SC was described by the chair of the committee as ‘steering rather than managing’ the project. Their first 18 months were spent working on policies, procedures and standards, initially through examining the health board’s relevant policies, etc. Procedures for the project were prepared in the context of the Child Care (Placement of Children in Foster Care) Regulations 1995, current EHB practice, and best professional standards. The Initiative also adapted the Guidelines for the Placement of Children (1996) for use by the Initiative in placing children in the care of the NAHB. Examples of policies developed are those concerning allegations against carers, and payment and supports to carers. Sub-committees do the bulk of the work and bring it back to the SC for discussion. Decisions made by the SC are ratified by the Board of Management of the Daughters of Charity, who have a right to question decisions made. Among other issues, the more recent and current work of the SC has been focused on addressing the impact on the work of Lisdeel House and the LFPI of the lack of health board social workers allocated to the children in Lisdeel and those placed by the LFPI.
Membership of the steering committee

The make-up of the steering committee is one that is both innovative and inclusive. The Lisdeel working party made an explicit decision at the outset to incorporate the different interests involved in fostering. This decision was influenced by the practice of the ‘Boys and Girls Welfare Society’ in Manchester, whose management committee comprised members from a variety of backgrounds. The Society was one of the projects visited by representatives of the Initiative in an effort to incorporate models of good practice into the Lisdeel model. Seeking out and learning from other projects is a key feature of the Lisdeel model. The steering committee strives to allow the experience of members to shape the work of the committee by representing those differences, and drawing on them in a way that contributes to the development of the project. A commitment was made to represent the different stakeholders that constitute the fostering arrangement.

It is uncommon to find a committee inclusive of service users and non-professional persons, either in Ireland or in other jurisdictions. Although services often describe their ethos as one of partnership with service users, it is rare to find this partnership at a policy-making or organisational level. Triseliotis et al. (2000) conducted a survey of foster care in the UK, from the perspectives of both foster carers and local authorities. Foster carers quoted few examples of partnership, and their status within authorities was described as ‘ambiguous’ and ‘peripheral’. Carers were described as having a limited role in the planning and running of the fostering service. It is even rarer to find the perspective of young people in care represented in the management of fostering services. In a review by Cosis-Brown (2000), the author describes her experience of ‘the invaluable contribution’ made by young people acting as members of a fostering panel in a project by the Coram Family Project, Fostering New Links. The reviewer, who acts as independent chair on the panel, states that the young people, who had been in foster care themselves, ‘retain the ability to focus on the experiences of the child and the child’s perspective’.

The Steering Committee is made up of eight members. Members are from a wide range of backgrounds and experiences, and the group consists of a representative from each of the following:

- the EHB/NAHB,
- the Daughters of Charity,
- the EHB/NAHB placement committee (the member will change as the senior social worker on the health board placement committee changes),
- foster parents
- young people who have been in care,
- parents whose child has been in care.

The manager of Lisdeel House and an independent chair complete the group.

Some steering committee members expressed the view that it was ‘sensible’ for certain key people to be on the committee. Those people were identified as the manager of Lisdeel, the health board manager, and a senior manager of the Daughters of Charity Child and Family Services.

Although the make-up of the steering committee was described by many interviewees as reflecting the partnership arrangement between the Daughters of Charity and EHB/NAHB, interviewees from the steering committee gave conflicting responses as to whether the health board made any stipulations regarding EHB/NAHB representatives on the committee and, more specifically, as to
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whether a member of the placement committee was to sit on the steering committee. These issues seem to need clarification.

The task of finding a suitable chair for the steering committee was one that took time and thought from the managers of both the EHB and the Daughters of Charity. The chair was eventually chosen on the basis of her experience in a number of areas, namely, experience of group facilitation, experience as a foster parent, and experience of community work. She was also perceived as neutral, given that she wasn’t an employee of either the EHB or the Daughters of Charity. Indeed, the choice of chair for the group was identified by four of the six steering committee members interviewed as of key importance.

Good chairpersonship is the key. [SC-1]

The value of the different interests, backgrounds and experiences that members brought to the group was held in high regard, and four interviewees focused on this theme throughout their interview. The belief in the need for the group to communicate openly and effectively with each other, in order to be able to work well together, was often stated.

Representing different perspectives within the steering committee

As stated, the first meeting of the steering committee was in September 1999. Members of the steering committee were purposely chosen in order to represent all the different interests in the fostering arrangement. There was also the intention that the committee would reflect the working partnership between the Daughters of Charity Child and Family Services and the NAHB, by representing their interests on a working committee. The committee met initially without its full complement of members, as the group experienced great difficulty in finding a member who had been fostered. Enquiries in search of such a person were made across different teams in the EHB, but to no avail. The LFPI social worker’s urgent need for policies and procedures to guide the development of the project meant that the committee needed to start their work without this perspective on board. Notwithstanding the emerging difficulties in recruiting people from this background, the importance of having this perspective represented was still regarded as a high priority.

It was around hearing the views about what it was like either for people who were in foster care or residential care ... questions that they would have, that we wouldn’t see because we hadn’t had that experience. [SC-6]

That same member also expressed the view that it would be better for two people with that perspective to be in the group:

Of all the people, or the players within the whole system, the child is the most vulnerable person and I think that can be mirrored in a group like the Lisdeel committee ... one safeguard is that there’s more than one person holding that experience in the group ... [SC-6]

Birth parents were identified as other key stakeholders in the fostering process. Initially, the group did not think that they would be able to find someone who would bring that experience and knowledge to the committee. In an effort to obtain learning from this perspective in the fostering arrangement, the steering committee decided to identify parents whose children were currently, or had been, in care, and who might be willing to attend a focus group. It was suggested that the parents would be asked how they would like to see the service work with birth parents. The group was eventually able to invite a parent, whose children had been in care, to join the group.
A foster parent was chosen to sit on the committee, due to the breadth of issues she had covered with the children she fostered. While, formally, there is one foster parent representative in the group, there are, in fact, three members from that background; that is, two other members have experience as foster carers.

The members of the Steering Committee have been carefully chosen in an effort to represent the various perspectives on the fostering experience. Interviewees stated that the strength of the group is precisely the differences in perspective that these individuals bring. Inextricably linked to this view is the importance of good chairing. It was reported that there is an implicit agreement among the members that they will give three years to the project. Membership of the SC has remained relatively stable over the past two and a half years, although attendance deteriorated in the early part of 2002.

The LFPI social worker attends meetings of the steering committee, but did not become a voting member until November 2000. Another development in the membership of the committee is the inclusion of the Daughters of Charity senior manager with operational responsibility for LFPI, who has become a member of the SC since her appointment in June 2001. Due to the demands of his current post in the health board and its impact on the time he had available to the SC, the senior health board manager has been replaced on the committee by an experienced fostering social worker.

Sub-committees

Although the steering committee meets on a monthly basis, sub-committees continue their work between meetings. Work on policies and procedures, admissions, assessments, complaints and appeals was carried out at sub-committee level, and brought to the group at monthly meetings. Sub-committees also provided the opportunity for working partnerships between representatives of the health board, the Daughters of Charity, and members who represent the different interests in fostering.

The placement sub-committee is made up of members of the steering committee and the ERHA placement committee. Two retired members of the ERHA committee agreed to join the Lisdeel placement committee, and they brought with them many years of experience in matching and approving placements. Again, this is another example of how the Lisdeel model seeks out, builds on, and adapts good practice and knowledge already in existence. One member of the steering committee stated that the Initiative does not intend to ‘reinvent the wheel’. Members of the Lisdeel placement committee visited the ERHA placement committee to observe that group at work.

The placement committee makes recommendations to the steering committee, who must approve their decisions. This approval must be ratified subsequently by the Director of the Daughters of Charity Child and Family Services who, although a member of the steering committee, signs these reports in her capacity as Director of Services.

Accountability

Documentation relating to the procedures for the Lisdeel Steering Committee states that the committee is to be established under the auspices of the Daughters of Charity, with operational accountability to the Daughters of Charity Board of Management, who, in turn, are accountable to the ERHA. The Daughters of Charity are also financially accountable to the ERHA. The NAHB
retains legal responsibility for the care of children who are admitted and placed by the Initiative, and copies of fostering contracts are sent to the NAHB Child Care Manager. A monthly report is submitted to the ERHA giving the number of children in Lisdeel.

Members of the steering committee were asked by the researchers whom they considered to be ‘in charge’ of the service. Although most members were clear that the steering committee had the role of managing the service, some demonstrated difficulty in figuring out the role of the Daughters of Charity and of the EHB/NAHB in the management of the service. One member summed up the partnership arrangement as one where the Daughters of Charity have the lead role in the Initiative ‘with strong support [from], and partnership with, the EHB’.

The Daughters of Charity Child and Family Service
The steering committee reports to the Daughters of Charity Board of Management through the Director of the Daughters of Charity Child and Family Service, who is a member of the steering committee. The Director described one element of her role as ‘maintaining the presence of the Board of Management on the steering committee’. The Director was initially line manager to the manager of Lisdeel House, to the LFPI social worker, and, in some instances, to the resource worker. She met with both the LFPI social worker and the manager of Lisdeel House on a regular basis to review progress.

The Daughters of Charity reorganised their structure during the past year, and this has impacted on the development of the LFPI structure. The Director of the Daughters of Charity Child and Family Services still retains overall responsibility for all Daughters of Charity projects in the area. However, the employment of two senior managers has shifted operational responsibility for the day-to-day running of the LFPI and Lisdeel House to one of the senior managers, who started in her new role in June 2001. The managers of both Lisdeel House and the LFPI report to this senior manager and meet for monthly supervision. The senior manager also attends some of the Lisdeel team meetings and has become known to the staff there. The manager of the LFPI no longer has a supervisory relationship with the senior health board representative on the Steering Committee. In the Component One evaluation report, it was anticipated that the LFPI social worker’s role as line manager with responsibility for running the Lisdeel Initiative would develop. This has happened and is further detailed under the next heading.

The Daughters of Charity Board of Management takes final responsibility for the services delivered through its nine centres. It meets every two months, and a report on each centre is submitted prior to that meeting. The Director attends these meetings, and managers of the various projects are regularly invited to give verbal reports. To date, there have been no discrepancies between decisions made by the Lisdeel steering committee and their subsequent ratification when brought before the Board of Management. The Lisdeel steering committee is unique within this service structure, in that it represents the first time that the DoC Board of Management has delegated its authority to a committee.

The initial proposal for the Lisdeel Family Placement Initiative made by the working party proposed that the manager of Lisdeel House would act as the line manager to the LFPI social worker. However, the EHB requested that the Director of Services act as line manager to the LFPI social worker. This led to a situation where Lisdeel House and the LFPI are two services, with separate budgets, run by separate managers. Both services and managers are managed by the Director of Services.
As already stated, an interview was conducted with the Director of Services regarding the management of the Initiative. The ethos of the Board of Management is important in understanding how projects under the auspices of the Daughters of Charity are managed. The Board was described as taking the view that, once feedback mechanisms are in place and working, projects are free to ‘work away’ without being stifled by a lot of monitoring. In the case of Lisdeel Family Placement Initiative, the steering committee was delegated the authority to proceed with developing policies and procedures without being hampered by excessive bureaucracy and management.

Figure 1: Reporting relationships in the Lisdeel Family Placement Initiative, May 2002.

--- denotes the LFPI
Lisdeel Family Placement Initiative

The LFPI has, as its base, an office in Lisdeel House, a residential unit. The LFPI was initiated in May 1999 with the appointment of a fostering social worker to recruit, assess, and train foster carers, and to support foster placements, once made. A resource worker was employed in September 1999, on a half-time basis, to assist with the recruitment and training of foster carers, and to act as a resource to foster placements.

As the work of the project grew, the organisational structure of the LFPI changed radically. The first social worker employed by the Initiative has since been appointed manager of the Initiative, and works at social work team leader level. She has taken on increased managerial responsibilities in relation to the project, including supervision and planning for the team. She is currently finishing two fostering assessments, and will not be taking on any more. She also has responsibility as fostering social worker to the three placements that have been made, and will continue in this role, to allow the other social workers on the team to focus on assessments, which are now a priority for the service. The resource worker continues to be involved in recruitment and training, as well as acting as a resource to the five fostered children, their families, and the foster carers with whom they are placed. The resource worker also currently manages access for one of the children placed.

Two additional part-time social workers were employed, bringing the total number of staff to two social workers, one resource worker and a manager. The first additional worker was employed in June 2001, and started the job with a full caseload, initially working three days a week. That post is a secondment from the health board for a period of three years. (The social worker now works an additional day a week in the role of a health board social worker, an arrangement made to facilitate the placement of two siblings from Lisdeel House who had no allocated health board social worker.) The second appointment was made in January 2002, and is a half-time post. Both workers have, as their main task, the assessment of fostering applicants.

Therefore, the LFPI now has four workers, in a total of 2.6 posts. Since the manager of the Initiative will no longer conduct fostering assessments as part of her role, there is a total of 1.1 posts that have fostering assessments as the main element of their role.

Due to the expansion in the number of staff working from the LFPI office, the manager of the Initiative has moved to the Daughters of Charity main office. The manager stated that Lisdeel House continues to be the main base for the Initiative, and makes a point of calling to Lisdeel first thing every morning to keep up familiarity and links with the children and staff there. She stated:

"We'd say that's one of the strengths of this way of working, as long as we have been here, has been that people from the fostering side do know the children, you do get to see them on the day-to-day, you are talking to the staff about how they are doing and what's happening ... I'd be very interested to keep that there."

LFPI staff attend Lisdeel House team meetings, and attendance is considered important, especially when new to the Initiative. The part-time staff do not attend the meetings every week. LFPI staff have their own weekly team meetings to address issues arising with regard to training, preparation, assessments, and recruitment. These meetings also consider what can be offered to the Lisdeel House team, e.g. respite for an acting-out child. One member of the LFPI described the relationship between the two teams as a partnership.
Lisdeel House

The LFPI is inextricably linked to Lisdeel House, which is a small residential children’s home. Lisdeel House employs eight assistant houseparents, two of whom have the role of team leader. There is also a number of relief staff. All staff report to the manager of Lisdeel House. The manager of Lisdeel House is a member of the LFPI steering committee, and feeds back information from the committee to staff. Both team leaders and the manager supervise the residential staff.

Policies regarding Lisdeel House have, to date, been made by the team leader, manager and director. However, current policies are formulated by sub-committees of the steering committee. For example, the admissions policy and procedures for Lisdeel House have been formulated by a sub-committee made up of the manager, the team leader, the LFPI social worker and a social work team leader from the steering committee.

The Daughters of Charity have a policy of recruiting staff with child care qualifications. It is also of note that there is a relatively high level of experience on the staff team. When one considers the current context of care, the significance of the level of qualifications and experience held by staff in Lisdeel House becomes apparent. Many residential child care workers in our current system are unqualified and untrained for the task in hand, although some may be highly skilled and have years of experiential knowledge. Clarke (1998) reviewed the qualifications of 144 staff employed directly in the care of children or in the management of residential centres run by the Mercy Congregation, and just under half of all the staff reviewed had a child care qualification.5 The role of staff in Lisdeel House is detailed in Chapter 3.

Summary

The LFPI has expanded in the past year with the appointment of two additional fostering social workers, and the promotion of the first social worker employed to the position of manager of the Initiative.

The SC is constituted on differences, and one member described partnership as ‘articulated by working with the differences’ which represent the various perspectives in the fostering arrangement. The SC continues in its role, and has managed to keep a fairly stable membership, although some concern was expressed about attendance at meetings. The committee has done extensive work regarding policies and procedures, informed by the different perspectives of the committee members. The SC seeks out, builds on, and adapts good practice and knowledge already existing, as well as formulating its own creative responses. A lot has been achieved in the initial period of the Initiative.

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Chapter 3
RECRUITMENT & PREPARATION OF APPLICANTS TO FOSTER
CHAPTER 3: RECRUITMENT AND PREPARATION OF APPLICANTS TO FOSTER

Introduction

In this section, the recruitment and preparation of prospective carers, up to May 2001, is reviewed. Where possible, the information in this section has been updated. However, the Component Two report did not set out to address the recruitment and preparation process, so much of the data in this section is from the Component One report.

In order to gather data, interviews were conducted with four applicants, the social worker and the resource worker. Four families/households were selected randomly from a full list of applicants and were interviewed twice in relation to their experience of recruitment and preparation. These four applicants consisted of three couples and a single person who was not interviewed a second time. The first interview was conducted within a couple of months of the assessment beginning and the second took place about six months later, after the interviewees had finished their training. Two sets of applicants had no expressed preference for the type of foster care for which they were applying, whereas one couple was interested in respite care, and one applicant—a single parent—was applying to foster the children of relatives. One of the researchers also attended the first night of the first training course.

The recruitment process

The first recruitment campaign in June 1999 was aimed at the population in three community care areas (6, 7 and 8) of the EHB, an area covering the Northside of Dublin. These areas became the Northern Area Health Board on 1st March, 2000. The campaign focused on these areas, because the children served by the project would come from Area 7, and it was hoped to place the children in, or close to, their community of origin.

The first advertisement campaign, inviting applications to foster with the LFPI, was conducted in *The Northside People*, a local free newspaper. Enquirers received an information pack on Lisdeel Family Placement Initiative. (The information pack and posters used for recruitment state explicitly that applications are welcome from families and individuals.) There were three applications arising from the 15 responses by phone call to that advertisement. This recruitment campaign was conducted by the LFPI social worker, who described it as 'a pilot recruitment drive'.

A much larger campaign, using a multi-media approach, was conducted in October 1999. The LFPI resource worker was also involved in this campaign. The October campaign used interviews on local radio and in local newspapers, including *The Northside People*, as well as advertisements in 40 parish newsletters.

The publicity methods used had varying impact:
The advertisement in the parish newsletters and *The Northside People* ran for three weeks. The October campaign resulted in nine applications, from a total of 29 enquiries. Enquiries were followed up with a phone call and the offer of a visit by the social worker.

While advertising in local newspapers or parish newsletters seemed to reach the target audience, this did not appear to be the case with other approaches. A foster mother, the LFPI social worker and a Lisdeel House team leader took part in a radio interview one Saturday morning as part of the recruitment drive. While the response to this interview was poor, the project would consider doing a radio interview again, but on a weekday morning. Another element of this drive was targeting 'those with a proven interest in child care', such as teachers, scout leaders, etc., through placing an advertisement in their journals and newsletters. This targeting did not generate a response, and the project has decided not to run such targeted recruitment advertisements again.

Between the June and October campaigns, the net result was twelve applications – four from those who saw the advertisement in parish newsletters, and eight from those who saw the advertisements in *The Northside People*.

The LFPI Foster Care Information Pack, which includes an application form, was sent out to those who made enquiries following the October drive. The pack details information under the headings of Lisdeel House, the LFPI, the children, fostering facts, and how to become a foster carer. It informs prospective applicants that children may need a foster home for one or two years, and that some may return home after this time, while others will grow up in care. The section outlining some fostering facts is especially important, in that it clearly states that foster carers are ordinary people, who do not need to be married or well off financially to foster.

The sequence leading from enquiry to application to preparation and training, and on to approval, consists of a number of elements, as set out in Table 2.
Figure 2: Stages in the process of becoming a foster carer (December 2000)

1. Advertisement/Recruitment campaign
2. Phone query by interested member of public
3. Phone discussion, including offer of visit by social worker
4. LFPI sends out Information Pack
5. Enquirer sends in application form
6. Information visit by social worker and resource worker
7. Assessment element of preparation process begins
8. Profile of applicants to aid discussion
9. Training
10. Assessment process continues
11. Guidelines given to applicants to help them prepare their input into final report
12. Final report written jointly by Social Worker and applicants
13. Report submitted to Lisdeel Placement Committee and decision made whether to approve applicant family
Findings

The timing of the recruitment campaign

The timing of the recruitment campaign was seen as extremely important by the LFPI social worker:

Recruitment has to fit with the rhythms of family life. [LFPI_1]

With this in mind, the campaign was run at times when families would not automatically be very busy, such as Christmas, or August/September, when parents are getting children ready to return to school.

A commitment to processing sets of applicants

The Initiative aims to recruit a set of prospective carers and bring them through the complete process of preparation to foster as a group, before running the next recruitment campaign. The reasoning behind this is to avoid applicants having to wait for a protracted period between application and the preparation stage. It is also anticipated by the LFPI social worker that applicants will be able to act as a support to each other.

Rather than invite 'enquirers' to an information meeting, which is the usual practice in the EHB, any person making an initial enquiry received an information pack in the post. This followed what was usually a long phone conversation at the point of enquiry. The LFPI social worker believes, on the basis of experience in the project to date, that the information pack offers sufficient information for enquirers at this point. This is based on the evidence that people enquiring did not, in the main, take up the offer of a home visit by the social worker, yet many proceeded to making an application.

Timeliness of response to enquiry

Two of the four applicants interviewed said that they had difficulties getting a response to their initial telephone enquiries. Although this view is not necessarily representative of the views of all enquirers, it is a reminder of the need to try to ensure a prompt response to all queries in future recruitment drives.

