THE FOSTER CARE SERVICES
IN THE
SOUTHERN HEALTH BOARD
WEST CORK
COMMUNITY CARE AREA

REPORT OF PILOT INSPECTION

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1. Executive summary

This is a report of one part of the pilot inspection of foster care services carried out by the Social Services Inspectorate (SSI) in late 2003 and early 2004. It refers to that part of the inspection that was conducted in the West Cork Community Care Area of the Southern Health Board (SHB). It is based on general information on the foster care service in the area, provided by the board, and on interviews with social workers and managers focused on the role of the child’s or young person’s social worker in the foster care service, on the assessments carried out on children and young people coming into foster care, and on care planning and review. Thus, the inspection was against Standards 5,6 and 7 of the National Standards for Foster Care. The case files of 14 children and young people were seen and discussed with their social workers. This was a sample, representing roughly 33% of the children and young people in foster care in West Cork.

The SHB had volunteered to be part of the pilot inspection and had nominated West Cork Community Care Area.

Inspectors found examples of good practice in the foster care service in West Cork. A particularly commendable aspect of the work of the social work team was that 13 of the 14 children and young people whose cases were considered during the inspection had been admitted to care on a planned basis. This showed evidence of a pro-active approach to child protection and welfare, rather than where action is precipitated by a crisis. The planned admissions allowed the social workers to prepare the children and young people, and the carers, for placement. Those children and young people with siblings who were also in care were, with one exception, placed with those siblings. The majority of the children were in their first placement so that they had experienced stability and continuity of care.

There was an experienced and stable social work team that allowed for continuity of service. The social workers knew their clients well and had a personal and professional commitment to their welfare and happiness. They had a good understanding of the local community and used this knowledge to good effect. There was evidence of close collaboration with other local professionals, notably general practitioners, public health nurses and An Garda Siochana. While only a minority of the children and young people were placed with relatives, it was apparent that this option had been actively explored for many more. Family members such as grandparents and others were, in a number of cases, involved in the care of the children at other levels also. For example, there was evidence of consultation with them prior to the admission to care of a number of the children and young people.

The social workers assessed the children and young people’s need for care and protection and these assessments were thorough and included wide ranging consultations with other professionals and, in some instances, family members, as stated. Comprehensive assessments, that is, assessments of the emotional, psychological, medical, educational and other needs, had been carried out on some of the children and young people but not on all of them. There were care plans for all of the children and young people whose cases were discussed with inspectors but some were out of date and had little relevance to the lives of the children and young people at the time of inspection. There were regular reviews, referred to as ‘child in care reviews’, but these did not clearly relate to the care planning process and the care plans were not amended after the reviews.

Good practice was evident in relation to the recruitment, training, assessment and support of foster carers, though post approval training was underdeveloped. The fostering resource workers had, in the years leading up to inspection, increased the number of foster carers and
had worked hard to bring about a sense of partnership between the social work department and the foster carers. This partnership was characterised by discussion, information sharing and negotiation between the foster carers and the social workers. West Cork was in the happy position that all of the children and young people in care were placed with foster carers, there was a low level of placement breakdown and no children or young people were placed out of the area, in residential care or in special arrangements. This was understood as a tribute to the generosity and dedication of the foster carers themselves but also as a return on the investment of professional resources in supporting them and promoting their role as partners.

The principle of working in partnership with foster carers had been established within the social work department. As stated, there was evidence of collaborative working with other local professionals and with extended families. However, this was less clearly the case in relation to working with the children and young people and their parents. More needed to be done, for example, by sharing of care plans and the outcomes of reviews and by actively promoting the participation of the children and young people in these processes in order to move from an ethos of providing a service for clients to one of working with children and young people and their parents to secure the best possible outcomes for the children.

Significant delays in accessing some specialist services were reported in relation to some, though not all, of the children who required such services. The social workers visited their clients frequently and explained their safeguarding role to them. However, there was a lack of clarity about the complaints procedure. Some social workers were not aware that there was one and none of them explained it to the young people. However, complaints that had been made were addressed in a thorough and comprehensive manner.

Overall, inspectors found a good foster care service in West Cork. There was a need for greater clarity about the status of the care plan in the care career of the child or young person in foster care. In addition, the approach to the rights of the children and their parents needed fundamental consideration especially in the areas of sharing of information and participation in the various decision making processes.