I kind of thought they had forgotten about it. [A_2]

It took a while to get through. [A_3]

Literature regarding recruitment consistently states the need for a prompt response, consisting of accurate information on the fostering task, as of key importance in any campaign.

What the agency has to do is to ensure that information about their agency and its needs is available to people who are considering fostering at the time that they actively want to find out more. [NFCA, 1995, p.2]

When the response rate to the first 13 applicants was examined, it showed that there was an average of 8.5 days between the day the enquiry was received and the social worker's first visit to the enquirers.

Applicants clearly understood that the agency needed to recruit carers for 6-12 year olds.
Duration of advertising campaign and tapping into prospective applicants' latent motivation to apply

Running the campaign ads over a three week period had an impact on at least one of the families interviewed for this evaluation. The couple stated that they had ignored the advertisement the first time they had seen it, but its second appearance prompted them to think about acting on latent ideas about becoming foster carers. All of the couples interviewed for the evaluation stated that at least one of them had been considering fostering over a number of years. It was the appearance of the advertisement that motivated them to find out more. It may be fair to assume that a series of ads could serve to have a cumulative motivational effect on those thinking of fostering. The practice of running a campaign over a number of weeks is one that the LFPI should continue.

Response rate to recruitment campaign

Conway (1997), in her study of an EHB recruitment campaign, stated that 27 formal applications to foster resulted from 474 enquiries, which represents one application for every 17 enquiries. The Lisdeel campaign yielded applications from about one in three enquirers, which compares extremely well with the rate reported in Conway's study that included the same region.

Viewing carers as members of the team

It is of note that the concept of teamwork is built into the early stages of recruitment and preparation of carers in the LFPI. The information pack refers to foster carers as 'important members of our team'. Viewing foster carers as team members is a key feature in building the notion of a team, of a community, which is one of the stated aims of the project.

*We have an ethos here, what we are trying to develop here is that they are on the team, they are on the wider team with us ...* [LFPI_1]

This is very much in line with principles of good practice internationally:

Being treated as a member of the team is directly related to retention. Yet teamwork cannot begin after the child is placed. The foundation for teamwork has to be built in the early stages of contact between a prospective foster parent and the agency, including the family assessment, or home study process. [Mayers & Wynne, 1995: 43]

The notion of team-building, of building a community, is one that has been incorporated into the ethos of the project from a very early stage. This ethos is also evident in the second stage training on sexualised behaviour, that was made available to approved carers and residential staff together, in May 2002.

Messages about foster care conveyed by LFPI

The information contained in the pack sent out to enquirers is vital in how it portrays foster care. The messages in the pack represent carers as ordinary people. Openness to different types of carer families was also emphasised. As already stated, the ethos that foster carers are team members is highlighted at this early stage. All of these factors are considered important in attracting carers to fostering (Child Welfare League of America, 1995, Berridge, 1997; Triseliotis *et al*., 1995).

The use of the information pack, as opposed to an information meeting, may have helped to generate a greater ratio of applications to enquiries, although more research would be required to be definitive on this.
The LFPI social worker believes that the information pack allows families to consider the information as they please, and gives them the opportunity to share and discuss the information with others. It was felt that information meetings might only attract about half of the enquirers, and that this loss could be reduced at an early stage by using information packs. As the packs make use of inserts, it is easy to amend as the project changes and develops.

**Respite care**

One outcome of the recruitment campaign was an application by a family to provide respite care. The couple were interested in fostering, but felt that it would not be appropriate for them to foster full-time at present. They rang to enquire about the possibility of fostering at weekends and, following receipt of the information pack, the couple arranged to meet with the social worker. They then decided to proceed with their application to foster on a respite basis. Where applicants are unsure about taking on fostering on a full-time basis, the project has a policy of suggesting the role of respite carer as an option.

**Referral to Health Boards**

It is the policy of the Initiative to refer enquirers from outside the Lisdeel catchment area to the appropriate health board.

**Further considerations**

The Initiative could consider targeting those who had already expressed an interest in the previous campaign, as a way of 'recycling' possible interest and avoiding some of the wastage that is a usual feature of recruitment campaigns. Contact could take the form of an information pack and a covering letter about the progress of the project to date, etc. Conway (1996) followed up a sample from 447 enquirers who did not apply to foster after responding to a recruitment drive by the EHB. The key finding of this survey was that one-third of those phoned 'welcomed the chance to talk about fostering'. Nobody objected to being contacted. While such a follow-up exercise may not yield immediate additional applications, it may sow seeds of interest, understanding, and goodwill towards foster care, which it may then be possible to reap in the future.

**Conclusions and recommendations**

A creative and localised recruitment campaign resulted in a comparatively high ratio of applications to enquiries to foster, when compared to the results from an earlier study of more usual methods of recruitment. Recruitment took place in the area that the children admitted to Lisdeel House come from, and in two adjoining areas. The support of the agency, financially and in terms of support for new ideas, is vital in any recruitment effort and this was evident in the Lisdeel drive. It is very interesting to note that such a high number of enquirers made applications, and that those who made applications followed through to begin the assessment process.

There are a number of recommendations arising from the data presented here:

- There is a need to be prepared to respond promptly to all enquiries.
- Running the recruitment campaign over a number of weeks is a practice that the LFPI should continue.
- The use of an information pack seems to have had a positive impact on enquirers and is a practice worth continuing.
Preparation to foster

Introduction

Preparation is carried out through a series of interviews between the social worker and the applicant family, and participation in a training course.

... the central task [of assessment] remains for the social worker and the prospective carers to reach a reasoned decision – both separately and together – as to whether the prospective carers and their household and environment are likely to be able to provide a suitable foster home. [Triseliotis et al., 1995]

At the end of the process, a report is submitted by the LFPI social worker to the LFPI placement committee, so that they can consider whether to approve the family to foster. Applicants must also provide two referees and be cleared as medically fit.

The EHB guidelines relating to assessment of foster families have been adopted for use by the Initiative, with a number of amendments. The minutes from the SC meeting of 13 January 2000 record that the maximum age gap between children and prospective foster carers was to be increased to 45 years from the 40-year gap recommended by the EHB Guidelines for the Placement of Children. The second key amendment made to the guidelines is that a crèche used by foster parents must be a registered, approved crèche. The Lisdeel social worker visits relevant crèches to ascertain same, and ensures that a statutory inspection of the crèche has been, or is due to be, carried out. Full-timechildminders will be interviewed, a reference sought, and Garda clearance sought. Ex-partners of applicants will be visited if they have access to the children, or if deemed necessary.

The LFPI approach to the process of preparation

The project strives for a clear ethos to underlie its approach to the process of preparing applicants to foster. The aim is to offer a positive experience to the applicants that builds on, and develops, their motivation to foster. The social worker stated that it is important that the process does not leave families 'feeling hurt or damaged'.

You are welcoming people, that you are glad that they have applied and that they are very welcome here and, even if fostering turns out not to be for them, that it was a positive experience for them and even sometimes that families will say, 'well, we have learned a lot'. [LFPI_1]

The social worker described one of her tasks as the development of this motivation.

When you meet them they are so motivated. Very, very often they have been thinking about it for years ...

She thought that strengthening the motivation that brought people to foster would increase foster carers' resilience and ability to keep going in challenging and difficult times.

They will find fostering challenging and they will find the more you can keep that sense of motivation there it will help to tide them over the difficult times.

Linked to the above point, she also considered the identification of skills and strengths within the families as an important aspect of assessment.

... families often have lovely things and lovely abilities and insights that they don't know they have, but I can see that they have by talking to them or their children, and it is sometimes about feeding that back to them and they say, 'well, we never realised we could do that,' or whatever.
Building Family Placements

She also stressed the importance of the idea that applicants may self-select in or out of fostering.

*I try and bring people into the assessment as much as I can and I try to give them some ownership of it and direction of it, and, at the end of it, both of us can see, well, is fostering for them or not.*

However, the social worker was also very clear that applicants are being assessed and that, at the end of the process, the social worker has to decide whether to recommend them to the placement committee or not.

... you need also to state that certain couples should not foster so there has to be an element of assessment and you have to be realistic about that with families.

The project works from a position that it is the family that fosters. Assessment and preparation concerns all members of the family, and the social worker meets with everyone living in the household. Unlike other systems, where one parent from a couple may apply to foster, the focus of assessment and preparation in LFPI is very much on the couple, where there are two parents living in a family.

... they both have to really want to do this, because they will need each other for back-up and support. [LFPI_1]

What foster fathers had to potentially offer was seen as very significant. The social worker pointed out that, when consideration is given to the needs of children in care, the potential benefits of a positive male role model in a foster father are huge. Attention is also focused on the children of the applicants, who are asked for their views on fostering in their own interviews with the social worker, that is, without their parents being present. Recognition is given to the fact that fostering can affect them greatly. Indeed, one of the roles assigned to the resource worker is to assist with support services for the carers' own children.

**Assessment**

The assessment process consists of a series of at least six meetings between the LFPI social worker and the applicant family. Meetings take place fortnightly and usually last for one and a half to two hours. The period between meetings is to allow time for reflection and thinking. In the initial part of the assessment process, applicants fill in what some described as a questionnaire. The LFPI social worker stated that this form is a profile of applicants and is used to trigger thinking for families, describing its use as a 'tool for discussion'.

*If they are not ready, the potential for things to go wrong and for hurt for the child and for the family is enormous, so it is very important that they have the time they need to reflect on what they are taking on and how it is going to affect their lives.* [FP_1]

The applicants meet with the social worker both as a couple (if a couple applies) and individually. The social worker also meets with the children in the family and any other adults who may be living in the house. So, although the social worker estimates an assessment should last three to four months, it may take longer, depending on who is living in the house and the issues arising for the particular applicants. As part of this process, applicants visit Lisdeel House, the visit taking place when the children are not there. The purpose of the visit, as described by the social worker, is to welcome the applicants to the house and to give them a sense of what the house and the staff are like.

Since Christmas 1999, the resource worker has been accompanying the LFPI social worker to the first meeting with families applying to foster. This decision was made in light of the fact that the initial meeting is usually focused on giving information, and it is thought to be a good point at
which to integrate the role of the resource worker, who will be involved in training and in supporting placements once they are made.

**The applicants’ experience**

Of key importance to the prospective carers interviewed was the constant reassurance from the social worker that they were not under any obligation to continue with the assessment and training, that they could opt out, or decide to postpone their decision, at any time.

_She [social worker] reassures you at any stage that you’re not obliged to carry on any further if you want to opt out of it or leave it on the backburner for a few months or whatever. That option’s there all the time, right up until the end. [A_3]_

It was also noted by the researchers that applicants often commented that the social worker was very good at explaining and answering their questions.

The four applicants interviewed found the preparation process to be quite repetitive. Some queried the design of the form they had to fill out, and stated that they felt the same question was often asked in different ways. The content of interviews was also described as repetitive by the four respondents, and this raised anxiety for one couple, who wondered if efforts were being made to catch them out.

_I felt as though, ‘what’s the point in going over all this again, I already have covered all this in the interview with [social worker] and she wrote it all down so why am I rewriting the same thing as what I’ve already told her’ ... were they trying to catch you out in some way? [A_2]_

This issue of repetition was also raised by the social worker, and is dealt with later in this chapter.

**Expectations regarding support**

Two of the couples stated during their first interview with the researchers that they had thought that they would have a child placed with them within a few months of the assessment beginning, and had initial fears about being left to cope alone. Realisation that the preparation to foster would take longer than expected, and that it involved a training course, was met with a mixture of relief and surprise.

_I thought it was only a matter of a couple of meetings and all of a sudden then you were introduced to a child, like, they land on the door with a child, they just ring you up and land on the door with a child. [A_6]_

_Well, in the beginning, I think there was something said about ‘next March there will be a training programme’ and I was thinking ‘this is November, next March?!’ It’s amazing how you fall into the flow, which is kind of reassuring and calming as well. Really, you don’t want to be in a position with literally a child on the doorstep ... [A_3]_

All four applicants interviewed were clear that 24-hour help and support would be made available to them, if they were having difficulties.

_Well, there’s [social worker] and the key worker and any member of the Lisdeel staff, there’s always someone in the house anyway, 24 hours a day. Obviously you’ve the fear when you foster a child, that’s it, the door’s closed behind you and away you go ... we questioned her on this and she said, ‘definitely not, as much for the child’s sake as for yours’. [A_7]_
No matter what problem the child has, whatever child it may be, they’ll give you advice on it, how to cope with it, where you’re not just left to cope on your own.

[A.6]

In addition to the 24-hour support available from Lisdeel House, other possible sources of support mentioned by applicants interviewed included the child’s key worker, the child’s social worker, the LFPI social worker, and the resource worker (although only one respondent mentioned the resource worker as a potential source of support). The fact that children could go back to Lisdeel House for a weekend, if the carer needed a break, was also mentioned. The subject of financial support and a fostering allowance was not raised by any of the families, nor did the researchers ask for information on this form of support.

Those families that were asked by the researchers stated that they were not aware that a complaints/grievance procedure is in place, and would not know how to make a complaint.

Preparation of children of applicants

Reflecting the position that it is the family that fosters, the social worker meets with the children of the applicants as part of the assessment. The social worker may meet the children in a family, either separately or together.

One applicant couple reported that their child ‘had a million questions’ after meeting with the LFPI social worker. The child’s father was able to answer them, and stated that:

_He was happy with the idea of helping a child, or sharing, and that. That’s about the most that they would have got out of it. That they want to share and help ... It also made them realise how lucky they were as well, that there is this other world outside._

[A.7]

Another applicant father spoke about his child’s interest in the training course, and how she would ask about it the following night. The other child in that family didn’t have many questions about the fostering. That same father felt the couple had a lot of preparation to do with their own children, and that a short course could be arranged for children aged 12-plus of families who are applying to foster:

... _so they get their eyes opened to the different difficulties that their mother and father are going to come across ... _[A.6]

The example was given by the LFPI social worker of a child who was quite resistant to the idea of her parents fostering. The social worker engaged in direct work with the child and, as part of this process, the siblings in that family visited Lisdeel House. It was hoped that the visit would allow the children to formulate a more accurate idea as to what the lives of the children in Lisdeel might be like. The child is now actively involved in providing respite care.

Following LFPI’s self-evaluation of the training course in summer 2000, the Initiative decided that it would run a course for children of applicants. The resource worker and one of the LFPI social workers are currently collating information on children of foster carers.

Preparation of the report

On the last visit to the family as part of the assessment, the social worker is accompanied by an NAHB social work team leader (a member of the steering committee), who also signs the report on the family which goes to the placement committee.

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The report is prepared by the social worker and the applicants, who are expected to write their own piece for the report. Although families are furnished with suggested headings and guidelines to assist them with this, the social worker reported how the families that have written up their section of the report have done so in completely different ways, each in their own style. The applicants receive a draft copy of the full report for themselves, and can suggest changes, or indicate disagreement with aspects of the document. All applicants sign the report when they are happy with its content (including reservations, where applicable). The report is accompanied by the applicants' birth certificates, marriage certificate (if applicable), references, and completed medical forms.

One of the families interviewed, which had written up their section for the report, expressed some confusion as to the status of the guidelines given to aid writing up the final report. The applicant stated that she thought the information they had given in the questionnaire used to profile applicants at the start of the assessment process would be incorporated in the report by the LFPI social worker. The applicant wrote up their family part of the report with that understanding. She did not realise, until after the final report was completed, that information from the initial profile would not be used in this report. This suggests that the status of the applicant profile given at the outset of the assessment process needs to be clarified.

One applicant thought that some of the information requested on the medical form was not appropriate. One example given was a request for information as to why the applicant had last visited their GP. In the same instance, the GP had complained to the applicant about the relevance of some of the information requested in the form.

**Conclusion and recommendations in relation to assessment**

The assessment/preparation process consists of a series of meetings between the social worker and the applicant(s). As part of this process, the social worker also meets with the children in the applicant family. It was important to respondents that they were often reassured that they were not under an obligation to continue the assessment and that they could opt out or postpone their decision at any stage. It was also reassuring for families to learn that they would not have a child placed with them without support, as many had initial fears about being left to cope alone.

**Recommendations arising from this section of the process**

It is necessary for the agency to clarify for itself, early on, what the nature of support for the foster family, post-placement, will be, and who exactly will have a role in providing this support. This may be a useful point at which to clarify the roles of the fostering social worker and resource worker. It may also be useful to clarify the separate supports available to the foster child.

It also seems important to begin to assess the resource implications of providing certain levels of support as the number of children placed by the LFPI increases. For example, what levels of staffing would be required for the project to operate during a time of crisis? What guidelines/training will care staff have to operationalise the proposed 24-hour support? How will the issue of continuity of information be dealt with, bearing in mind the turnover of residential care staff?

It is also important that the project reviews how it conveys the fact that a complaints/grievance procedure is in place, and what this procedure is, as some respondents were unaware that such a procedure existed.
Training

Introduction

The training provided for fostering applicants is based on a course, ‘Fostering – A New Horizon,’ developed by the Irish Foster Care Association (IFCA). The course is part of a plan to standardise foster care training in Ireland, and has been bought by all the health boards for use in training applicants to foster. Lisdeel Family Placement Initiative is one of the first agencies to use the course, which was modified in an effort to reflect the differences in how the LFPI operates and intends to operate, as compared to the health boards. LFPI have given feedback to the IFCA on their experience of using the course with the first round of applicants, and the training was further reshaped following feedback from course participants, and from observations made by the course facilitators.

The course itself is made up of six sessions, which take place after the assessment process. In the first LFPI course, the sessions were facilitated by the social worker and resource worker from the LFPI, as well as a foster parent from the IFCA, although the course is designed for use by two facilitators. All the facilitators involved had completed the ‘Training for Trainers’ course, also run by the IFCA. Participants are each given a copy of the workbook ‘Fostering – A New Horizon’ for their own use. Sessions took place over four evenings, with the last two sessions being held together on a Saturday. Applicants cannot be considered for fostering if they have not completed the course.

A course of training therefore needs to act as a preparation for the reality of the task. This can act as a ‘final sieve’ in the self-selection aspect of the approval process – the applicant is now in a more informed position when making a realistic decision as to whether or not they can commit themselves to the varied demands of the fostering task. [Triseliotis et al., 1995]

Aim of training

Applicants were very clear that the aim of the training was to increase awareness of the impact of fostering for all those involved. The aim was also described by applicants as helping them think about the practical implications of fostering for everyday life. It served to raise:

... an awareness of what the child is going through and how it will affect the family, the family of the child who is in care, and I suppose to explore your own feelings with all the knowledge you’ve been given, to see if you wanted to continue, or if you’d be able for it. [A_1]

... it was to get to a bigger understanding of what fostering was all about. To get you in touch with the reality of it. [A_3]

Feedback on how the training course had fulfilled its aim, as perceived by the applicants interviewed, was very positive. The course was described as valuable, worthwhile and well prepared.

They put a lot of work into preparing ... that showed itself very clearly. [A_5]

It really opens your eyes to everything. All of those things you wouldn’t realise it involved. They are reality things, but you wouldn’t be thinking of them, going into something like that. [A-6]

You were left in no doubt as to what you were letting yourself in for. [A_7]

The LFPI social worker was very clear that the course is a vital part in the preparation of carers, and that it is essential to cover each element:
... it's OK to miss one and people will ... and then I would cover that content with them ... each and every aspect of that course is so important, you couldn’t actually miss one out. If you never covered the child’s perspective, or never covered day care, you couldn’t actually go on to foster.

Safe care and allegations against carers

Although feedback on the course as a whole was very favourable, interviewees were not as positive about how the topics of safe care and allegations of sexual abuse against carers were dealt with. These topics were covered in the fourth session (the second last session).

Concerns expressed focused on two things: a case example given in the workbook, and a statistic also featured in the workbook. The case example described a foster family against whom an allegation of sexual abuse had been made, and how it was dealt with and investigated. The statistic given stated that one in six carers have a complaint or an allegation made against them during their fostering career. Participants on the training course felt that this statistic had not been explained fully. This fed into concerns about the issue of allegations against carers in general or, more importantly, what might happen if an allegation was made against one of the applicants, and the likelihood of this happening.

There was just this statistic given out that really scared people, but nothing to back it up, or no explanation ... [A_1]

It was so unclear, nobody could give you an answer to how to treat a child who had been sexually abused, because nobody had the answer. People got nervous, people got edgy. There was talk of having to have Garda clearance for a babysitter, a man not being in the house at all on his own. [A_7]

Well, the whole sex abuse thing is pitched as a very, very important issue, but you didn’t come away feeling that you really had a very clear view on it. I mean, I came away feeling a bit hazy about the whole thing, and it was put forward as such an important thing. I feel there was the statistic put forward and it can’t be right and, if it is right, and if the tone of the fourth session is right, then you wouldn’t want to go any further. But we never actually got a clear view that said, ‘no, that wasn’t right, here’s the actual position here’. It’s in the book, one in six, but it’s not sexual abuse when you look at it closely in the book, it’s any kind of abuse. These could be serious allegations or major allegations or minor allegations so, in terms of what the course left out, it’s left that area a bit open, I thought. [A_5]

It is clear that the presentation of information concerning issues of safe care and allegations against carers in the fourth session generated anxiety and confusion among the applicants interviewed. The applicants quoted above outline their need for further answers and explanations, to clarify issues pertaining to safe caring and allegations of sexual abuse. It also appears that these issues were not resolved satisfactorily for them in the subsequent and final meetings of the course, and people seemed to finish the training still feeling unclear and uneasy. The following respondents linked this issue into their sense of the course having an emphasis on the potentially negative aspects of fostering.

I have to say, very honestly, that the main feeling you come away from the course with is very negative. Or maybe it has to be, but it was very negatively anchored. ‘Be careful of this and careful of that,’ and the whole sexual abuse thing seemed to be at the heart of, almost lurking behind, every issue. At the end, there was a lot of people laughing, that all these examples were so negative. So you actually went through a stage of ‘Oh gosh, we actually have to know the negative stuff as well as the more positive stuff’. Then you got to the stage where you thought, ‘this is really terrible’
and then you thought, 'oh it can't all be that bad, it's just the way the course is done'. So if you asked me what I came away from the course with, it was this overhang of the negative. [A_5]

It was very, very negative ... there didn't seem to be anything positive about it. there was an awful lot of negativity really. [A_3]

Not that you'd get a sexually abused child, but that the child would accuse your husband or yourself of sexually abusing them. How would you handle that, and I thought, 'what am I letting myself in for here?' [A_2]

Some of the negativity of the respondents' reactions to the course was related to the risk of an allegation being made against a carer and the impact this would have on the carer's own family. It seems to have been further compounded by what was perceived as a lack of clarity as to how an allegation would be handled.

Everyone who went away that night went away with the feeling, 'Oh my God'. If it's going to break up the home, the foster carers' home, what is the point? [A_3]

One respondent expressed the view that the course came across as being 'very anti-father'. Another couple did point out that the course trainers agreed that there was a need to examine the issue further, and that a follow-up course, addressing the issue of sexual abuse, was planned for November 2000.

It is a pity that the issues of safe care and allegations against carers seem to have overshadowed the rest of the course content for a lot of the interviewees, although feedback about the course content overall was very positive. Comments on the course were to the effect that it 'covered everything', 'was a great help', 'was a real eye-opener'. Participants did seem to come away with new learning and understanding about the various aspects of fostering arrangements.

The most important message that came out of it was that the child is the main centre of attention. The foster parents and the natural parents are secondary. [A_7]

I think the one thing that really struck me was the family of a child in care ... I think I'd always remember that and remember how they were feeling and the practical things that you can do as a carer to keep the parents involved ... [A_1]

Course structure and organisation

The following quotes suggest a number of points that might be useful to look at, with a view to improving the delivery of future courses.

Scheduling and structure of course

Most people thought the sessions were too long. You were very tired at the end ... there was a lot of input, a lot of thinking, and it was tiring, especially after a day's work. [A_1]

I found it very long, especially after being at work all day. You'd be tired towards the end of it, literally wall-falling. [A_2]

There was the suggestion that the course be run at weekends and that this seemed to suit a number of people in the room. [A_6]
Peer learning

As has already been noted, the social worker considers the course an essential component in the preparation process, one which cannot be missed:

... [without the course] you wouldn’t have got to engage with the material with the others [applicants] which is where an awful lot of the learning happens. [LFPI_1]

The training course is built around experiential learning, where people learn from each other, with input from facilitators. Learning through exploration of the issues emerging in the course, and discussion of those issues as a group, was described as a central way in which applicants learn during the training. However, a number of applicants seemed, at times, to be unaccustomed to, and uneasy with, this participative method of learning/training. Some felt that they should be given the information directly by the facilitators. Although not reflective of the experience of all, or perhaps most, of the applicants, this finding does suggest that some of the applicants may not be used to learning in the more participative style required by the course, being more comfortable with a more traditional teacher/pupil mode of learning. This issue may well need to be addressed more explicitly and a balance of both modes considered.

I found, too, that a lot was depending on other people’s views on how they would handle it. We weren’t being told how to handle it ... by the professionals. [A_6]

I thought it [learning] should have been coming from the people who were there and involved all the time in the fostering. [A_2]

One applicant also suggested that training could make greater use of people who had experienced the situations raised and discussed on the course, that it could involve foster carers more in the actual ‘teaching’.

There should have been someone there who said, ‘we came across this situation and this is how we dealt with it’. [A_6]

On this point, the trainers did make use of videos of foster children, of foster parents, and of birth parents. It is also important to note that one of the facilitators is a foster parent herself. However, the first applicant quoted above did identify their high point in the preparation process as the learning gained:

The highlight is the stuff you learnt. You did learn an awful lot and I was walking out of there pleased that I had learnt it ... [A6]

Status of the training course

The majority of applicants interviewed were clear that the training was not part of the assessment process, and they could remember being told that this was the case. Two interviewees were, however, unclear as to whether they were being assessed while on the course. One interviewee pointed out that she would think that any outrageous comments made would be taken into consideration. This point was also picked up by the LFPI social worker who stated that, while the course is not part of the assessment, comments that gave rise to concerns about suitability to foster would be discussed at an individual meeting with the applicant. One example given was the issue that would be raised if an applicant expressed very strong racist views.

The project’s perspective

The facilitators held their own review of the training, and made a number of decisions, based on feedback from those who participated in the training and their own observations. Feedback was obtained on the last day, when the resource worker asked applicants for their contribution, under a
number of different headings. The workers’ analysis of the feedback was then sent out to the families.

It is clear that the facilitators listened to, and made use of, the feedback from those at whom the training was aimed. This is a striking feature of how the project operates. It makes use of learning, reflecting on practice, and continually applying new learning to current and future practice.

Concerns about the course, raised by applicants, were also touched on by the social worker in interview. These focused on five main areas.

1. The need for the course to focus more on the positives:

   We always ask for feedback and, at one of the sessions, somebody said, ‘well, where are the positives?’ And it got us thinking... [LFPI_1]

2. Increased use of experiential knowledge and learning from people who have been part of a fostering arrangement:

   ... and we thought we’d like to have it [the course] a bit more positive and we thought we’d like to experiment with it a bit and have more people in. People are always really interested in how their own children will find fostering, so maybe have somebody in who grew up in a foster family ... bring in a bit more of a perspective like that ... [LFPI_1]

3. The LFPI staff are considering running a course for foster parents who are approved in relation to the impact of fostering on their own children.

4. Training will begin earlier in the preparation process for the next round of carers. This is a result of the LFPI social worker’s observation that ‘the kind of things that are coming up in the course are the things that people are asking me one-to-one anyway’. The LFPI social worker expressed the view that bringing applicants together as a group could be a more effective way of addressing those questions commonly arising for applicant families, rather than the social worker lengthening her involvement with each family in order to address the same questions.

5. In an effort to bring in more of the positives about fostering, the facilitators have decided to lengthen the course. This will allow the course to cover essential and difficult topics, such as safe care and allegations against carers, while balancing such information with some of the positives about fostering.

   Our impression was that maybe six sessions was too short for the material. We’d maybe think of just rearranging the sessions a bit and maybe making either seven or possibly eight sessions, because we would have had a sense that we were bringing people quickly through the material at times, where they might have liked to have taken more time and worked through it. We also thought that there are some things that you absolutely have to have people know, like, say, on safe care, and they absolutely must know that material. [LFPI_1]

Applicants’ feedback was encouraged, both formally and informally. Applicants reported that they felt feedback on their experiences was welcomed. A couple, who spoke to the social worker about their opinion on a form they were asked to fill out, said:

She’s talking about changing it, she likes feedback on how we’re getting on doing it. [A_2]
The social worker also stated that she checks with families whether the procedures suit them, such as asking families about the desirability of fortnightly meetings. As already documented, at the end of the training course, participants were asked for their feedback on the course with a view to possible changes. Use of learning from this first round of the preparation process, then, is evident in the planning for the next round of assessments.

**Conclusion and recommendations in relation to training**

In conclusion, the course was perceived by respondents as well-timed, well prepared, and excellent in preparing applicants for the realities of fostering.

*The course is brilliant. Even now, I’d say it was very good. [A_3]*

However, all felt that the course was excessively negative in focus, and that it could not be conceived as encouraging. Some applicants were clear that they could not take on the demands of safe caring at this point in time. All were ‘put off’ by the case example, and the unexplained statistic used. Applicants left the course feeling confused about the risks attached to becoming a foster carer, and how an allegation of sexual abuse would be dealt with. Concerns about allegations of abuse are very real. The difficulty is to maintain a balance between the reality of fostering, and the positives and benefits to be gained. This is no easy task, and its inherent difficulties are widely recognised. The Tutt report, in its review of child and family services provided by the EHB, acknowledges that EHB staff ‘expressed views about the very real difficulties of recruiting foster carers, given the current levels of payment and concern about allegations of abuse’.

It is important that those engaged in the work of preparing applicants to foster are actively listening to applicants, and engaged in continuous review and self-evaluation. Evidence that this is happening is reflected in the fact that our recommendations arising from interviews with applicants are very similar to those amendments to the process proposed by the project workers themselves. They are as follows:

- Some applicants thought that sessions were too long. It may be useful to consider shortening the length of sessions, while increasing the number of sessions. Consideration could also be given to holding the training at weekends, if this suits applicants. This would obviously depend on the availability of facilitators.

- It may be helpful to clarify with applicants that the training course makes use of peer learning, and the purpose and benefits of this style of learning.

- Some applicants interviewed stated that they would like to see increased inputs from people currently, or previously, involved in a fostering arrangement.

- There may need to be more than one statement emphasising that the course is not part of the assessment process. However, the evaluators would also question whether this distinction is sustainable and ethical. We acknowledge it is a difficult issue.

- The purpose of the forms given to applicants at the beginning and end of the assessment process, and their use in the preparation of the report on the family, needs to be more fully clarified.

**Update on recruitment and preparation of foster carers**

Recruitment campaigns for foster carers are run twice a year, in spring and autumn. The first campaign was run in October 1999. There have been five campaigns to date, with an additional targeted campaign to recruit carers for the 9-11 age range. Due to the high number of applications
following the autumn 2001 campaign, there was no spring campaign this year, as the number of applications exceeded the staff resources available. There are currently two applicants on a waiting list for assessment.

Table 1: Throughput of foster carers by 1st May 2002

<table>
<thead>
<tr>
<th>Stage in preparation</th>
<th>Number of applicants $^6$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>62</td>
</tr>
<tr>
<td>Started assessment</td>
<td>60 $^7$</td>
</tr>
<tr>
<td>Started training</td>
<td>33</td>
</tr>
<tr>
<td>Finished training</td>
<td>31</td>
</tr>
<tr>
<td>Withdrew application</td>
<td>37</td>
</tr>
<tr>
<td>Assessment ongoing</td>
<td>17</td>
</tr>
<tr>
<td>Approved as respite carers</td>
<td>2</td>
</tr>
<tr>
<td>Approved as long-term carers $^8$</td>
<td>4</td>
</tr>
<tr>
<td>Families with children placed long-term $^9$</td>
<td>3</td>
</tr>
</tbody>
</table>

In the main, applicants go through the preparation process as a group, following on from their response to the same recruitment campaign. Some of the assessment process is carried out before the training, and preparation is then resumed following completion of the training course, allowing for the integration into the assessment of what was learnt in the training. Those who started the training generally completed the course. Withdrawal of application can happen at any stage in the preparation, with some people withdrawing early on, and others at the end of the training and assessment process. Withdrawal can be for a variety of reasons. Currently, there are 17 families being assessed. As can be seen from the table above, there are three families fostering full-time and two respite families.

Second-stage training for existing carers started in May 2002. The training, which addresses the topic of sexualised behaviour, takes place over four evenings. Staff at the LFPI and Lisdeel House have been invited to participate in the course alongside carers, reflecting the ethos of cross-training in the LFPI.

Families are approved at placement committee meetings, the placement committee being a sub-committee of the SC. This committee only meets when there are applicant families to consider for approval, or there are children to be considered for placement.

$^6$ The heading 'number of applicants' refers to each application, whether it came from a single applicant or an applicant couple. For example, 33 applicants started the training course, a total of 57 people.

$^7$ Two applicants are on a waiting list for assessment.

$^8$ One family is approved, pending medical approval.

$^9$ These families are a subset of the total number of families approved.
Overall summary and recommendations in relation to recruitment, assessment, and training

The first section of this chapter focused on the recruitment process. The recruitment campaign generated forty-five enquiries with almost one in three of these yielding an application to become a foster carer. Two key features of the campaign were, the nature of the advertisement campaign, and the use of an information pack instead of information meetings. Another crucial feature was the support given at organisational level.

Preparation to foster consists of assessment and training, and is influenced by the belief that it is the family who fosters. It is a period characterised by thinking and reflection. The preparation process certainly raised awareness and issues for those who participated. It was successful in raising awareness of the practical changes that need to be made to family life before, and while, providing foster care. However, participants still seemed confused and anxious about the very important issues of safe caring and the risk of carers being the subject of allegations (especially allegations of sexual abuse). Respondents linked this concern with what they considered to be an emphasis on the negative in the course. This aspect seems to have overshadowed the rest of the course which got very positive feedback in terms of how it was prepared, presented, and how the information given raised awareness and provoked thinking around whether the applicant family could provide a foster home at this point in time.

The Family Placement Initiative makes good use of self-evaluation and review. This was reflected in the feedback given to the researchers regarding changes in how the processes of training and preparation are to be conducted in the future.

Recommendations and issues for consideration

Attracting and responding to enquiries

- The Initiative should continue to use the information pack which seems to have elicited a positive response from applicants.
- Running the recruitment advertisements for a number of consecutive weeks seems to have been successful and is worth continuing.
- The Initiative could consider targeting those who had, in an earlier campaign, expressed an interest in fostering but did not apply as part of the next recruitment drive.
- The project needs to ensure that it is organised to provide a prompt response to all enquiries, something which will clearly have staffing implications as the project expands.

Clarifying the nature of support to be made available

- There is a need to clarify the nature of post-placement supports and how exactly these are to be delivered.
- There is also a need to closely examine the resource implications of any general commitments to provide support.
Preparation and Training

- Applicants need to be made aware of the LFPI complaints/grievance procedure.
- The issue of repetition needs to be examined, both in the questionnaire given to applicants, and between questionnaire and interview.
- The Initiative should consider running a short training workshop/course for children of families who have applied to foster.
- It is crucial that the training course for applicants has more of an emphasis on the positive aspects of fostering.
- The course structure could be altered to allow for shorter sessions spread over a longer period.
- There needs to be further clarification of the fact that the training course is not part of the assessment procedure and why this is the case.
- It is essential that there is clarity regarding the risk of allegations being made against carers and how allegations would be handled. The statistic and case example from the course workbook also need clarification. Also related to this point is the fact that respondents were often unclear about practices around safe caring.\(^\text{10}\)
- It may be helpful for those delivering the course to spend time explaining the uses and benefits of peer learning. Increased use of experiential knowledge, especially from those involved in a fostering arrangement, may also be helpful.
- It seems desirable to set a maximum interval, as agency policy, for the normal completion of the sequence from application to approval (see Tutt Report).

\(^{10}\) Following submission of the first draft of this report, the Initiative stated that, in light of their experience of using the case example and the statistic referred to above, they will not be using them in future training programmes (January, 2001).
Chapter 3
THE ROLE & VALUE OF THE PREPARATORY PLACEMENT
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Introduction

One of the distinguishing features of the fostering service provided by Lisdeel Family Placement Initiative is that, as part of the pre-placement preparation, children are resident for a period in Lisdeel House before beginning the move to their foster placement. Lisdeel House is for the sole use of the Family Placement Initiative. This section explores how children are prepared for fostering and outlines the roles of the key people in this process. Some of the main issues emerging from this process are identified.

At the time of data collection for the component one evaluation report, there were only two children in the unit considered suitable for fostering, so it was impossible to fully evaluate this aspect of the Initiative at that time. Since the start of the Initiative, a total of ten children have been admitted to Lisdeel House and this section examines the role of the preparatory placement for those children and their families, and how that role has been developed. Also examined are the various perspectives of the value of that placement for the children admitted. The views of staff, and both birth and extended families will be considered in this regard. The roles played by different workers, and by the children’s own family in preparing the child for fostering, will be outlined.

Role of Lisdeel House

The minutes of the first meeting of the steering committee clearly stated that the time children are resident in Lisdeel

... will be spent getting to know the children, establishing some boundaries and structure, engaging in some therapy/treatment work. [Steering Committee minutes, 23/09/99]

The information pack for foster carers on Lisdeel House explains the purpose of this stay as

... an assessment, lasting a few months, while all possible options are explored regarding their [the children’s] future.

One residential worker stated that the time was to be used

... to give them [the children] time to prepare, to give them a period of stability as well. [RS-3]

These dual themes of stability and preparation ran through the interviews conducted. Each child admitted to Lisdeel House is allocated a keyworker from the residential staff whose role is documented in the next section.

According to the information pack for the children’s families, the usual length of stay in Lisdeel House is estimated at six months, although it acknowledges that the length of stay may vary. Residential workers spoke about the fact that some children take longer to settle than others and, for that reason, no strict time limit was put on the length of time children would be there. However, workers were clear that the role of Lisdeel House is as a short-term unit.
Preparation of children for fostering

Currently, there are four children in Lisdeel House. One child, who started his preparatory placement, returned home after six weeks due to his level of violence towards both people and property in Lisdeel House and the ensuing impact on the children there. This child still has a keyworker from Lisdeel House and outreach work is continuing in the hope that the child will return to Lisdeel House. The child’s sibling remains in Lisdeel House and brings lunch to school for his brother.

Table 2: Throughput of children on 1st May, 2002

<table>
<thead>
<tr>
<th>Child</th>
<th>Date of admission</th>
<th>Date of placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 1</td>
<td>November 1999</td>
<td>October 2000</td>
</tr>
<tr>
<td>Child 2</td>
<td>November 1999</td>
<td>October 2000</td>
</tr>
<tr>
<td>Child 3</td>
<td>July 2000</td>
<td>August 2001</td>
</tr>
<tr>
<td>Child 4</td>
<td>September 2000</td>
<td>Not yet placed</td>
</tr>
<tr>
<td>Child 5</td>
<td>November 2000</td>
<td>November 2001</td>
</tr>
<tr>
<td>Child 6</td>
<td>November 2000</td>
<td>November 2001</td>
</tr>
<tr>
<td>Child 7</td>
<td>January 2001</td>
<td>Not yet placed</td>
</tr>
<tr>
<td>Child 8</td>
<td>January 2001</td>
<td>Not yet placed</td>
</tr>
<tr>
<td>Child 9</td>
<td>January 2002</td>
<td>Not yet placed</td>
</tr>
</tbody>
</table>

Admissions

To date, there have been six admissions meetings and a total of 23 referrals considered, all from Community Care Area 7. A total of fourteen referrals to the LFPI have been accepted, ten of which were to Lisdeel House. Through the admissions meetings, two children have recently been accepted for admission to another nearby Daughters of Charity home, and the intention is to place those children with families through the LFPI. Two referrals of children from this home had been accepted by the LFPI in the past and the children were allocated keyworkers from Lisdeel House to do preparatory work. However, the fact that the children did not reside in Lisdeel House was considered as impacting negatively on the preparation process for a number of reasons. The children were not in an environment focused on fostering; the children did not have informal access to the LFPI, at their own pace and initiative; and finally, staff in Lisdeel would have been unable to offer full support to foster carers as they had not lived with the child. These children would only be known well to their keyworker. The preparation process with children not resident in Lisdeel House was found to make demands above and beyond the staffing levels available, and was considered of reduced benefit to the children. In order to overcome these hindrances, the LFPI plan is to locate the various elements of their service in the home. This will involve one of the fostering social workers moving office to the home and the resource worker will also be located there for a period of time every week. The LFPI team will also hold some of their meetings in the home, in an effort to bring the whole service to the home.
The admissions process is of key importance in determining the suitability of children for foster placement before they are admitted to Lisdeel House. This was formally acknowledged by the steering committee:

Children accepted into Lisdeel will hopefully have a high potential to be placed in foster care. The admissions committee will take up this matter. [SC minutes, 3/1/99]

**Referral to LFPI**

Lisdeel Family Placement Initiative accepts referrals of children who are aged 5-12 and who are from what was known as Community Care Area 7 of the EHB. Initially, referrals were accepted for 6-12 year olds but the age range has since been extended, to open up opportunities to foster for families whose own children’s ages clash with the 6-12 range. There is also some leeway at either end of that age range, where children outside the age range are part of a sibling group. For example, one of the children accepted (and placed with his sibling since) was three years old, and was reunited in Lisdeel House with his five year-old brother. The project places special emphasis on working with sibling groups. Children are referred to Lisdeel for the purpose of assessing their needs before being placed with foster carers or a relative family prepared for fostering by the Initiative. At the point of referral, the option of returning home has been ruled out by referrers, although this option can never be fully ruled out as family circumstances may change during the child’s placement in Lisdeel. As such, the referral of a child who is unlikely to be able to return home and who would not be considered suitable for fostering could not be accepted. Similarly, children who are considered hard to place, such as a child who has severe psychiatric difficulties or who can be quite violent, would not be accepted by the project. Where an assessment in Lisdeel concludes that a child cannot return home, and could not be placed with foster carers or relatives, it is anticipated that the child will be moved to another residential unit. Professional fostering is also being considered by the steering committee as an option for children whose needs cannot be met in either Lisdeel House or a family placement.