2. Introduction

This a report of the results of one part of a pilot inspection of foster care services. There were two elements to this inspection. Firstly, all health boards were asked to conduct a self audit of their foster care services and submit the results to the Social Services Inspectorate (SSI) by the end of 2003. Between February and April 2004, inspectors visited three community care areas, in the East Coast Area, the Western and the Southern Health Boards, that had volunteered to participate in the second element of the pilot inspection. This consisted of a more detailed examination of the foster care service under standards 5, 6 and 7 of the National Standards for Foster Care. These standards refer to the role of the social worker, assessments of children and young people in the foster care service and care planning and review. This is a report of the inspection of the foster service in the West Cork Community Care Area (West Cork) of the Southern Health Board (SHB).

The inspection was conducted by Ann Ryan and Andrew Fagan.
2.1 Methodology

The inspection consisted of an examination of the self audit form submitted by the community care area and of their policies and procedures. In addition, inspectors conducted interviews with five social workers for 14 children and young people. This was a sample of over one third of all the children and young people in foster care in West Cork at the time of inspection. Inspectors also interviewed the principal social worker for the area, a member of fostering team and the child care manager for the community care area.

2.2 Acknowledgements

Inspectors wish to acknowledge with gratitude the co-operation of health board managers, staff and social workers in volunteering to participate in the pilot inspection and in facilitating the work of the inspectors.

3. Setting the scene:

3.1 Background

West Cork Community Care Area serves the smallest population of any community care area in the country but within the largest geographic area. The social work service was provided by a team comprising a principal social worker, a team leader, six full time and one half time social workers and a child care worker. In addition, two fostering resource workers from a fostering team in Cork city were based in West Cork and worked in close collaboration with the local social work team. The social work team worked a patch system. Each of four social workers who dealt with long term cases covered a particular geographic location, each based around one of the larger towns in West Cork. Another full time social worker and a social worker who worked half time dealt with cases requiring short term intervention only. One social worker worked exclusively with children and young people in care, though other social workers also carried such cases. The child care worker did direct work with individual children and young people and sometimes with parents and was also involved in facilitating contact between the children and young people and their families. A second child care worker worked with the team on a contract basis and had only a small number of cases.

All of the children and young people in foster care had allocated social workers.

The fostering resource workers recruited, training, assessed and supported 46 foster carers. The first of the two fostering resource workers had taken up a half time post in January 2000 and had been joined by a full time colleague nine months later. The service was later expanded to two full time posts. The fostering resource workers inherited a situation where there was an older group of approved and very experienced foster carers who had received no training and a smaller group of more recently recruited foster carers who had received training. However, there were insufficient foster carers and the contribution of those that were providing foster care was undervalued. There was a lack of information sharing, consultation and of a general sense of the carer as a partner to the social work department. The fostering resource workers set about rectifying the situation by recruiting extra foster carers and by changing the perception of their role within the social work team. A recruitment campaign was held and an extra 15 carers approved over the two years leading up to inspection. Following the campaign there was a steady stream of new recruits as information spread by word of mouth. Meanwhile work was done to develop a more collaborative working relationship between foster carers and social workers. Inspectors were told that by investing time and professional resources in the foster carers, the social work
The foster care process involved responding to a query by sending out a booklet explaining the role of the foster carer. The fostering resource workers then waited for the enquirer to contact them again, after reading the information and deciding to pursue the matter. An initial visit was then made. The purpose of this visit was to give further information and to do an initial screening of enquirers. The person or persons were urged to give the matter careful consideration and to make a formal application, if still interested. The fostering resource workers found that, in their experience, it worked best to train applicants first and then carry out the formal assessment. The training was done in groups led by an experienced foster carer and the fostering resource workers. It took some time to assemble the number of people required for a viable training group. For this reason, and also because of the increased workload of the fostering resource workers due to having a greater number of foster carers to support and an increase in the number of children and young people coming into care, the time from initial enquiry to approval as a foster parent could be as long as one year. There was no post approval training for foster carers at the time of inspection. However, the fostering resource workers had established support groups for foster carers and these met every 8 weeks.