The admissions committee consists of the manager and team leader from Lisdeel House, the LFPI social worker, and the NAHB representative from the steering committee.

One of the members of the admissions committee spoke about the focus of the project as being on what would help placements to succeed.

... there is no point putting a child into a situation that you are not sure that s(he) is going to have a good chance of surviving. So we were trying to look at these things, what would help a child, rather than just being another move in the child’s life, to make it that it was going to last. [RS-2]

The referral form is based on the form used by the health boards for children who are to be placed in foster care, the form E. It was acknowledged by some members of the referrals committee that preparation of the form involved a lot of work. However, it was also stated that its completion means that most of the information needed for the main assessment of the child (which is needed for the placement committee report on the child) by their health board social worker has been collected, and that key information concerning the child is then available to Lisdeel House. Lack of information concerning some children had been a difficulty for staff in Lisdeel House in the past. Residential staff also spoke about how they had learnt that the referral form, although quite lengthy and detailed, can only provide a limited assessment of the child and their needs. In their experience staff came to know the child differently, and as the child settled into living in the house, different needs emerged.
The admissions committee is currently accepting referrals from what was Community Care Area 7 of the EHB. However, recruitment of carers operates in the three Community Care Areas, 6, 7 and 8, which now make up the Northern Area Health Board. A number of interviewees have raised the point that areas where recruitment of carers is being carried out should benefit by being able to make referrals to the LFPI. During the recruitment drive in November, 2000 the LFPI received enquiries from social workers in Areas 6 and 8 regarding referrals for the Initiative.

At the time of the Component One evaluation report, the LFPI was experiencing a lack of referrals, the reason for which was thought to be related to difficulty in getting information to referrers. Possible factors explaining this difficulty were the high turnover of referrers (social workers) on the team and the often vacant team leader positions with the resultant perception that information did not therefore filter down from management to the potential referrers. The admissions committee tackled this issue in two ways. Firstly, the manager of Lisdeel House wrote to the two social work teams in Area 7 informing them of the fact that there were vacancies in Lisdeel. Secondly, the LFPI social worker and the Lisdeel House team leader met with one of the Area teams to talk about the Initiative and met with the other when a team leader was appointed.

The Initiative has had no difficulty in attracting referrals over the past year. It has been noted by interviewees that the nature of the referrals has been of children in the older age range who are presenting with more difficult behaviours. Many interviewees wondered if there was a perception among referrers that Lisdeel was able to deal with these more challenging behaviours and this issue is dealt with later in this section.

One key factor has impeded the preparation of children for fostering. Although the LFPI began in May, 1999, four children who were not considered for fostering, and were not returning home, remained in Lisdeel House until August, 2000. When this evaluation began in November, 1999 the researchers were informed that these children were to have been placed in October, 1999. Their continuing placement in Lisdeel House obviously impacted on the supply of children to the House and, by implication, to the Initiative. It also impacted on staff in that there has not been a sense of momentum for them. Staff have been working with those children who could not move on due to the lack of a suitable placement, alongside children who are to be fostered through the Initiative. The matter was eventually referred to the Board of Management of the Daughters of Charity who made representations to the health board, both verbally and in writing. They then found a suitable house to rent for the four children until the NAHB could find a long-term residential unit for the group.

Key elements of the preparatory placement

Varying degrees of preparatory work are done with the children and their families before they come to Lisdeel House. Some of this work will already have been done by the child's health board social worker and/or keyworker if the child has been in residential care. Children are met in their placement by their keyworker and they have the opportunity to ask questions about Lisdeel. They are shown photos of the house and a children's handbook that has been designed to give to children before they move to Lisdeel. This move is planned, and takes place, over a series of visits and overnights. Children are given an age-appropriate explanation as to the function of Lisdeel House.

The children know before they come, that it's about fostering and it just follows through really from there. [LF-3]
Key elements of the preparatory placement

To conduct a needs assessment:

Start each child’s needs assessment and begin meeting their needs. This process continues on to foster placement.

To provide stability, routine and boundaries:

A lot of the children have come from chaotic circumstances, and many have had a series of placement breakdowns. For example, the first two siblings admitted to Lisdeel had 9 prior moves before coming to Lisdeel.

To involve children in outside activities/sports:

Examples include football, swimming, library, summer projects.

'To find out more about their history and their past and the key people involved in their lives.' [LH-1]:

Work with children often has as its focus the reasons why the child came to Lisdeel House, and addresses these for the child coming into care. This work often needs to be done before addressing current or future concerns about fostering.

'We involve the natural family as a resource.' [LH-2]:

Families were very involved in the preparatory process and a lot of time was given to building relationships. Efforts were made to make families feel as welcome as possible. Staff spoke of how people that appear important on paper may not be so in practice. For example, for one set of siblings it seemed important to involve their mother, but it was their aunts that were important and one of the siblings used to cry for his aunt, not his mother. Meetings with relatives were seen to facilitate consistency among those caring for the child.

To be involved in talk about fostering:

What will be different, e.g. children from residential care going to a family? Talk takes place with the keyworker, residential staff, the LFPI staff, other children. Forums for talking about fostering can be formal or informal, and can include special time and one-to-one work.

Work on behaviour and social skills:

Work with behaviour and social skills was thought to improve a child’s own sense of well-being, and, to support the child to develop healthy relationships. It was also considered with regard to the fact that children were going to live with families. Staff used behaviour modification, starcharts, sanctions, and involved the JLO sometimes. New behaviours may come to light as the child settles in Lisdeel House, such as violence or sexualised behaviour/interest not appropriate to their age. It is the policy of both Lisdeel House and of the LFPI foster carers not to use restraint.

To introduce the child to a friendship family:

In response to the assessed needs of a child.

To review the preparatory placement:

After six weeks and then every two months.
The keyworker role

All staff in Lisdeel House have the general job description of a child care worker. The objectives of that post are documented as follows:

- To care for the specific needs of each child.
- To provide a stable, stimulating environment where children can make worthwhile relationships with staff, other children, and others with whom they come in contact.
- Liaise with the child’s family and social worker on a regular basis to monitor and evaluate the care programme and prepare for the child’s return home or alternative care.
- To co-ordinate and actively contribute towards the efforts of other members of the team in creating an atmosphere of unity and consistency in carrying out the overall policy of the Home.

Some members of staff also take on a keyworker role with its attendant responsibilities. Children are allocated a keyworker before they are admitted to Lisdeel House. Documentation relating to the role of keyworker in Lisdeel House details the duties of the role as:

- To promote and maintain regular contact with the family members.
- To maintain regular contact with the child’s social worker and update them on the child’s progress. Co-ordinate work with them, etc.
- To attend meetings and reviews on the child and to act as an advocate in their absence.
- To ensure the well being of the child (physical and emotional) is closely monitored.
- To undertake an evaluation of the child’s needs and to prepare a care plan based on these needs.
- To undertake planned sessions of special work based on their individual needs in accordance with their care plan.
- To monitor the appropriateness of care plans, behaviour programmes, etc., with the child and to adapt them accordingly.
- To maintain a file on the child.

The role of the keyworker in Lisdeel House was described by one keyworker as ‘a special relationship with one child’ [RS-4] and a key feature of this relationship is ‘special time’. Another keyworker described the role as follows:

> You’ve got responsibility for one child ... you’ve got the main responsibility for the physical care of this child in terms of clothes, hospital appointments, following up dental appointments, that’s your responsibility. It’s up to you to make sure that the appointments are kept and that the appointments are facilitated by you as much as possible. The main thing would be special work and working with the child ... talking with teachers, dealing with teachers, getting feedback from the school, organising clubs, organising access, being here for reviews, being here for the carers’ meetings, that would be the main responsibilities ... [RS-1]

How ‘special time’ is spent differs from child to child, although the purpose of the time remains the same. Various workers described it as an opportunity to build up trust with an adult, to build up friendship, and to give the child time to express how they feel and think without having to compete for attention with the other children. Staff perceived special time as having many aspects, including social, therapeutic, and emotional elements. One worker acknowledged that sometimes children don’t want to use special time to talk about their worries while another worker detailed how their key child was very worried about the status of his birth mother once he was fostered.

The child enquired of his key worker whether his mother would still be his mother when he got a
foster mother, and the key worker was able to clarify for him that his birth mother would always be his mother.

A related key work responsibility is to advocate for the child and to put across the child’s ideas at reviews, case conferences, team meetings, etc. Closely related to this is the task of giving the child information about key issues, such as plans concerning moves. Knowing the child and his or her history allows the key worker to take account of past experiences that may impact on current and future plans for the child. In short, the effective management of information concerning the child is central to the key work task.

Central to the approach of the Lisdeel LFPI is the task of working on the children’s social skills, and this aspect of the role was described by two workers in terms of preventing placement breakdown. It was seen as important that ‘annoying, niggly little things’ about a child’s behaviour were dealt with during the child’s time in Lisdeel House. The example of bed-wetting was given by one worker who stated that, although a foster carer may not find this a big problem initially, it was often these kinds of behaviour that became very wearing in a placement. A further example involved a child who would not get into the shower when he came to Lisdeel House but who now has no difficulty with showering himself.

Another element of the keywork role is the involvement of children in clubs and activities. As foster parents are recruited from the area in which Lisdeel House is situated, it is expected that children will remain in their clubs or activities when placed, and that this will make for added continuity for the child. One worker also stated that involvement in such activities provides foster parents with a break.

One interviewee was quite clear that all residential staff were involved in preparing the children for fostering and stated that a key worker responsibility is to organise the child’s care plan and to feed that back to staff at the team meetings. This was seen as important in ensuring that the information given to children was consistent, while acknowledging that the key worker could not be there every time their key child needed information or clarification. The importance of the key worker asking staff for their views, as part of the process of compiling reports concerning the child, was also identified as important in presenting a balanced view of the child. It is the key worker’s task to present a report on the child to the placement committee to assist them in matching a suitable family to the child. The keyworker prepares the report according to guidelines consisting of a number of headings.

It was interesting to note how three of the five workers interviewed framed their work with the children, very much in terms of making suitable placements for children, and preventing placement breakdown. Some of the respondents spoke about how they viewed placement breakdown and unsuitable placements as damaging to children and how the Initiative was about making placements work.

... I think it is important for us to have done the research to give the child the best chance. If we can avoid the child having to be moved more times I think it is important that we do that ... [RS_2]

Lisdeel House has now developed a working document entitled ‘Special Work Programme between Keyworker and Keychild’. The document outlines subject areas to be covered with children, followed by a list of ideas for exploring each subject. Headings include; getting to know Lisdeel; starting special work; and preparation for fostering.
Developments in the keywork role

The two aspects of this role that have been most developed are work with behaviour and work with birth and extended families. There has been an increase in the kinds and incidences of challenging behaviours presenting over the past year and staff have been creative and resourceful in their responses. New and different ways of working for the team have been developed, as the children admitted to Lisdeel present with differences of age, different experiences of loss and grief, and different experiences of families. For example, staff use TV work and children’s storybooks to work with the youngest children admitted. Both residential staff and other interviewees reported that staff in Lisdeel House are continuously developing new ways of working as they are faced with new challenges from the children. Staff work with behaviour and social skills on the basis of how they might impact in a family environment, as it is a family that the children are moving on to live with.

"We concentrate more now on anticipating what could cause problems in a family." [LH-6]

The LFPI staff commented on how the staff team are committed to working with the children and the challenges with which they present. They also remarked on how the team is constantly coming up with new ideas on how to move forward with children.

"Here the team has really, really pulled together and tried every avenue. They’ve come through quite a lot and are really positive, keep trying new ideas and looking at books. Ideas just keep coming." [LF-4]

Indeed, the commitment and resourcefulness of the residential staff in working with the children, and whatever behaviours they present, was commented on by almost every interviewee.

Another key aspect of the work that has been further developed over the past year is that involving the children’s families. One member of the LFPI staff gave an example of how she observed the residential staff working in this way. She spoke about how one of two siblings recently admitted to Lisdeel House would run home to his parents. After this had happened a few times, the staff asked the child to let them know when he wanted to go so that they could bring him for a short time. He hasn’t run since. He can phone when he wants to phone. And that is part of the huge openness and acknowledgement of family. Even though the family are very chaotic and have huge problems. There is a great awareness of the importance of family for those kids. In the beginning they would have phoned their mum to say goodnight. Very thoughtful stuff like that. [LF-2]

Although the residential staff in Lisdeel, in their focus group, did not talk a lot about involving birth and extended families in the preparation of children for fostering, other interviewees described the work of Lisdeel House as having a major emphasis on the child’s own family.

"There is a huge emphasis on family, on the children’s own family and they [residential staff] really reach out to family and they include them as much as they can." [LF-2]

"There’s a huge acceptance of the importance of family." [LF-1]

Senior managers from the Daughters of Charity also noted the valuable role of the preparatory placement in working with birth and extended families. Managers spoke about the ‘huge investment of time’ this work needed and the importance of having all in agreement as to what is best for the child, so that the child is not put in a position where they have to choose between carers. The huge loyalty that children have to their parents was acknowledged.

Consistency in approach was also described as a strength of the team:
Building Family Placements

Here all interaction with the kids is in kind of a planned way and there is always more than one person to pull the other person back into the plan, this is how we decided we were going to work with this child. [LF-1]

Role of the LFPI workers

Although the main role of the LFPI workers concerns recruitment and preparation of carers, and the support of carers to foster, the LFPI staff themselves play a key role in the preparation of children for fostering. It is a unique feature of the service that the children have direct access to the people whose job it is to find, prepare, and support the families who will care for them. The fact that the main office of the LFPI is located in Lisdeel House facilitates this role. Firstly, the staff of the LFPI are seen and known to the children. Both the LFPI and residential staffs explained that the children are told that they are welcome to call to the LFPI office and can ask questions or draw pictures, if they like. Formal meetings are also arranged. Access to the LFPI staff was something built into the service from the outset:

We always thought it was good to be available because if a child has a question or they have a worry about it [fostering], they have it that day. [LF-3]

... it's part of the ethos within the house that, when the children arrive, they're told, when they're being introduced to me, you know [social worker] or [resource worker], that you know they can talk to [social worker] if they want to, it's always that they can do it and they're encouraged to do it, and I try to spend a bit of time with the kids, just being around, even at the kitchen table at different times. [LF-3]

One of the benefits of this way of working is that the children can avail of the option of talking to the fostering workers in their own time:

We don't push the fostering at the kids at all, we have it according to their pace, where they're at. [LF-3]

The LFPI staff also spoke about some of the more common concerns and queries that children have had about fostering. The children have been curious about foster families in general and ask 'what do they look like?', as if they all look like a particular thing! [LF-3]

Curiosity as to how a family becomes a foster family was also a common query:

... how do the family become a foster family, how long it takes ... I think in some ways it helps their self-esteem that they know all that goes into it, that it's not just like a family appears one day and they say, you can foster ... [LF-3]

The children also worried about what would happen if they went to a family and the family didn't like them. Another common worry was whether children would be able to see their own family and continue to go to the same school. Some children worried about whether they would be left on their own, once placed, and one member of the LFPI staff stated that she though it helped the children in Lisdeel that they talk about the children that have left, that the children in Lisdeel know that staff have contact with them, that they are not forgotten about. Children are also reminded that their keyworker will visit them, for a limited time, when they move.

The LFPI staff spoke to the researchers about how they intervened with one child's situation:

[Residential] staff have been saying over the last while that Michael has been losing the notion and the sense of security that there will be a foster placement for him. We agreed to set up some time to meet Michael and talk to him about the ongoing process...
Building Family Placements

of finding a family for him and also to make sure that he’s welcomed in here when we are here and to keep him abreast of what we are doing around finding families so a foster family can become his focus again. [LF-1]

There was also the idea to invite foster parents in to have a chat with him about why they do fostering, as another child was saying they only do it for the money and if they get two they get double the money. [LF-2]

Communication and joint work between the LFPI staff and keyworkers

Working together in a coherent way was seen as especially important in facilitating clarity and consistency with the children about fostering and what it means for them. The LFPI staff spoke a lot about their contact with the residential staff and their efforts to maintain consistency across the teams in both Lisdeel House and the LFPI. Contact was described as something that happens on an ongoing, daily basis, in both formal and informal ways.

While it’s all done on a very casual, informal basis, it’s a huge part of the fabric of how this place works. [LF-2]

Sharing of information from both sides of the preparation process was viewed as very useful. One worker spoke about how children usually start raising questions about fostering in the context of the direct work with their keyworker, who in turn can talk to the LFPI staff about the child’s queries or concerns. The keyworker may also sit in on some of the sessions with the child and the LFPI staff, as issues or questions from the session may then come up that night or later on. As keyworkers know the child better than the LFPI staff would, they were considered to be in a better position to answer questions and to push issues a little further.

The LFPI staff also stated that, when they met with a child, they would inform staff or keyworkers as to what was happening either in advance or afterwards. This ongoing exchange of information was described as ‘part of the ethos of the house’ [LF-3]. This point of view was supported by the residential staff who reported that, while formal work is done regarding fostering, a lot of the work is done informally.

The co-location of Lisdeel House and the LFPI has been identified as the key factor in facilitating the communication and joint work between the LFPI and Lisdeel House.

Role of the friendship/respite family

Lisdeel aims to link the children who stay there to a friendship/respite family when this is one of the assessed needs of the child. To date, two families have been assessed and approved as respite families. One of these families applied for respite, while the other initially applied for long-term fostering and then decided on respite. Families who act as friendship families pre-placement give a commitment to act as respite families post-placement to those same children, in an effort to reduce the children’s experience of loss and change. It is also anticipated that if a foster placement breaks down that the child will be placed with their respite family, where possible, until another long-term placement can be made. The LFPI staff state that they have a commitment to children whose placement breaks down unless that child has very specific needs that cannot be met by the Initiative.

Children are introduced to a friendship family while resident in Lisdeel House and levels of contact vary, depending on the child’s needs. When children move on to their foster family, the
friendship family then acts as a respite family to the placement. The role of the friendship family was outlined as having two parts: the first to give children experience of 'normal' family life, and also to introduce children to their respite family who will act as a support to the placement with foster carers. Friendship families have also been used as respite for children while in Lisdeel House.

Staff spoke about the benefits of giving children the experience of 'normal' family life. One residential staff member stated that the time a child spends with their friendship family allows the child to see that it is usual in families to have boundaries and rules and times to go to bed and that this may help the children understand why Lisdeel House also sets rules and boundaries. It was also pointed out that children may behave differently in a friendship family to how they behave in Lisdeel House. For example, one child goes to bed when with his friendship family at 9.30 and is asleep by 10, something that rarely happens when the child is in the House. [LH-3]

The LFPI staff build in the support of respite care early on by introducing children to their friendship family. Children sometimes visit their respite family so as to keep this contact and familiarity up. Respite has been used for three of the children placed, and for one child who is currently in Lisdeel House. Respite families have been prepared to respond to the needs of a wider variety of children, and to respond in emergency situations.

Role of the child's health board social worker

The child's health board social worker has a key role to play in the process of preparing children for foster care. They are responsible for the care and protection of the child. It is also the social worker's role to work with the child's birth parents and extended family. Staff of the LFPI agreed that

... there is an identified role for the social worker to play. [LH-5]

A vital part of this role is that of an advocate for the child.

The children need an advocate outside of here. [LH-3]

Families' perspectives on their involvement

Eight members of the birth and extended families of children placed in Lisdeel House were interviewed; two were interviewed twice – both before and after their child relative was placed with a family.

All of those interviewed had access with their child relative in Lisdeel House. Only one relative was unhappy with the nature of her access to the children and she stated that she would raise this issue at a review. Another relative said she would like increased contact. Five interviewees spoke about how Lisdeel House supported them around access, and the supports described included; the Lisdeel staff giving lifts to parents and relatives, bringing the children to access, and paying for taxis where staff were unable to give lifts. This facilitation of access was appreciated by those who spoke about it. One parent who lives a long distance away raised the issue of his needing financial support from the health board for travel and accommodation so he could have more access with his child. Otherwise he said he would not be able to afford to increase access. Some interviewees also stated that they spoke regularly with the child's keyworker about how access went.
All but one relative attended reviews and meetings about the child in Lisdeel. Levels of attendance of those interviewed varied, for different reasons. Those who couldn’t attend as often as they would like said that the child’s keyworker rings them after reviews to update them on what happened.

There was only one interviewee who felt that she was not getting a whole lot of information about the child. Information was usually given to relatives in the form of a phone call with the House manager or the child’s keyworker, and half of the interviewees spoke at length about how good the level of contact was.

... they always keep in touch with me – let me know what is going on and if he is in bad humour ... [F-4]

Five interviewees spoke about how they supported staff in dealing with the child’s upset and challenging behaviour. One parent spoke about how he talks to his child about why he is in Lisdeel, his behaviour there, and how he encourages the child to work with staff.

I can only try support them in dealing with his behaviour. [F-1]

Four other interviewees spoke about how Lisdeel House staff ring them at times and ask that they speak to the child, when the child’s behaviour is very disruptive or the child is upset and distressed. Relatives said they would speak to the child on the phone and try to calm them down and encourage the child to work with staff. One couple said that one or both of them would sometimes call to the house on these occasions to help calm the children. Sometimes the children themselves will ring. Another relative said that Lisdeel staff have asked her to take the child for overnight access if the children in the House are acting out. That relative also spoke about conversations that she has had with staff about how they can best manage the child’s behaviour together.

Being made feel welcome in Lisdeel House was spoken about in a couple of ways. Two relatives spoke about how they were always offered a cup of tea and a sandwich or biscuits. Relatives were also involved through attendance at their relative’s parties, collecting the children from school, phoning the child’s school; and another said that staff had invited her to use the kitchen to cook with the children if she wanted.

It was evident that some relatives were very involved in day-to-day decisions about the children. One couple reported that staff in Lisdeel House ring them to ask for their opinion on decisions to do with their relatives, such as which presents to buy for the children. One relative talked of how she sets goals with her child with regard to the child’s behaviour in Lisdeel and rewards the child if he does well.

The nature of the involvement of relatives is a sharing of decisions and caring of the child on a day-to-day basis. Some relatives felt actively involved:

We’re not just looking from the sidelines. [F-6/7]

And, in talking about this way of working, they said that staff ‘tend to work with us and not against us.’ A third relative described how she and the keyworker work together with the child and discuss how to manage the child’s behaviours. An aunt said that staff told her:

You’re very important to [child’s name]. You’re very important to stay in the picture, you need to be there for [child’s name]. [F-8]
Considering the reports by parents and relatives about how they are involved by Lisdeel staff, it would seem that Lisdeel works in a way that tries hard to involve those who care about the child in decisions about how best to care for the child. In the main, relatives were clear about how staff were dealing with challenging behaviours and what the plans for the child were. It is apparent that both staff and the children’s families strive to support each other in being clear and consistent in their care of the children. This aspect of the service is working really well and it will be interesting to see how this way of working will impact on the foster placements. However, the evaluators would have concerns that the role of the child’s birth and extended families in the child’s life will be unnecessarily diminished when they move to live with foster carers. This concern arises from the fact that none of the children placed by the LFPI have allocated HB social workers, with potential ensuing difficulties with access arrangements, etc. This issue is explored further in the next section.

One area that three relatives said they knew nothing about was, how foster carers are found and matched to the children. This may be an area that the LFPI would like to explore further. Uncertainty about how involved they could be was an issue for two relatives in particular. One of those relatives was unsure as to whether she could be involved in communions, plays in schools, and the like, and wondered if she could approach the children if she saw them at their school. 

... things that are happening with them, I’d like to be there. [F-5]

The perspectives of birth and extended family members on the role and value of the preparatory placement

All family members interviewed were clear as to the role of Lisdeel House, i.e. to prepare children for fostering. Families were clear that, when children left Lisdeel, it would be to go to a foster family, but interviewees did not provide details as to what this preparation involved.

One parent described Lisdeel as ‘a home to give them [the children] time they need’, and this included counselling and attention from staff as elements of the preparation process. This parent was satisfied that the children were getting the time and the help they needed to move to foster families. It was stated that Lisdeel House had helped her child a lot and that the child ‘had come a long way’. Another relative described the role of Lisdeel House as a safe house, a temporary residential placement for children before they get fostered. Furthermore, this relative stated that the children were clear about the role of Lisdeel and the fact that they would not be returning home. Her view of why her relatives went to Lisdeel was for them ‘to be disciplined and have a break.’ [F-6,7] One parent said that it was good that Lisdeel House do not restrain children but that she ‘hadn’t a clue’ as to how being in Lisdeel House would benefit the child but that Lisdeel House had ‘tried their utmost’ for the child. The staff in Lisdeel House were described in positive terms by birth and extended family members.

Another parent was also positive about the staff in Lisdeel House and their support of her, particularly when she was not having a good time [F-2]. One child’s keyworker was described as ‘absolutely brilliant’. Two more relatives described staff as really friendly and helpful. ‘At the end of the day they do their best for them’ [F-8].

There were mixed reports of children’s progress in the preparatory placement. All family members interviewed said, in some way, that the placement had benefited their child.
Two relatives had glowing reports about their children’s placement in Lisdeel House. The placement was described as ‘of immense benefit’ and as ‘the best place for them’. The relatives spoke about how the children had changed a lot over the past year in placement. The children were described as very helpful around the house, cleaning up after themselves, etc., and as having quietened down. One of the children, who had previously threatened his relatives with knives, no longer did this. In school, the children’s behaviour and progress had improved and the siblings did not fight with each other as much as they used to.

Another relative valued the safe and secure environment in Lisdeel House. She spoke about changes in her relatives in the time they were there, one of whom had been in her care before moving to Lisdeel. She noticed that both the children’s speech improved greatly while they were there, as did their manners. The eldest child now shared his sweets, which was a big shift, since when he was living with his aunt, he would get very upset and cry if asked to share. The same child now had no problems with sleeping or eating, and his younger sibling, who would not go to bed before, had also got into a sleeping pattern. It was not known to this relative whether the child’s tantrums, which involved him stripping off and biting and writing on his body, had abated. The children were also reported to have put on weight. A second relative, of the same children, had the younger sibling in her care and reported that the move itself to Lisdeel was positive as it allowed the two siblings to be together, and the children were described as happy together and as a help to each other. The children were also reported as having got into a set routine and the fact that the children were safe and being looked after was of huge importance to this extended family.

Previous to their move to Lisdeel, the children were described as ‘very wild’ and unable to sit still [F-8].

However, three interviewees reported deterioration in their two children’s progress after a period of time in Lisdeel House. One parent had concerns that his child was ‘mixing with other kids with a lot more problems than him’ and was swearing a lot more than in his previous placement. That child’s progress was described as a mixture of doing okay and then getting worse. Another parent described her child as ‘fed up with that place’ and this view was [F-3, F-1] also held by one of the extended family members who stated that ‘the longer [the child] is there, the more damage is done.’ That relative said she thought, when the child went to Lisdeel, that there was ‘a family in mind’ and that the child would start meeting them. Both the child’s parent and aunt expressed concern that the child came to Lisdeel House for 6 months to be placed with a foster family and is still there after 18 months, while other children have come and moved out into families. Both hoped that the child would soon be able to move into a family but expressed concern that the child’s deteriorating behaviour would impact on this happening. Most of the relatives interviewed mentioned that they were given the expectation that the child would be in Lisdeel House for 6 months.

One parent made the point that parents need to be given a lot of support which, in turn, benefits Lisdeel House.

Families’ concerns

To date, only one of the children admitted to Lisdeel House/ the LFPI has been female. Two family members expressed concern that it must be difficult being the only girl in the house. This difficulty is compounded by the fact that it is often more difficult to mix and keep friends when in State care, due to moves from placement to placement and having to explain (or not wanting to explain) your position to others.
Another family member said that she found it hard to understand some of the words used in meetings and reviews (e.g. respite). As a result, she found she had to concentrate on listening and would forget to ask questions that had been on her mind. It would be helpful for meetings workers to simplify or further explain terms that might be unfamiliar to the general public.

The researchers are unsure as to whether there is now an expectation given to children and their families as to how long the child will stay in Lisdeel House, and also wondered if the expectation is given that all children will be placed with a foster family. This is an issue that needs review.

Perspectives of social workers regarding the role and value of the preparatory placement

Three social workers and one social work team leader were interviewed during the course of the evaluation, two of those interviews taking place in spring/summer 2001, before the social workers left their posts. Social workers talked about the preparatory placement in terms of how it could address the children’s issues and needs (some of which were basic, e.g. provision of regular meals). All of the social workers identified the children in their care as having huge issues around rejection and abandonment by parents and previous carers. The need for a period of stability, security, and routine was also identified as needed by all of the children. Working through the reasons why children are not living with their parents or extended family, and the events leading to where the children find themselves, was also identified as a key part of the preparation process by the social workers. Most of the children placed in Lisdeel House, especially those in the older age range, exhibited aggressive and/or sexualised behaviours, and social work referrers hoped that these would be addressed during the placement.

One social worker spoke of her satisfaction with how children on her caseload were progressing in Lisdeel House:

I am very happy with the three children who are there. I am confident that they are progressing as well as they possibly can, in that unit. [SW-2]

Social workers also considered the preparatory placement as positive in terms of how Lisdeel staff worked with birth and extended families. One benefit was the time available to work through the plan for the child so that relatives understood what was to happen and were then able to answer the child’s questions. One of the children in particular was described as very anxious that all the important people in his life should be ‘on board’. The child’s social worker talked about the benefits for the child of seeing his mother meeting his friendship family and seeing that everyone was supporting the plans for him. On a more basic level, a lot of families knew little about the concepts of residential care and fostering, and were able to take the time to listen and ask questions about fostering. For example, one relative thought that foster carers could walk in off the street and be given children to look after without any assessment or training. The point was made by one interviewee that discussion of relatives’ concerns can, and does, happen informally while parents are in the House on access or at meetings. One of the social workers pointed out that preparation for fostering began before the child moved into Lisdeel House, and a lot of work was done with the child and his parents about the role of Lisdeel House, reassuring parents that their role would not change as the child moved to Lisdeel House and on to a family.

The importance of time was raised by one of the social workers interviewed.

... I think that it’s vitally important that they do have that space of a year, or how long it takes for a family to be identified, that work can be done with the child about what the plan for their future is ... [SW-4]
The interviewee also talked about the importance of making time available to work with the children's families to prepare them for the move. There was also value in the fact that the move was not immediate, allowing time for issues to be raised and worked on. The Initiative was described as very child-focused, and preparation was seen as being taken at the child's pace which was contrasted to the way one social worker described the way she worked in community care. A view shared by the social workers interviewed concerned their observation that staff in Lisdeel House were skilled at working with children who presented with difficult and challenging behaviours, which were seen as arising from the child's upset and confusion.

*Lisdeel House are particularly good at working with children with challenging behaviours.*

*Lisdeel House deal with behaviours with a view to a family fostering the child in the future.* [SW-1]

Finally, one social worker spoke about how well the role of the friendship family had worked for one particular child who had little concept of what a family was. The social worker considered that spending time with a friendship family had made a difference to how the child thought about a foster family.

**Lisdeel House and the LFPI staff's perspectives on the role and value of the preparatory placement**

Staff in Lisdeel tended to talk about the value of the preparatory placement in terms of how the children's behaviour, and understanding of same, had shifted or changed; and staff were able to give a few clear examples of ways in which children in Lisdeel had benefited from their placement.

The first example given was that of two young siblings who had learnt about boundaries, rules, and that there were consequences for behaviour. The children had also learnt about routine, of there being a time to eat and a time to go to bed and to settle at night. A third child used to look to be restrained by staff, when what he wanted was to be held. Staff worked with the child to help him find other ways to ask to be held. The third example given concerned a child who, six months earlier, had thrown stones at a staff member, assaulted staff, and had expressed no remorse for his actions. Now this same child no longer hurts anyone and, if he acts up, he apologises for his behaviour and, sometimes, makes dinner to say sorry.

Residential staff shared the view that referrers were often unaware of the depth of upset children experienced as a result of previous placement breakdowns and rejection by birth parents. Staff in the focus group expressed the view that it was better that the challenging behaviours and violence showed up in Lisdeel House rather than in a foster placement. It was thought that some of the behaviours were likely to lead to a breakdown if they were to occur in a foster placement. In one instance, the placement committee decided to extend the placement of two children in Lisdeel House by six months rather than risk the breakdown of the placement. One valuable element of the preparatory placement, as described by residential staff, is the capacity of the placement to deal with unanticipated and previously unidentified needs and behaviours. One member of staff stated that

*... the children's behaviour and emotional needs are more extreme than initially presented.* [LH-6]

The resource worker spoke about how she gets feedback from the children who have moved on to a foster placement. Children were described as talking about Lisdeel and the things they did there, in very positive terms.
The foster carers’ perspectives

Carers did not seem to know a lot about the children’s time in Lisdeel House and so could not offer a view on the value of the time spent there. Carers knew that the children had gone to Lisdeel House to be placed, and some knew a little about what happened while they were there, such as participation in life-story work. The fact that the staff in Lisdeel House had experience of living with the children, and could offer support from this perspective, was described by two carers as ‘brilliant’ and they stated that Lisdeel House were very involved in advising them on how to deal with the children in the earlier stages of the placement.

The preparatory placement may, then, be described as of value to carers as, without it, carers could not access information on what it is like to live with the child nor get ideas for making the best of it. One family said that they couldn’t have done without this information.

Transition to placement

To date, the five placements have experienced smooth transitions from Lisdeel House to the family. It is also of key importance that none of the children or carers have had the need for any crisis or emergency interventions, with stability a feature of all the placements made thus far. The duration of the placements made to date are 19, 9 and 6 months respectively.

Challenges and considerations

There were a number of challenges and considerations raised by interviewees concerning the role and value of the preparatory placement, all of which are interlinked. Three main themes were identified:

- How much is enough preparation?
- How to deal with the changing needs of children?
- What happens for children for whom the LFPI can’t find a family?

How much preparation?

The question of how much preparation is needed before children can move on to a foster family is a live and complex question for the service, and one that is not easily answered. Indeed, one of the factors identified by the Daughters of Charity managers as slowing down the progress of the project was the time the children required to work through issues arising out of the contexts they came from, contexts often characterised by homelessness, addiction and placement breakdown. This section will address the issue by looking at the following: what indicates that a child is ready, who is involved in the decision, and what are the factors that can inform and influence the decision?

As can be seen from Table 2, children tend to stay in Lisdeel House for at least one year, with the longest stay, to date, being a year and ten months. The decision that a child is ready to move out of Lisdeel House and into a family placement involves contributions from a number of people, and is not made solely by residential staff. The children themselves were considered by residential staff to indicate their readiness for placement in a number of ways. Staff spoke of how children verbalise their readiness by asking the right questions and wanting to know when a foster family will be ready. This point was also supported by the LFPI staff, one of whom said that knowing that a child is ready to move ‘comes about through discussion and communication and talking’ [LF-1]. One of the fostering workers spoke of the time needed to work through a child’s previous doubts.
about fostering before addressing their current doubts. For example, one of the children asked about the foster carers’ “how do you know they won’t bully me?” It would seem then that staff look for indicators of readiness to move from the children themselves.

Residential staff identified the placement committee (PC) as being very involved in the decision about a child’s readiness for placement with a family. The committee was described as independent and as providing an outsider’s view. The committee also represents different interests, and some members bring experiences of placing children in foster care. This committee meets to consider assessments of applications to foster, to consider children who are assessed as needing a foster family, and to approve matches between both. Children’s readiness to be fostered is considered on the basis of social work and keyworker reports. The example was given of how the PC decided that two siblings needed another couple of months in Lisdeel House to better deal with their mother’s rejection of them. The PC held the view that it would be better if the children spent a bit more time, and had a bit more space, to work through their understanding of this issue before putting them in another family. At a further meeting of the PC, concerning the same two children, the committee decided that one of the siblings was ready to move on to a foster placement, while his sibling needed to remain a while longer in Lisdeel House, until he had closure regarding his hopes that he might live with his mother.

Residential staff spoke about the difficulty in deciding when they had done enough preparatory work.

_It’s also realising that you can only bring them so far and then you have to decide: is this far enough for them to go on, or could there be more work done? [LH-2]_

One staff member spoke about how one child had moved to his foster family with quite a few challenging behaviours. At the time, the child very much wanted to move and was becoming frustrated because he was not yet with a family. The child moved into the family and although some of the behaviours, such as using rude and sexualised language and engaging in sexualised behaviour, arose in the family context, the response from the children there was different to the responses the child had experienced from other children in Lisdeel House.

_His sexualised behaviour would be encouraged by the other children here whereas when he went to his foster placement, their two children looked at him, did not give him much encouragement and that was it. [LH-1]_

Many of the child’s challenging behaviours then diminished in his placement. Another example was given of two siblings who moved to their placement, one of the children still having a bottle and in nappies at night, and both with their blankets (comforters). Residential staff spoke about how it made sense for the children to have these comforts when moving, and to allow the foster carers to get the youngest off his bottles and nappy at night. The children gave up these comforts within weeks of being placed with their foster family.

**Changing needs**

Initially, when the project was set up, it was anticipated that children would spend about six months in Lisdeel House before moving into a family. One of the unknowns with the preparatory placement is the impossibility of predicting from their referral form how long a child might need to stay in Lisdeel House, and this has been a valuable piece of learning for the Initiative. Both Lisdeel staff and Daughters of Charity senior managers spoke about this issue.

_There are many reasons why children spend more than six months in the unit. Time is needed for initial adjustment to the unit, to build relationships, and the needs of children have been more complex than expected. [SM-2]_
Staff were clear that they now work from the position that they need to get to know the child in his or her own right.

*We look at the child's needs and where they are at and what we can do. Sometimes, as time goes on, we see that they have more needs.* [LH-5]

It is in the second month of a child’s placement, after the child has settled, that staff have the opportunity to start assessing the child’s behaviour. Staff expressed the view that they don’t actually know what will emerge until the child is in the unit. However, as time in the preparatory placement progresses, older children’s needs, in particular, were seen to change and develop. Staff spoke about the older children as having more needs and difficulties to sort through. Furthermore, in comparison to the younger children, they were considered as having ‘more of a loyalty to their own family, their natural family, and trying to please them’ [LH-4]. For the children, this means that they need time and support to figure out the place of their parents and family in their lives. As the residential placement goes on and the children present with new and challenging behaviours, the assessment of their needs shifts. This shift then directly impacts on the assessment of the kind of foster family needed for the child.

The example was given to the researchers of one child who was assessed as needing a particular kind of foster family. While two options were being assessed with the child in mind, the child’s needs changed, as did his behaviour, and the applicants considered as potential carers were no longer suitable. Nor are there any other families currently available that would suit the child’s needs. The situation has been further compounded by the child seeing other children moving on to foster families.

*He thought he would be gone and then he wasn’t gone and then other children were seen moving and he got further disillusioned and that created another problem.* [LH-3]

These options, and the discussion about them, was not known to the child at the time. The child has also had renewed and positive contact with a birth parent, and relative options are being considered for fostering.

One of the dilemmas arising for the project is whether to risk placing a child who is violent in the residential unit with a foster family, especially when it is possible that the movement of other children out of the unit may be escalating the child’s upset and sense of rejection, and their subsequent difficult behaviours. One staff member related a conversation she had with some of the children concerning this issue.

*When we would talk to the children about violent behaviour in terms of them moving into foster placement they would turn around and say, ‘well we wouldn’t do that in a foster placement. They say it’s okay to do it here but they wouldn’t do it in a family and we have seen that in terms of [child’s name] going into his friendship family for a couple of days after being very violent in this house ... and then said he wouldn’t think of doing it in a foster family.* [LH-5]

Another staff member added that that child had been violent in a previous placement. Staff agreed, however, that the children do fuel each other and the dynamics of the group have a bearing on how the children will behave in the residential setting.

*The atmosphere in here is one where one child encourages the other to engage in sexualised and violent behaviour.* [LH-2]

Residential staff also wondered if older and more difficult children are being referred and whether there was a perception that Lisdeel House was able to deal with children with complex histories and moves from one placement to another.
Honouring the commitment to place the child with a family

In general, the children referred here would not be the most straightforward children. I think now that there might be a perception that Lisdeel can do in-depth work with these children ... there might be the perception that some of the children we have placed would have been very complex to place, and yet we did place them and they are doing well. So we are tending to get the more difficult, children with the more difficult issues and like that the older ones. [LF-3]

This view would be supported from a number of angles. One of the residential staff related how a worker from another unit, where a child had stayed before coming to Lisdeel, had said that they thought the LFPI would not be able to place the child who is now living with a family. One of the health board social workers interviewed stated that

*Lisdeel House are particularly good at working with children with challenging behaviours. [SW-1]*

That social worker also commented that the commitment of residential staff, especially regarding challenging behaviours, was appreciated by social workers from the Area team who had placed children in Lisdeel House. The issue was also raised by senior managers in the health board, who stated that the current focus was on crisis intervention in the health board social work service. As such, the social work teams were unable to make early interventions with families and were not meeting children until there was a crisis. This was seen as impacting on referrals of children to Lisdeel House.

Honouring the commitment to place the child with a family

In their focus group, residential staff spoke about their concern that children had been admitted to Lisdeel House with the understanding that they would be placed with a family (usually in six months to a year). Staff were of the opinion that one of the children needed to move to a family, and that the delay in placing the child was having negative effects on his behaviour, which, in turn, impacted on his placement needs as his behaviour became more aggressive and violent.

*What [child’s name] needs at the moment is a family and we can’t give him that.* [LH-3]

[Child’s name] has said on many an occasion, ‘you told me that I would be gone in six months, I’m not gone in six months and all the kids have moved on and I’m still here’. That’s a whole different problem that he didn’t come in here with and that he didn’t need. [LH-1]

Senior managers in both the Daughters of Charity and the health board stated that the reason for the delay in placing this particular child was due to the time taken in establishing contact with the child’s parent who has now become involved again in the child’s life. However, the managers stated that more time was needed in order for the child’s mother to give the child permission to get on well in foster care. At present, the child’s mother wants the child to stay with extended family.

The concern of the residential staff was that their interventions would make a positive impact on the child and would not compound his problems in any way. Staff were also of the view that, by accepting the admission of a child, they had made a commitment to a particular outcome for children.

*Once they come in here, you have to honour what you have committed to do.* [LH-3]

So when we get kids here we have a commitment to try bring them to some natural conclusion. They can’t stay here forever, there has to be a hereafter. [LH-1]

One of the suggestions made by interviewees concerning this dilemma is that the project employ professional foster carers who would have the skills to deal with challenging behaviours in their own home. Residential staff said that they had begun to look differently at referrals and what they
can commit to, taking into account the safety of younger children in the unit. Again, staff pointed out that they really don't know what to expect until the children have moved into Lisdeel House.

Summary

The role of Lisdeel House is unique and is concerned with the preparation of children for placement with foster carers (or relatives) where the child cannot return home. The preparation process is child-centred and keeps to the child’s own pace as they address the complex issues that have led to them preparing to live with a foster family. Allowing the child the time to sort out such issues for themselves is another key component of preparation. The benefits of the co-location of Lisdeel House and the LFPI continue, as the children have access to fostering workers, and both teams work together to create consistency of information and approach for the child. The co-location of the LFPI and Lisdeel House is a vital feature of the service that has been developed over the past three years. It has had benefits for the preparation of both children and applicant families for fostering and has become an indispensable element of the process.

Two key areas of work with the children in the preparatory placement have been developed, namely, work with challenging behaviours and work with the children’s families. Feedback from the LFPI staff, health board staff, and the children’s families regarding this work has been extremely positive overall. Relatives were very appreciative of the supports they received from Lisdeel House and, in the main, valued the way staff worked and what had been achieved with their children during their stay. Extended and birth families who care for the children are very involved in decisions about how best to care for the child. Children’s families described how they were actively involved in the care and planning for the child, and this aspect of the preparation process is working really well. It is of key importance for the children that their families give them permission to be happy living with a foster family. Concern was expressed by relatives about two of the children having deteriorated after a period of time in Lisdeel House. Other families asked to know more about how foster carers are found and matched to their child relative, and one family member raised her difficulty with understanding the language used at meetings.

A lot of learning for both the staff and management of Lisdeel House and the LFPI has emerged from their struggle with the challenges and considerations outlined above, and through their continuing development of their model of preparing children for fostering. This work has been supported and resourced by both the Daughters of Charity and the NAHB, and staff of both the LFPI and LH commented on how quickly they can access resources needed. They also talked about the supports for learning and training given by the Daughters of Charity. Ongoing learning and continuous refinement of ways of working are practices valued and supported by the Daughters of Charity.

Further Considerations

By way of discussion, some of the points raised about the preparation process are further analysed for the consideration of the Initiative.

1. Acceptance of each child or sibling group for admission to Lisdeel House needs to be matched with available foster families and potential foster families nearing completion of the preparation process. Although matching of families and children is a very individual process, there needs to be some matching of profiles before admission. For example, if the profile of the potential foster families means that only children in the younger age range can be placed with them, then it makes sense for the LFPI to offer their service to children in that age range,
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i.e., to consider compatibility between their current and likely resources and the children referred.

We have learned, in that when [child's name] came, there were no families in preparation for him. At the referral stage now, we would be looking at what families are available and there is discussion now about that, that there already are maybe two or three potential foster carers as the child comes in. [Focus group with residential staff]

Currently, there is only one family approved as foster carers, pending the approval of their medical assessment, which raises the issue of whether the Initiative is currently meeting the assessed needs of the children in Lisdeel House for a family placement.

2. Younger children seem to be easier to place.

Residential staff in the focus group suggested the idea that the Initiative could focus on children in the younger age range, as they seemed to be easier to place and applicant foster carers tended to be more interested in the younger age range. Staff did express concern, though, about the difficulties the younger children have in coping with change such as staff turnover, shiftwork, and the move into a family. The Initiative could consider focusing on the younger age range, especially in consideration of the fact that the foster families prepared by the Initiative have not fostered before. The older children have more complex histories and needs, and are therefore more difficult to place with newly approved foster families.

3. Staff report that they are now taking another look at referrals and what they can commit to. This links into what families and children are told about Lisdeel House, and the length and purpose of their stay there. The evaluators considered that families, children and staff tend to focus on finding a foster family for the child, and wondered if this focus detracts attention from the valuable and often difficult processes Lisdeel staff and children (and often their families) are engaged in. If the measure of success or failure of the time spent in Lisdeel House is whether a child gets a family placement, or how long this takes, this measure does not account for the need for some children to spend more time than others in Lisdeel House. Nor does it account for the time needed to sort through the complex and perhaps convoluted histories, stories told and understandings given to children about who they are, where they come from, why their own parents and previous carers didn't want or weren't able to care for them, and maybe why no family is available to care for them now.

Lisdeel House needs to find a broader and more accurate way of explaining what it is they do. It has become apparent that the differing needs of individual children makes it impossible to predict the length of a stay in Lisdeel House, and this issue needs to be made clear to the children and their families. How the purpose of the stay in Lisdeel House is explained is of major significance in influencing how outcomes are perceived by children and their families. It may be useful to consider whether to give families and children the expectation at the outset that a family placement is the outcome for all children who come to Lisdeel House.

4. The value of time as a resource.

The importance of giving time to children and their families was raised by many of the stakeholders interviewed. Time was considered especially important in relation to allowing the children to work through their issues at their own pace and initiative, and in allowing birth parents and, to a lesser degree, extended families, give children their permission to live and be happy with another family. The evaluators wondered if the referrals of children to Lisdeel were of children with more difficult behaviours and histories, or could it be that the time given to focusing on preparation to live with a foster family was allowing for a greater recognition and appreciation of the issues a child has to grapple with and resolve before being
able to move into a new family placement. One interviewee suggested that basing a psychologist in Lisdeel House might be a support to both the team and the children, and would provide another perspective to the preparatory work.

5. Although the evaluators are aware that there is a working document on how children are prepared for fostering in Lisdeel House, the evaluators wondered to what extent the model under development in Lisdeel House is documented and detailed. How explicit is the process? The rationale for paying attention to detailing the model used is that, if a lot of the staff or the manager leave, there is a danger that valuable ways of working will be lost. Detailing the model also facilitates other organisations to consider how it could be of use in their own work with children and their families.
Chapter 4
SOCIAL WORK & PROFESSIONAL SUPPORT
CHAPTER 4: SOCIAL WORK AND PROFESSIONAL SUPPORT

Introduction

This section of the evaluation will address the kinds of social work and professional support needed to prepare both children and carers for fostering. It will also examine the kinds of supports needed, once placements are made, for both children and carers.

Preparation of children for placement

As outlined in the section reviewing the role and value of the preparatory placement, the main preparatory work with children is done by the child’s keyworker, Lisdeel residential staff and the staff of the LFPI. In addition to these roles, the health board social worker plays a crucial, and particular, role with regard to the child, and the child’s birth parents and extended family.

Furthermore, other professional support is made available to the children and staff. For the children, such support may involve counselling, which can be provided within the Daughters of Charity Services or by child guidance clinics. Children have also been referred to centres for validation and assessment of sexual abuse. Staff are supported in their work in a number of ways. They are given access to, and encouraged to participate in, further training and development. Staff also have access to a psychotherapist who supports them in their work, especially when times in the unit are particularly difficult. Access for the staff group can be monthly or every six weeks, and the psychotherapist also is available to meet staff individually, if required.

Supports from the health board social worker

Three health board social workers described their own role in relation to the preparation and support of placements as working with the children and their families around issues concerning the child’s care. In relation to the child, social workers said that they had the job of ensuring the children are safe, that their placement is meeting their needs, and liaising with the children about what they want, hearing their concerns and listening to their fears. Social workers also attended reviews of the child’s care, usually with a social work team leader, where available. In relation to the child’s family, social workers have a crucial and ongoing role – giving information to, involving, and supporting families with regard to plans for their child’s care. Social workers also arrange and facilitate access with the child and their families.

Social workers are the support for families through it. [LF_3]

All of the social workers talked about the importance of the extended family reassuring the child that their move to a new foster family is a good idea. Following work with her social worker, one mother wrote a letter for her children saying that they could go to live with another family, and the social worker reported that the children are now ‘excited about going to a family.’ Although a lot of work is done with families, the focus of social work interventions is on the child:

... the child’s needs are priority. [SW-2]

HB social workers’ contact with Lisdeel is by phone or visit. The location of Lisdeel, in close proximity to the social work department, was cited as facilitating work with the unit and facilitating the involvement of extended families, as many of the children and their families come from the area.
Social workers talked about work with Lisdeel staff in terms of support for each other and one social worker stated that

... there is an awful lot of involvement expected but it's not that hard because you are supported by the staff there. [SW-3]

One of the social workers commented that her statutory obligations - to ensure the child is safe, protected, and that his needs are being met - continue when the child is placed with a foster family and during the move. The operationalisation of this role is through regular contact with the child and his family, which involves building trust and relationships. Another social worker spoke of how the health board is the one constant in the child's life and through their moves. However, it was also pointed out that the escalating turnover of social workers has led to a decrease in knowledge about a family's history and less constancy for families.

Currently, all of the children in Lisdeel House have a social worker, while none of the five placed children have one allocated. None of the children, either in Lisdeel House or placed by the Initiative, have statutory care plans and this was something that all the social workers said was of major importance for them to do. Lack of health board social workers has had huge repercussions for the preparation of children for placement with a foster family. LFPI and Lisdeel House have found themselves trying to fill the gap created in a number of ways. The varying ways in which the lack of a social worker impacts on a child's preparation for placement, move into placement, and subsequent support for the child, is addressed later in this section.

School

Lisdeel House staff spoke about how some of the children's teachers and principals are very interested and involved in doing their best for the child. The manager of the House stated that teachers have held off from expelling and suspending children. Keyworkers are the main contact with schools, and teachers were reported as ringing if there were any problems or to talk about what they could do for the child. Only the necessary information is given to schools.

We give schools the necessary information as each child is entitled to their own privacy. [LH_6]

Counselling

Children in Lisdeel House can attend counselling in a nearby family centre that is also run by the Daughters of Charity. One of the health board social workers reported that two children on his caseload got 'huge benefit' from attending. One of the good things about the centre was that it was outside of the residential placement and the health board, and was accessed by the children on a regular basis. The social worker stated that he has benefited by getting a fuller picture of the children since they accessed this support.

Preparation of carers for placement

The preparation of carers for placement has already been documented in an earlier section. The key people involved in this process are the LFPI social worker allocated to assess the applicant family, and those involved in the training course: a LFPI social worker, resource worker, residential staff and a foster carer. Four of the five foster carers were interviewed and all four respite carers (total of five placements) were interviewed, regarding their perspectives on the kinds of supports needed in the preparation and support of foster placements.
Carers had differing views on the value of the training course. One carer thought that the process dragged on and was not useful, as the carer believed that you can only learn through experience. The carer did acknowledge, however, that she had learned a lot about safe caring from the course. Two carers thought that the course could have incorporated more on sexual abuse. Another carer thought that it was a good idea to have the training process before the assessment, as it allowed her to get an idea of whether or not she was interested. The course was also considered useful by this carer, in that it generated useful and helpful discussion, both on the course and with her partner. A cooling-off period, following the preparation process was suggested by one carer as a way of considering what you are about to take on. She commented that 'nothing prepares you for the reality of it.'

Two carers spoke about how they couldn’t see the relevance of some of the questions asked in the assessment, regarding their marriage and relationship. However, the couple stated that they realised, six weeks into the placement, that 'if you weren’t both completely interested in your marriage, it wouldn’t have lasted' [FC-2].

The way in which a couple were asked to consider taking a foster child was done very well, according to one carer, who said that there was no pressure put on the family, and they were asked not to comment but to think about their decision over a weekend.

Supports for foster placements

Supports for children

Staff in Lisdeel House are involved in supporting the child for the first six weeks of their placement. They also play a role in supporting foster carers. Before children move to their placement, the keyworker meets with the carers to talk to them about the child. Written information is also compiled by the keyworkers to give to carers. A 24-hour service is also provided, where carers can ring Lisdeel House at any time. Staff described their role in supporting both the child and the carer during this transition period as providing continuity for the child. The supports to carers and children described can only be provided because the children and staff have lived and worked together in Lisdeel House.

Staff described how post-placement support from the residential staff to the children has met with mixed reactions from the children. Two siblings were very worried before moving to their foster placement that staff in Lisdeel would forget about them. Another two siblings each had very different reactions to the idea of contact with their keyworkers when placed. One appeared not to be bothered about contact and was very keen to move into his new family, while his younger brother was confused about the move and missed the staff in Lisdeel House. This younger child is reported to have told his foster carer 'you took me away from staff, I want to see [staff name].' Contact with this child continued beyond the six week period to reassure him that he had not been abandoned and forgotten about. As such, contact with children is individualised according to what they want and need.

When a child is moving on to a foster placement, the resource worker attends meetings and reviews concerning the child. The resource worker has a key role to play in arranging and supporting access visits with birth parents. The resource worker described her role as both supporting the children and speaking with them about how they feel their placement is going, as
well as acting as a contact for birth parents. Of the five children placed by the Initiative, none have an allocated health board social worker, even though they have a statutory right to a social worker. The resource worker described this gap in the supports to the foster care arrangement as causing confusion in terms of her role at times. Consultation with the LFPI manager is used at such times to clarify what the role of the resource worker should be.

One of the LFPI social workers pointed out that children see her as very much involved in the foster placements and this provides a sense of continuity for the child who are familiar with her from their time in Lisdeel House.

One child has been referred to a psychological service and is awaiting an appointment.

**Supports for carers**

**Supports from the LFPI**

Intensive support is provided by the LFPI to families before, during, and after the child’s transition from Lisdeel House to their family placement. Support is delivered in the form of regular home visits, phone contact, and co-ordination among the different supports is also an important element of the LFPI role. The LFPI also have responsibility for arranging meetings, access and respite, when needed. LFPI staff reported families as saying that the planned work in the first six weeks is a great support since the changes in their lives at that time are so huge. The intensive initial support from Lisdeel House is given as needed, and this is then phased out as the placement progresses. The reasons for the kind, and level, of contact between the LFPI and foster carers is discussed and agreed on at reviews, and aims for a balance between the views of the family and the LFPI.

**Training: Second Stage**

Second-stage training refers to training for those approved to foster and is arranged by the LFPI. The first part of this training began in May, 2002 and addressed sexualised behaviours.

*All the children that I have seen here would be exhibiting sexualised stuff and it’s to help foster parents deal with it and demystify it a bit, give them an understanding of it and help them deal with it. If a child does something inappropriate, what do you do? So they are equipped to do the job and they are not scared or frightened by it. And it’s something that has come up on the preparation courses a lot that people would be very afraid of ... [LF-2]*

*There are some things about which people ask for more information and the two main things would be sexualised behaviour and handling children’s difficult behaviours.* [LF-1]

The LFPI staff talked about how they identified the training needs of foster carers based on feedback from the first-stage training course. Some of the ideas for refining the training course itself, such as involving residential staff, came from written feedback from carers. Other ideas included increased use of case studies in the training course. The behaviours presented in case studies were an amalgamation of those presented by children in Lisdeel House, and topics such as access, how you would help a child settle, etc., were explored using case studies.

*If there was other ideas, there would be an openness to run with them as well if we thought it was helpful.* [LH-2]
Preparation was seen as increasing the confidence of carers. A course on handling difficult behaviours is also planned for later in the year.

Supports from Lisdeel House

The Lisdeel social worker described how keywork knowledge of living and working with the child in their preparatory placement acts to support both child and carer in the foster placement.

They know so much about these children and looking after them directly. For example, this child is not a morning person. [LF-3]

When a child has been matched with a family, the child’s keyworker writes a short report about the child to be given to the family at the time of placement. This report addresses many of the practical issues concerning the child.

... naturally enough when a child moves to a new family a lot of questions are very practical ... how does the child like to settle at night to go to bed; what is the routine, do they like a story, do they run around the place for half an hour, what do they like? [LF-3]

Carer families are also given a letter identifying the supports available to them and how to access them. They have direct access to the keyworker, by phone or visits, and the first six weeks of placement can be considered a bridging period between the child’s previous and current carers. The review marks the end of structured residential work and the child’s keyworker is expected to withdraw, although the family can still contact them. At this point both the LFPI social worker and resource worker become the main professional supports to carers.

It is clear that a lot of planning goes into the support of foster placements at this point.

Meeting other carers

Most carers interviewed said they would like the opportunity to meet with other carers and one talked about how she was looking forward to second-stage training as an opportunity for this.

Support for carer’s own children

An additional role of the resource worker involves linking in with the foster carer’s own children, and the worker stated that, although it takes time to build relationships, children have used this option to ‘to let off steam’. The resource worker and one of the LFPI social workers are currently collecting research on children in families who foster, and they talked about how they are exploring ideas around supporting carers’ own children, and considering running a short training course in parallel to the adults’ course. Possibilities for offering post-placement support are also being explored. At present, there are not enough children with which to run a group.

Some of the applicant carers’ own children have visited Lisdeel ‘so they have a picture of where they live and their lifestyle.’ [LF-3]

The carers’ perspectives on support

Four of the five foster carers, and all four respite carers, were interviewed regarding their perspectives on the kinds of supports needed in foster placements (total of five placements).
Support of placements

Two of the three foster families interviewed spoke about the 'shock to the system' when their foster child came to live with them. They talked about being struck by the enormity of what they had done and described a sense of loss of control. The first few weeks were described as hugely difficult.

The LFPI social worker was described as very supportive, and one couple stated that they found the service 'sensitive to our needs'. Carers stated that they could ring if they wanted, and one carer said that 'at any time we could ring and there would be someone out here straight away.' [FC-2]

Carers reported that the LFPI social worker rang during the first couple of weeks to see if families were doing okay and after that, would ring if there was an issue. One carer said she had asked that the LFPI stop ringing so often. One family talked about how they accessed social work support to guide them in dealing with difficult contacts between their foster children and their birth mother.

Lisdeel House was reported as having a lot of input by one family. Carers stated that they could not fault the staff there who were described as brilliant, friendly and non-judgemental. It was reassuring to carers that staff knew the children through and through. One carer talked of how staff advised him about how to handle a child's moodiness and playing up. All carers talked about the '24-hour access to support, and one couple mentioned that they were provided with another number to ring over the Christmas period when Lisdeel House was closed.

The file of information on the children given to carers received two very differing reports. One couple said 'we couldn't have done without it', and detailed how it provided them with information about the children's background, why they are in care, and their likes and dislikes. Another carer thought the information about the foster child was very general information, with a lot glossed over. She reported that she didn't know the details as to why the child had come into care, or anything about his time in Lisdeel House, and stated that 'it's a drawback that we don't have his history.' This carer said that she was unsure how much information she needed, but she needed more than she had been given. The desire for more information was expressed by another couple, who said they would like to hear more about other carers who did the course, and to know who else is fostering. They also wanted to know more about Lisdeel House and what happens there, the turnover of children there, etc. Feedback from the LFPI regarding these issues centred on the need of the LFPI to protect the rights of children, foster carers, and applicants, to privacy and confidentiality, although the Initiative state that they give as much information as is possible.

There was also a lack of clarity about who was the identified support person for the children, either professionally or in the child's extended family. There did not seem to be clarity, either, as to the role of the resource worker; and this would seem to be influenced, in part, by the fact that the resource worker takes on some of the tasks normally carried out by the health board social worker.

When asked, carers identified their supports, firstly, as informal supports in their own social networks, particularly friends and relatives who were also carers. Having other carers to talk to was described as an invaluable support. One couple identified each other as their main support.
**Respite**

Two families who have access to a respite family described respite as a great support. Monthly contact between the children and their respite carers is arranged through the LFPI social worker. Both foster families reported that the respite arrangement is good, as the children know and like their respite family and go to the same family instead of different families. Children may go for respite for a period of anything from a few hours to a weekend.

One family spoke about respite as a support for both the adults and the children in their family, giving them the time and space to relax together. One carer wondered if it was okay for her to talk to the respite carer about the child.

**Access**

One carer stated that she thought support was badly lacking when it came to access, and she identified the need for a place where families could spend time together during access. She stated that fostering is ‘tough enough without managing visits.’ The resource worker for the LFPI is currently exploring the possibility of a venue for access.

**Carers’ concerns**

Three carers said that they experienced fostering as a contradiction. One couple spoke about how they thought it misleading to be told to ‘treat them [foster children] as one of your own’ when there were a lot of conditions about how to treat foster children, mainly to do with the practice of safe care. This results in foster carers treating foster children differently to how they would treat their own children. A fourth carer spoke about how the safe caring element of the course impacts on how she is with the children in her care, and described her discomfort with putting her arm around a child who was upset and crying in bed. Another carer expressed the view that ‘it’s not possible to practice safe care’ and found it too much of a strain on the family. The carer also wondered what messages the practice of safe care might give to foster children, and to the other children in the home about the foster child. The example was given of the Irish Foster Care Association’s recommendation that male foster carers never be alone with foster children. Implementing this recommendation means that foster children see how they are treated differently to the other children in the foster home. One of the foster carers asked for more information and discussion on safe care and it would seem that all carers would benefit from further exploration of the contradictions they experienced in their understanding and practice of foster care.

One of the LFPI social workers stated that both the LFPI and IFCA do not forward the view that foster children should be treated ‘as one of your own’ and stated that this can never fully happen. Rather the nature of fostering is such that the risk of allegations against carers can only be minimised, it can never be taken out.

A second concern expressed by just one carer, was to do with needing better access to psychological support for her foster child.

**Involvement of birth and extended families in foster placements**

Three members of children’s birth and extended families interviewed had child relatives who were in foster care at the time of interview. All three said that they would like to have more access with
the child, and one relative identified the need for financial support to facilitate this. All three were happy with the family the children had been placed with, but two had concerns about how the children would grow up in an area different to where they had come from. Two of the three had the foster carers’ home phone number, and could ring the children and/or the foster carers themselves without having to go through the LFPI. Two interviewees spoke about how they were to attend a meeting with foster carers to make arrangements for their child’s communion.

Impact of lack of health board social workers on the preparation and support of placements

The lack of health board social workers was described as impacting in many ways on the work of the Initiative, and on the children using the service. Interviewees from the Lisdeel service identified this as the biggest external hindrance to the project progressing. This impact is felt at three points: preparation for fostering, moving into the placement, and support for the child and his/her family. It is in the support of placements that the impact is most felt, as none of the five children placed have an allocated social worker. However, the lack of a social worker also delayed the placement of two children with a family.

There is never any problem liaising with social workers, the problem is when there is none. [LH-2]

Our difficulty at the moment I think is the lack of social workers ... that is probably our biggest organisational problem, and that’s the one that we do the maximum amount of work we can on, liaising with people and trying to come up with ideas and doing whatever, but because it’s an external problem it isn’t within our power. [LF-3]

According to the regulations for the placement of children, children cannot be placed with a family unless they have a social worker. One relative, whose children were almost ready to be placed with a family at the time of interview, reported that Everything is all over the place at the moment because there is no social worker. [F-8]

In response to this dilemma, one of the LFPI social workers took on the role of the health board social worker, facilitated by the health board delegating State responsibility to the LFPI. Interviewees from the LFPI had mixed thoughts regarding this response. The first concern was that, although the children were almost ready to move and a family had been matched to them, there was a need to involve the children’s mother before they could move. As there was no health board social worker allocated to the children, it fell to the LFPI to consider whether they could take on this role. One interviewee stated that ‘we were very reluctant to go down that road’ but they could see no other way to facilitate the placement of the two siblings.

The health board agreed to delegate the health board role to one of the LFPI social workers, who then worked an additional day a week in this role and was supervised by the LFPI manager. The LFPI staff and Daughters of Charity senior managers reported that this piece of work went well, and the children’s mother met with the social worker before telling the children about the placement and giving her permission to the children to move. One of the managers reported that the outcome of this contact was ‘a great weight off the children’s shoulders’, and that it highlighted the difference the health board role makes. The LFPI social worker also drew up a care plan for the children and is still involved in organising access. The only contact with the health board has been to tell the team leader that the children were placed, and it would seem that the delegation of health board functions has drifted on. Concern was expressed about the LFPI being the only agency in contact with the children and the question was asked what might happen to work with children and their families of origin in the future.
It is a huge asset to have parents on board. [LF-2]

If work with natural parents is not done, it can be detrimental to placements. [SM-3]

This view was supported by a parent who talked about how parents need to be given a lot of support, and she pointed out that, once parents get this support, Lisdeel itself benefits. This parent also stated that she gets no help from the health board and does not believe that the health board ‘give a damn how parents feel.’ It has fallen to Lisdeel staff to arrange access for those children placed with foster carers and their families. One parent stated that she thought it unfair that the resource worker had to manage all the access visits after the health board social worker left and was not replaced.

The concern that children do not have a separate advocate to their carers was also expressed by staff in Lisdeel House

There is no advocate for the child outside the House. [LH-4]

The children miss out on having someone to talk to, someone outside of here, their own special person. [LH-2]

It was pointed out by one interviewee that the LFPI’s post-placement role is to support the carers, and when the post-placement support from Lisdeel House wanes, there is nobody outside of the foster family with responsibility for the child.

The role of the health board social worker in making decisions with regard to the child also impacted on work with the child in Lisdeel House. It is not clear to the researchers what decisions can be made by Lisdeel House and which are those that have to be referred to the health board social work department. However, both Lisdeel House and the LFPI staff spoke about the difficulties arising when the child has no allocated health board social worker and the decisions are referred either to the social work team leader, the principal social worker or occasionally up to the level of child care manager. Frustration for both the staff and the children arises due to the length of time it can take to get a reply, and also due to the fact that health board staff, other than the child’s own social worker, may not know the child and their family very well. Residential staff stated that, at times, Lisdeel House may be put in the position of making decisions that are thought to be the remit of the health board.

There is a lot of responsibility put on us to make decisions. [LH-4]

... has made the child care worker’s job more difficult, increased responsibility to make decisions.

The impact of having no social worker to make decisions for the child was also of major concern to two family members interviewed. The first expressed frustration that she did not receive replies to her phone calls to the health board social work department, stating that she thought that their input was needed. She also expressed the view that the difficulty making contact with the social work department was:

... not fair on keyworkers who can’t make decisions. They’re left to deal with it ...

She went on to suggest that the residential staff, who know the child, should have more of a say in decisions about the child. A second relative also held strong views regarding this matter, and again talked about frustration for herself, the child, and the staff in Lisdeel House.

There was no-one to ask when he wanted to go places. That’s very frustrating for a child. [F-4]

This relative held the view that the lack of a social worker to make decisions as to whether the child could go to teen discos or stay out late with cousins, for example, was impacting very
negatively on the child’s need for independence, and on their wishes to do things that other children his age do: ‘he needs to have a life’. By way of response, this particular relative decided to make these decisions herself and stated that the child is much happier and calmer as a result of not being confined to the road and house when on access visits.

*I'm not waiting weeks for someone to get back in touch with me and say no.* [F-4]

The way in which referrals for children are made to child guidance clinics, etc., has also been influenced by the lack of allocated social workers. It used to be the case that services would only receive referrals from a social worker or team leader, but they will now accept referrals from the manager of Lisdeel House if the social work team leader is in agreement. One impact of this change is the increased workload for Lisdeel House. The lack of a social worker also impacts on referrals in other ways. For example, one child has had two appointments with a sexual abuse assessment and validation unit cancelled because there was no social worker available to find, and obtain medical consent from the child’s parents.

Nor have social workers been involved in reviews of all the children’s care. This means that the social worker has no input into planning for the child and, for Lisdeel, there is no sense of the health board’s perspective. Once a social worker leaves, there are no statutory reviews and, to date, there has been no statutory review for the first two children placed in November 2000. None of the children in Lisdeel House, or placed with families, have statutory care plans.

Lisdeel staff gave recognition to the crisis conditions in which the health board social workers operate and stated that children in Lisdeel would be fairly low in the priority list for allocation of a social worker in that context. The following quotes, however, illustrate the belief in the need for continuous social work involvement.

*We would see the social worker as very, very necessary to any of the cases.* [LH-6]

*There is a need for continuous social work involvement.* [SM-3]

*I don’t know how that [lack of social workers] gets moved and I don’t think it’s good that a service is operating in isolation really.* [LF-2]

It is important to bear in mind, however, that it is the health board who have statutory responsibility for ensuring that the children are in a safe and caring environment.

**Summary**

The supports provided by Lisdeel House and the LFPI in the preparation of children and families for placement are working very well. The value of the preparatory placement in facilitating a smooth transition for the children, by supporting carers, was highlighted by the carers themselves. The value of the training and assessment process also became more apparent to carers, at this time. The child’s transition to a family placement is the point where the two strands of the service meet. The fact the the five children placed have made smooth transitions to placements that have not yet needed crisis or emergency intervention, indicates that the two preparatory processes are working very well. Time, thoroughness, and attention to detail are characteristics of the way both the LFPI and Lisdeel House work. The role of post-placement support from Lisdeel House has worked very well, according to two of the three foster families interviewed. The third placement was with relatives, and the support needs of this type of placement are of a different nature. However, there is a need to address, with foster carers, what information they are given (or not given) about the child, and why. The question of who offers the main support for a child needs to be clarified, as does the role of the resource worker. This lack of clarity would seem to be directly linked to the lack of health board social workers allocated to children placed by the Initiative. It is
interesting to note that foster carers identified supports in their own social networks as their first support. Foster carers also asked for more information on safe care, and there is a need to further explore the contradictions in the concept of fostering experienced by carers.

The major challenge for both aspects of the service is how to manage the lack of allocated health board social workers to work with children and their families. At present, a very significant amount of energy and time is consumed with finding ways to deal with this issue, and in actually carrying out the statutory duties of the health board regarding children in care, such as arranging access and reviews. This issue is one of two major external difficulties impacting on the resources and progress of the initiative.

**Considerations**

One of the major challenges arising for both Lisdeel House and the LFPI is how to manage the lack of health board social workers allocated to work with children and their families. One of the ideas forwarded by members of the LFPI steering committee interviewed is that the health board second a social worker to the LFPI until the numbers of social workers in community care rise again. This solution, if agreed upon by the health board, would certainly address the problems associated with children not having a social worker, and would greatly ease communication and collaboration difficulties between the health board and Lisdeel. An important issue for consideration is whether a seconded worker would be based in the social work department or with the Daughters of Charity in Lisdeel House or their offices. One concern would be that basing the worker with the Daughters of Charity would, in effect, mean that the worker is part of the Daughters of Charity service, which would defeat the point made by some Lisdeel staff, i.e. that children need an advocate outside of Lisdeel, and the need for the service not to work in isolation.

Some members of the Lisdeel staff interviewed were clear that they didn’t want to take on the statutory functions of the health board with regard to children in the care of the health board. However, it is clear that they are currently carrying out some of these functions anyway. Considering the impact of the lack of a social worker on the child, their family, and the service, particularly in relation to decision-making, it would appear that children in care are children who have been fragmented. In this sense, responsibility for different parts of the child’s living is divided up among adults whose job it is to work with their allocated part of the child. As we have seen in this section, if one adult is not available to fulfill their responsibilities to the child, the whole child can, and does, suffer. The allocation or secondment of a social worker from community care to work with children and their families is one way of filling the gap in providing services to the whole child.

A second way of addressing this gap would be for Lisdeel to take on the statutory responsibilities of the health board with regard to children in its care. The benefits of this way of working for the child would be less turnover of adults who make decisions about their lives, and increased consistency in their care. It is important that policy-makers and service providers stay child-centred, and are mindful to build and maintain structures that support the best interests of children, and to respond creatively to repair or reconstruct those current structures that no longer work in the best interests of children and their families.

The reality, at the present time, in community care, is that the health board is not able to meet its statutory responsibilities to children and their families, and will not be in a position to do so in the
foreseeable future. Increasing turnover in health board social workers means that they are no longer a constant in the lives of children and their families.

The SC has a unique role and capacity to address issues such as this. It is important that the issue of how the health board can fulfil its statutory duties to children in its care is addressed urgently.
Chapter 5
CREATING & SUSTAINING
PARTNERSHIPS
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Introduction

The Lisdeel Family Placement Initiative is a joint venture of the Daughters of Charity Child and Family Services and the Northern Area Health Board, with the Daughters of Charity described as taking the lead role in the partnership. This section outlines how interviewees see partnership operating at different levels of the service, and how they see the Daughters of Charity taking the lead role in this partnership. The nature of the partnership is explored.

Partnership relations between the Daughters of Charity and the Northern Area Health Board

Steering committee level

The role of the steering committee was described as steering rather than managing the project. There are nine members on that committee, two of whom are health board representatives, two senior managers from the Daughters of Charity, the managers of Lisdeel House and the LFPI, a foster carer, a person who has been in care, and the chair. One perspective missing from the committee is that of a parent whose child has been in care and a couple of members of the committee said that this was a difficulty. The main focus of the work of the committee is the development of policies and procedures. As most of these are now in place, and the committee has achieved a lot of what it set out to do, it is now in the process of reviewing its role. One member stated

we have created the partnership we set out to create. [SM-3]

They saw the partnership as creating new ways of doing things out of the two different perspectives and ways of working that the Daughters of Charity and the NAHB brought to the partnership. The committee was seen as a place to get other perspectives and to allow differences to be worked through in the development of policies. The partnership relationship between the Daughters of Charity and the NAHB was described very positively by those involved at this level.

The contribution of the health board was described in many ways. Firstly, the health board representatives were seen as providing information as to how health board policies and procedures worked, before adapting them to the LFPI. Their function was also described as advising the LFPI on how to be strategic, and on how to carry the interests of Lisdeel into the health board. Health board personnel talked about their representatives bringing the knowledge base of the board to the partnership. They were also described as being on the committee to ensure standards and to jointly maintain those standards, partly due to the fact that the health board is funding the service. One member of the committee stated that the LFPI had learned a lot from the way the health board had worked in the past and commented on how the partnership demonstrates that there are other ways of working which has had spin-offs for both policy and practice. The relationship with the board was described as ‘quite healthy’, with there being an openness to express differences of opinion and a readiness to work with unresolved issues.
To date, the partners have been seen as being actively engaged in meeting their commitments, although both partners stated that it was becoming more difficult for the health board to maintain their commitment at this level, mainly due to the pressure of other duties and responsibilities. Recently, as a response to this difficulty, the senior health board representative has, as his replacement, appointed a social worker who has a lot of experience of fostering.

The focus of the committee now is to review its role, to address what would be the question of the purpose of its continuance and how to maintain what has already been achieved. One senior manager pointed out the role of the SC in addressing ‘the wider questions in this setting’ and it would be useful to consider how the SC could develop its focus in considering questions such as what happens to children who are admitted and for whom Lisceel isn’t suited?

In some ways, the partnerships in the steering committee of the LFPI have worked together as a think-tank by:

- reviewing and considering health board policies that are already in place,
- using the ideas and differing views of the group to develop policies and procedures to facilitate the LFPI to work well,
- taking time to be thorough about their work and paying/attention to detail,
- addressing complex issues that have arisen in the course of the work of the SC.

Placement committee level

The placement committee is a sub-committee of the SC and meets when needed to consider children’s needs and readiness for placement, to approve families to foster, and to match families to children. The Daughters of Charity senior manager has become a member of the placement committee. The senior health board manager from the SC also sits on this committee now. Contracts with foster carers continue to be signed by the director of the Daughters of Charity Child and Family Services, who also has the role of dealing with any grievances about this process. When the Daughters of Charity senior manager is unable to attend placement committee meetings, the director attends in her place.

There are four health board personnel involved with the placement committee, two of whom are not members of the SC but were considered valuable to the PC due to their wealth of experience of fostering. One of these health board personnel works with the PC in an administrative capacity. Currently, the chair of the SC acts as chair to the PC, but there is some concern that there is a need for the chair to have knowledge of the finer details of placement, which the current chair does not have.

A key issue that has arisen at this level, and is also being dealt with at SC, Doc Board of Management and senior manager levels, is the issue of obtaining medical approval for applicants to foster. Families are recruited from three Community Care Areas and each Area currently has a different response to signing medical forms for families applying to foster through the LFPI. Towards the end of the assessment process applicants have a medical form, regarding their medical status, completed and signed by their GP. This form is then countersigned by the Area Medical Officer (AMO). Currently, the AMOs in CCA7 are refusing to sign the form, although their counterparts in Area 6 will sign. The last family to be approved by the placement committee have been approved pending this medical clearance. As opposed to signing and dating the applicants’ medical form, the AMO (area medical officer) for Community Care Area 8, the Area from which
the family comes, attached a letter to the form. There was also a second family to be considered at that committee meeting but they could not be considered as the AMO from the Community Care Area they come from refused to sign the medical forms for the LFPI. The family therefore could not be considered for approval until the issue is resolved. The issue, therefore, is impacting directly on the supply of foster carers to children in Lisdeel House.

Following approval from the General Manager of the health board, the Daughters of Charity senior manager consulted with an independent medical advisor. That advisor pointed out that the form used by the health boards and the LFPI is based on a design by the British Association for Adoption and Fostering (BAAF) which presupposes the ability of the signatory to track the applicant’s full medical history, a facility available in the UK, but not in Ireland. As such, medical forms can be signed by GPs who may not know the applicant’s medical history. Indeed, one applicant to the LFPI had been known by their GP for only six months. The medical advisor refused to sign their medical form.

A second issue is the high fee requested by the proposed medical advisor.

Managers in the Daughters of Charity stated that the health board is aware of the above information, at a number of levels, in the Areas affected. Exploration and pursuit of this issue has also raised concerns for health board representatives about the way that applicants to foster are approved by the health board, and a NAHB representative stated that the board now need to revise their medical approval of applicants to foster. This issue has been identified by senior managers and the LFPI staff as one of the major issues impacting on the project at the moment. The LFPI is not happy to place children with families who do not have medical approval.

A small number of interviewees mentioned the intention of the NAHB to establish its own placement committee as part of the restructuring of the board. Interviewees wondered whether the NAHB PC should act as the PC for Lisdeel in an effort to avoid duplication.

**Service delivery level**

There is a lot of co-working at the level of service delivery with the health board social workers retaining responsibility for the children placed in Lisdeel House. (Social workers have not been allocated to children placed with the LFPI foster families.) Both Lisdeel House staff and the LFPI staff liaise with the health board at this level, on an ongoing basis. The operation of partnership at this level has already been detailed and discussed in the previous section, so little detail will be entered into here.

Residential staff talked about both ‘a very good rapport with social workers’ and great communication. Both health board and residential staff spoke of how decisions concerning the child are made in consultation with each other.

> We’d be inviting her [social worker] into it, and saying well what is it, from their perspective, representing the health board, what would she like, and we would take on what she thinks. [LF-3]

Social work staff interviewed described the working relationship with Lisdeel House as ‘excellent’, and they spoke about how their opinions were taken on board before joint decisions were made. It was also important, in the view of one social worker, that staff ‘don’t just ring when things are difficult’ [SW-2].
I also feel that it's very obvious we are working in partnership. There's no gripes or power struggles or anything like that and you do get that sometimes. If they make a recommendation we'll work together on it or if I make a recommendation. It's just a cohesive environment, I suppose. [SW-3]

The 'very positive' working relationship with the manager of Lisdeel House was particularly valued by two of the social work staff interviewed.

The partnership with the health board was also seen as working in other ways. For example, the LFPI staff invited health board fostering social workers for coffee one morning, with the idea of making links around practice, and to reduce isolation between the groups of fostering workers.

In summary then, partnership at the level of service delivery would seem to be valued, and seen to be working well from the point of view of the Initiative. The health board has a very particular role to play at this level of partnership, with clear statutory functions. However, a major problem identified by Lisdeel staff and management is the fact that many of the children in Lisdeel House, and currently all five children placed by the LFPI do not have a health board social worker.

Always a lot of support from them when they could give it, but there are times when children here haven't had social workers ... due to a lack of resources. [LF-2]

Nature of the partnership

The health board and the Daughters of Charity have been actively involved in a partnership regarding the LFPI, the partnership itself being responsible for deciding to progress with the concept of LFPI in the first place. Overall, the partnership between the health board and the Daughters of Charity was viewed as very important to the operation and progress of the Initiative, and this view was held strongly by those working in Lisdeel House and the LFPI. Descriptions of the partnership were characterised as listening to each other's views.

It's a very respectful relationship between the social workers and child care workers ... delighted as it worked well ... we have always been listened to and had our opinion respected. [LH-6]

It is very, very important to have partnership. To move forward together and understand each other's perspectives strengthens it. [LF-3]

Partnership was considered as important, from the child's point of view, by both health board and Lisdeel staff.

We think it's vital that our children have this. [LF-3]

The children's needs are the priority of the partnership. [SW-2]

It would be detrimental to the children if it wasn't a partnership. [SW-2]

One health board employee pointed out that residential staff have a closer relationship with the children and can communicate to the social worker how the child is and what they are saying about their circumstances. Without this, it was thought that the child would lose out. Another interviewee described one of the benefits of partnership as being able to offer an increased range of services to children through linking the two services together [LF-4].

The health board was described by residential staff as having both a knowledge of what the Initiative is about and a willingness to help. The example was given of when Lisdeel House needed extra staff cover for a period. Following a meeting with the health board, where staff concerns and
needs were outlined, and then put in writing, Lisdeel House received a quick response to their request and triple cover was granted. Residential staff stated that they thought the Initiative had a good relationship with the decision-makers in the health board. This was also reflected by the LFPI staff who were supported by the health board to employ additional fostering social workers when the Initiative identified a need for same. Staff stated that their needs and requests were heard by the health board.

The partnership was seen by Lisdeel staff as something the Initiative could not work without. Staff described health board involvement as 'crucial', as something 'we'd be very, very reluctant not to have.' Good support and communication, and inclusiveness, were other elements of the partnership that staff spoke about. Partnership was also seen as an important way of making it easier to deal with issues that might arise:

...it's just automatically the way you are, and it's there, so if you let it lapse or let it go, there are going to be problems that really are a lot more difficult to resolve.

[LF-3]

One of the health board senior managers described the nature of the partnership as both flexible and open to new ideas and perspectives. He stated that neither group could be described as territorial, and that conflicts and issues that arose were resolved. He stated that there had been benefits from the partnership for the health board, in terms of taking learning back into the board. The two examples given were the need to review the way the health board medically approves its foster carers, and the development of a focused team approach in the area fostering team that has led to the recruitment of a number of foster families. A social worker described the working relationship with Lisdeel as 'a learning experience for me' in relation to what he had learned from staff about the needs of the children in Lisdeel House [SW-2].

Lead role

The Daughters of Charity, in partnership with the health board and a number of other constituencies, through their management, lead the development and operation of the LFPI. The working relationship was described in interviews as highly valued by those working at all levels of the partnership, and there are clear spin-offs for both partners in terms of learning and their own policy development.

The level of input and involvement from the health board representatives has been high, and on a number of levels.

Senior managers in the Daughters of Charity described their taking of the lead role as limited to 'the things we have the authority to do'. [SM-1] For example, health board permission was required to use a medical advisor to sign fostering applicants' medical forms, and to return a child home from Lisdeel House. Where the lead role is most apparent, however, is in the development of policies and procedures with regard to many areas, such as recruitment and training. Again, the health board has had a high level of involvement here and representatives have been very involved in sub-committee work, especially at SC level.

The ability to take the lead role has been facilitated in a number of ways. The Daughters of Charity are able to provide, and look for, adequate resources to support their work. Both staff and management are supported to be creative, and professional development is valued in the
organisation. As such, staff are supported to develop ideas and to try them out, and they are given the time to do so.

Summary

The partnership between the health board and the Daughters of Charity is working very well at the levels of the PC and the SC, and it is vital that all partners continue to remain engaged, so that the service users can continue to reap the benefits of this working relationship. The unique position of the SC, and the way in which it represents the broad and differing interests of the fostering arrangement, has been usefully applied to addressing the issues arising that continue to challenge, and often slow down, the delivery of the service. The learning gained from the work of the SC has been taken on board by the LFPI, and also taken back into the health board. One SC member stated that the committee can address the wider questions in this setting, and that it may be useful for the committee to consider itself as a resource in addressing questions arising now, and in the future.

At the level of service delivery, the partnership also works well, and very positive working relationships were described by those involved when social workers were allocated to the children in Lisdeel, and to those placed with families.

The Daughters of Charity take the lead role in implementing decisions made through the partnership, and in their capacity to resource the service. However, the Daughters of Charity can only take the lead role with regard to issues they have the authority to address. Many issues are the statutory responsibility of the health board.

Some of those interviewed about partnership mentioned that there were other partnerships at work in the Initiative, such as those between residential staff and birth families. On the steering committee, the perspectives from the foster carer and the person who has spent time in care are valued in that partnership. The inclusion of other partnerships allows questions to be asked from those perspectives, eliciting useful and important information.

Although a lot has been learnt through the partnership relations with the health board, partnership relations have also benefited the health board by learning and insights that health board workers have brought back into their own organisations.

In summary, the partnership has had many benefits for all partners and, most importantly, for service-users.

Considerations

The key issues that need to be addressed at partnership level are those concerning the medical approval of applicants to foster and the allocation of health board social workers to children in Lisdeel House and those placed by the LFPI. These two issues are the main hindrances to the project placing children with foster families.

Interviewees also outlined further issues for consideration:
The issue of finding a chair at placement committee level with knowledge of the finer details of placing children in foster care is one issue that needs to be addressed.

A small number of interviewees mentioned the intention of the NAHB to establish its own placement committee as part of the restructuring of the board. Interviewees wondered whether the NAHB PC should act as the PC for Lisdeel in an effort to avoid duplication.

Issues regarding the medical form raised by the medical advisory also highlighted the need for health boards to revise their own medical approval of applicants to foster.
SUMMARY AND CONSIDERATIONS

Summary

The LFPI was set up in response to gaps and shortcomings identified in the organisation of foster care. The LFPI has responded by examining different models of practice for recruitment, preparation, and support of foster carers, and it has adapted and built on practices, procedures and policies already in existence. The LFPI differs from mainstream fostering in a number of ways.

- The Fostering Initiative is located in a residential unit where children are prepared for living with a foster family. This co-location is now considered an essential component of the services. It has benefits for the children and their families, and it facilitates staff in both Lisdeel House and the LFPI to be consistent and clear in their work with children and their families.

- Recruitment is localised and makes use of an information pack. Resources are made available to support recruitment.

- Preparation of carers has an explicit focus on their strengths and motivation to foster. The training programme has been adapted, based on feedback from participants and self-evaluation. Applicants are taken through the preparation process as a group, emerging from those who responded to the recruitment campaign. This approach reduces the likelihood of their having to wait on a training course.

- Preparation of children for placement with a family is an explicit process, with a clear focus on involving the child’s birth and extended family. Working with children on managing their challenging behaviours is also a focus of the work.

- The steering committee develops policies and procedures for the Initiative as well as addressing issues arising for the service. The SC is constituted on the different perspectives that makeup the fostering arrangement, and some members have described its make-up as its strength.

- The Initiative has a clear commitment to seeing foster carers as part of the team.

- Models for preparation of applicants to foster, and of preparing children in Lisdeel House, are continuously refined as new learning is taken on board.

- Lisdeel House provides intensive early support in the first six weeks of placement, and also provide 24-hour phone support to families.

- The LFPI also provides early intensive and individualised supports to carers, through home visits and phone contact by the LFPI’s social worker. The half-time post of resource worker and respite are also elements of the support provided.

- The LFPI provides the creative resource of friendship families to children in Lisdeel House, where the need for such intervention has been identified.

Our ultimate aim is placing children. [SM-3]

Since its inception three years ago, the LFPI has placed five children with three foster families. Two families are approved as friendship/respite carers. There are four children in the preparatory placement in Lisdeel House, with another two children in a nearby Daughters of Charity residential home who have been accepted for placement through the LFPI. At a glance, the progress of the Initiative, with regard to the supply of approved foster carers, is slow.
Let us now consider progress in terms of the processes the Initiative has gone through over the same period of time. When the Initiative was set up, it consisted of a fostering social worker, with a resource worker employed soon afterwards. The recruitment process began, and time was also spent setting up a steering committee to guide and support the work of the Initiative. A lot of time and energy was consumed in the search for people who could bring their own unique perspectives and experiences of fostering to the committee, people who would also be able to work in the context of such a committee. As has already been detailed, the steering committee has, using health board policies and procedures as their starting point, refined and developed those policies and procedures necessary to support the work of the LFPI, with a lot of the work done through sub-committees. Examples of the policies developed include payments to carers, grievance procedures, and procedures where allegations are made against carers. While this was being undertaken, both the LFPI's social worker and resource worker were starting training courses, and the social worker was also engaged in the assessment of the first applicants.

All five children placed to date, have experienced successful transitions from Lisdeel House to their foster family. All of the moves have gone smoothly and the children have settled quickly. There has been stability in all of the placements made so far with no need to use emergency respite. It seems likely that the preparation work with both children and carers has paid off, although the value of the preparatory work, and of the intensive support and early interventions offered by the Initiative, and to a more limited degree, Lisdeel House, will only become clear as more placements are made and over a period of time.

One of the Daughters of Charity senior managers raised the point that part of their progress relates to the things they do to get to the point of placing children. Examples included employing staff who are trained and qualified for the job, as well as updating training, and providing support and supervision. Additionally, all the services provided by Lisdeel House and the LFPI must comply with regulations regarding residential and foster care, respectively.

The work of the LFPI has been slow in terms of output of foster families, but the attention to detail and thoroughness should not be undervalued and is clearly evident in their work. The attention to detail and the thoroughness of the work of the Initiative is striking, and the Initiative also makes use of feedback from applicants to self-evaluate and to refine the ways in which the LFPI works. It needs also to be borne in mind that, for the first two years, the LFPI consisted of one social worker and one half-time resource worker. Necessarily, a lot of the initial work consisted of planning, the setting up of new processes and recording systems, as well as making contact with other fostering projects. The social worker also undertook a lot of sub-committee work, often with the health board representative. The addition of two part-time social workers, to take on the assessments of applicants, could speed up the number of assessments completed and, hopefully, the number of families approved to care for the children in the preparatory placement in Lisdeel House. And this is the first challenge for the Initiative: to have foster carers available to meet the needs of the children in Lisdeel House, as this was the reason it was set up.

Regarding the supply of foster carers, the LFPI does not currently have a supply of foster families available. The evaluators are quite concerned about this position, particularly as the Daughters of Charity are in the process of expanding the pool of children to be placed by the Initiative by including a second residential unit under the remit of the LFPI. This brings to six the number of children currently in a preparatory placement, yet there is only one available family approved (pending medical approval) and awaiting a foster child/ren. Recruitment of fostering applicants is,
however, limited by staffing. If there were more social work posts to take on the assessment and preparation of fostering applicants, the Initiative could run more recruitment campaigns. However, this option cannot be considered at present due to the level of staffing. Indeed, the manager of the LFPI will not be transferring her caseload of three to the other social workers employed by the Initiative in order to allow them to focus on getting assessments completed, which is a current priority for the Initiative.

Currently, there is one family approved to foster long-term that has not had any child(ren) placed with them, as the issue of medical approval has not yet been resolved. This issue has already been detailed and is clearly a major obstacle to the supply of foster carers to the Initiative. The issue is receiving urgent attention from the LFPI, the steering committee, and from senior management in the Daughters of Charity. The concerns and learning arising from the use of the current form whereby applicants seek medical approval have also been brought back into the health board by their representative on the SC. This issue is relevant to the medical approval of all foster carers in this country. Representations have also been made by the Daughters of Charity to different levels in the health board who have been provided with the relevant information. It may be that some interim arrangement, can be devised until the issue regarding the use of the whole form can be resolved. However, there is still a second issue regarding the refusal of Area Medical Officers (AMOs) in the health board to endorse and sign the form, and a third issue regarding the fee requested by the independent medical advisor. It may be useful for the health board and the Daughters of Charity to consider both issues at Area level, or the level of the NAHB.

The second key issue impacting on the service is the lack of social workers allocated to work with children in Lisdeel House and those placed by the LFPI. Both strands of the service have taken on some of the statutory functions of the health board with regard to children in the care of the board, such as arranging access and reviews. The lack of social workers to carry out essential duties with regard to children in the care of the board needs urgent attention, and input from the NAHB as to how the Initiative can proceed. A huge amount of time and effort on the part of the Initiative has been consumed in trying to address the impacts arising from this issue, which has greatly hindered the progress of the project.

What follows is a summary of the main points for consideration as outlined in each section.

The role and value of the preparatory placement in the project

Lisdeel House staff have developed, and continuously refine, their model of preparing children for fostering. Although aware that there is a working document guiding this work, the evaluators wondered to what extent the model under development in Lisdeel House is fully documented and detailed. For example, is the extent of the work and involvement of families acknowledged and detailed? There are two reasons for making the model clear and explicit. First, there is a danger that valuable ways of working will be lost if a lot of the staff or the manager leaves. Secondly, being clear and able to name what the indicators of readiness are, for example, will be useful for Lisdeel staff in being explicit about what they do, and to others interested in this kind of work. Staff were praised by many interviewees for their commitment to the children in their care, their skills, and their practice of seeking out new ideas and ways of working that might benefit the children. Two interviewees asked if Lisdeel House could use the option of restraint with the children and questioned if the model could deal with more challenging behaviours without this option.
The LFPI staff play a unique and significant role in the preparation of children for fostering. The LFPI staff are directly accessible to children, at work at the child’s own pace, and are available to address worries, questions, and concerns about fostering. This role is facilitated by the co-location of Lisdeel House and the LFPI, which also facilitates consistency in approach and information given to the children by all staff.

In recognition of the vital part that children’s own birth and extended families have in their lives, a lot of the preparation process is focused on involving families, and this was valued by the families interviewed.

Lisdeel House staff have found that it is impossible to assess how much time a child will need to prepare for the move to a foster family until the child has spent some time living in Lisdeel House. The older children’s needs were seen to change as they spent more time in their preparatory placement, and were thought to need more time than the younger age range. The older children were also seen as having more complex needs and histories. A key factor in the amount of time needed would seem to be the children’s need to get permission from their parent(s) to move in with another family. The older children’s behaviours were also seen by staff as making it more difficult to place them with newly approved and inexperienced foster families, and professional fostering is being considered as an option.

Lisdeel House staff also talked about the idea of having potential foster families already available when children are accepted for placement by the LFPI, rather than accepting children when there are no families available. This would help avoid a situation where children are ready to move and there are no families approved to take them.

*We have learned in that when [child’s name] came there were no families in preparation for him. At the referral stage now, we would be looking at what families are available and there is discussion now about that, that there already was maybe two or three potential foster carers as the child comes in.* [focus group with residential staff]

Lisdeel House staff report that they are now taking another look at referrals and what they can commit to, and this links into what families and children are told about Lisdeel House, and the length and purpose of their stay there. The evaluators considered that families, children, and staff tend to focus on finding a foster family for the child and wondered if this focus detracts attention from the valuable and often difficult processes Lisdeel staff and children (and often their families) are engaged in. It seems to the evaluators that Lisdeel House need to find another way of explaining what it is they do and the impossibility of predicting how long the stay in LH will take, to families and to children. It may be useful to consider whether to give families and children the expectation at the outset that a family placement is the outcome for all children who come to Lisdeel House.

The importance of giving time to children and their families was raised by many of the stakeholders interviewed. Time was considered as especially important in relation to allowing the children to work through their issues at their own pace and initiative, and in allowing birth parents and extended families give children their permission to live and be happy with another family. The evaluators wondered if the referrals of children to Lisdeel were of children with more difficult behaviours and histories, or could it be that the time given to focusing on preparation to live with a foster family was allowing for a greater recognition and appreciation of the issues the child has to grapple with and resolve, before being able to move into a new family placement.
Ongoing learning, and continuous refinement of ways of working, are practices valued and supported by the Daughters of Charity.

The social work and professional support needed in the preparation and support of placements

The support provided by Lisdeel House in the first six weeks of a placement was useful and appreciated by three of the four carers interviewed, as was the information compiled by Lisdeel House staff. Carers did ask for more information and it would be useful for the LFPI to consult further with carers about what kinds of information they think they need.

Access to psychological support was also requested by a carer, as was a place where families could spend time together during access. The two families who had access to respite found it a great support.

Carers also asked for more information on safe caring. Further exploration of the contradictions experienced through the practice of fostering would also be useful. It is important to point out that it is difficult to fully evaluate the support given by the LFPI, and the value of the training and assessment processes, on the basis of three long-term foster placements and two friendship families/respite placements.

The vital role of health board social work support in the preparation and support of placements has been highlighted by the lack of allocated social workers to children in Lisdeel House and in foster families. How to manage this gap is one of the major challenges for the LFPI. The lack of social workers has had a huge impact on the service and its progress, and has taken up a significant amount of the project's time in maintenance of the gaps created. One of the options suggested by interviewees is to ask the health board to second or allocate a social worker to the children in Lisdeel House, and to those placed by the Initiative. Another option may be for Lisdeel House and the LFPI to take on the role and functions of the health board social worker. The evaluators would suggest that the SC is in a unique position to consider this and other options. It is, however, an issue that also needs to be considered at other levels such as the level of the NAHB and the Board of Management of the Daughters of Charity, as the issue is one impacting on all services that work with health board social workers.

The lead role of the voluntary organisation in its partnership with the health board

The partnership between the health board and the Daughters of Charity is working very well at the levels of the PC and the SC and it is vital that all partners continue to remain engaged so that both service and service users can continue to reap the benefits of this working relationship. The unique position of the SC, and the way in which it represents the broad and differing interests of the fostering arrangement, could usefully be applied to addressing the issues arising that continue to challenge, and often slow down, the delivery of the service. At the level of service delivery, the partnership also works well, and very positive working relationships were described by those involved when social workers were allocated to the children in Lisdeel and to those placed with families.
The Daughters of Charity take the lead role in implementing decisions made through the partnership and facilitate this in their capacity to resource the service. However, the Daughters of Charity can only take the lead role with regard to issues they have the authority to address. Many issues are the statutory responsibility of the health board.

The issue of medical approval is a major obstacle to the supply of foster families to the Initiative and is receiving urgent attention at all levels of the Initiative, as well as from the Daughters of Charity. The placement committee cannot approve foster carers without this issue being resolved and the input of the health board is urgently needed with regard to their medical officers endorsing and signing the medical approval of fostering applicants to the Lisdeel Initiative. The independent medical advisor approached by the Initiative has refused to sign the forms for a different reason, the forms being considered as flawed for use in the Irish context. A third issue is the high fee requested by the independent medical advisor to medically approve fostering applicants. It would seem important that these issues are dealt with, at a senior level in the partnership, and it is vital that they are resolved thoroughly and soon.

The learning from the work of the SC has been taken on board by the LFPI, and also taken back into the health board. One member of the committee stated that the committee can address the wider questions in this setting and it may be useful for the committee to consider itself as a resource in addressing questions arising now and in the future. For example, a key question for Lisdeel House at the moment is what they do with children admitted to Lisdeel House but for whom fostering is not an option? In some ways, the steering committee of the LFPI has worked as a think-tank by:

- reviewing and considering health board policies that are already in place,
- using the ideas and differing views of the group to develop policies and procedures to facilitate the LFPI to work well,
- taking time to be thorough about their work and paying attention to detail,
- addressing complex issues that have arisen in the course of the work of the SC.

In summary, the partnership has had many benefits for all partners and, most importantly, for service-users.

Summary

The time and thoroughness put into all aspects of the services provided by Lisdeel House and the LFPI is clearly evident, and many interviewees commented on the amount of planning and thinking at all levels of the service. Time has also highlighted the complexity of the work Lisdeel House and the Initiative are engaged in.

Overall, the experience of the project really highlights the complexity of care, and of fostering, in particular. [SM-3]

At this point in the progress of the Initiative, necessary structures have been put in place and the policies and procedures needed to support the work have almost all been established. A child-centred model for preparing children for fostering has also been put in place by Lisdeel House. A key feature of how LFPI and Lisdeel House work is also their attention to continuous self-evaluation and learning.

The urgent need to address external factors inhibiting the progress of the project has already been documented in this section. The key issue to be addressed within the service itself is the need to
have available a range of foster families who could meet the needs of children in the preparatory placement in Lisdeel House. This is currently a priority for the Initiative. In addition, a second key task is to sustain valuable and effective practices that the Initiative has already set in place. These include the provision of a range of supports to foster placements, early intervention and active involvement of children’s birth and extended families.

The Initiative is successfully meeting its aims, although sustaining these positive, and often creative interventions, will become more of a challenge as the number of children placed by the Initiative increases.
BIBLIOGRAPHY

APPENDICES

The Eastern Regional Health Authority and the Area Health Boards

The Eastern Regional Health Authority is responsible for planning, arranging, overseeing and co-ordinating health and personal social services for the 1.5 million people who live in Dublin, Kildare and Wicklow.

The Authority is not directly involved in the delivery of services. Service delivery is the responsibility of the three Area Health Boards, the Voluntary Hospitals and the Voluntary Intellectual Disability Agency in the region.

The Area Health Boards, the Voluntary Hospitals and a number of Voluntary Agencies receive their funding through the ERHA on foot of agreed provider plans.

The three Area Health Boards - the Northern, East Coast and South Western - have responsibility for delivery of statutory services and also plan and co-ordinate all services within their areas, in co-operation with the local voluntary service providers. The three Area Health Boards are responsible for the provision of services to the 1.5 million people in the regions covered by the ERHA. The Area Health Boards were established in March, 2000 when the Eastern Health Board was dissolved.

(The above is an extract from the website of the ERHA.)
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