The fostering resource workers divided the foster carers up between them and had at least monthly, and sometimes much more frequent contact, with each. In absolute terms, there was a sufficient number of foster carers. All of those children and young people in alternative care in West Cork were placed with foster carers. There were no children or young people under 18 in residential care, in supported lodgings or in any sort of special arrangement. The fostering resource workers worked hard to achieve suitable matches for the children and young people. West Cork has a significant non-native population, particularly people from the UK and continental Europe. Some foster carers had been recruited from this population and this made it possible, for example, to place an English child with English foster carers. However, there was not a sufficient number of foster carers to ensure a good match for every child and young person. A child or young person could be placed at considerable distance from his or her parents and still be within the West Cork community care area. Inspectors came across a number of situations where distance was a significant factor in relation to contact between children and parents. The fostering resource workers intended to carry out targeted recruitment in order to address identified deficits in the service. For example, they planned to recruit from the area in and around one of the larger towns where there were few foster carers.

There were no children’s residential centres in West Cork. Children in need of placement in residential care had to be placed outside of the community care area. Accessing places in residential centres was described by members of the team as problematic. They referred to long and inflexible referral processes. While the social work department did not wish to place children and young people in long term residential care, it was believed that residential care and foster care ought to be part of one integrated service. Social workers saw a need to have a number of residential places available at short notice for short to medium term admissions that would support foster care placements, by providing respite care. This degree of flexibility and integration of services was not in evidence at the time of inspection.

There were 34 children and young people in foster care in West Cork at the time of inspection. A further eleven young people, over 18, were receiving after care support in either foster care or supported lodgings. These were all young people who were involved in
some sort of education or training. Education and training were loosely defined in order to offer support to as many young people as possible. The board provided social work and financial support to these young people. However, no support was available to care leavers who were not in education or training. The social work department did not believe it had a mandate to provide such support and lacked resources to do so.

The board maintained a register of all the children and young people in foster care in accordance with statutory requirements. There was no independent monitoring of the foster care service.

3.2 Data on young people

These data refer to the children and young people whose cases were discussed with the social workers interviewed by inspectors. There were 14 in all, representing over one third of the in-care population in West Cork.

<table>
<thead>
<tr>
<th>Child or young person</th>
<th>Age</th>
<th>First admission to care</th>
<th>Length of time in current placement</th>
<th>Previous placements</th>
<th>Relative or non-relative carers (current placement)</th>
<th>Placed with siblings</th>
<th>Siblings in other placements</th>
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<td>Non-relative</td>
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<td>November 01</td>
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4. Standards: the findings

4.1 The child and family social worker

In general, the children and young people in West Cork received a good quality social work service. However, the social workers experienced difficulties in relation to accessing some specialist services for some of the children and young people. None of the social workers had explained the complaints procedure to their clients and some social workers were not sure whether or not there was a complaints procedure.

Thirteen of the 14 children and young people were admitted to care on a planned basis. There was only one emergency admission. This is evidence of a pro-active approach to working with the parents of the children and young people. In many instances, the children and young people were admitted with the consent and agreement of their parents. Planned admissions allow for greater matching of children and carers and allow social workers to prepare the children for admission. In all but one instance those children and young people who had siblings in care were placed with those siblings. The one exception concerned a sibling group of four who were originally placed together. One of the children was subsequently moved to another placement as her needs could not be adequately addressed while she remained in the same placement as her siblings. These children had three brief periods of respite care before coming into the full time care of the board. During these periods they stayed with the foster carers that were looking after them at the time of inspection. One child had one fairly short placement before the one he was in at the time of inspection. Another had had three previous placements but had been in the fourth placement five and a half years at the time of inspection. The quality of the social work service in terms of admission to care, placement of siblings together and continuity of care was very good.

The social workers visited their clients with varying degrees of frequency. Typically the intervals between visits varied between two weeks and three months, with most social workers visiting at least monthly. This level of visiting is commendable, given the distances involved. However, one young person had not been visited by her social worker between May and December 2003. This young person was in care over two years and the Child Care Regulations indicate that such children and young people should be visited at least every six months. Inspectors consider six monthly visits minimal. Anything less is clearly unacceptable.

All of the social workers met with the children and young people in private except where this was clearly not appropriate in the case of very young children. They explained their safeguarding role to the children in an age appropriate way. The social workers considered the children and young people to be safe in their placements. They based their judgements mainly on their own observations, on what the children and young people told them, on their communication with the carers and on the observations and judgements of their colleagues, the fostering resource workers. The social workers described their communication with the foster carers as good. The foster carers kept them informed of significant events in the lives of the children and young people and this allowed the social workers to take action, as appropriate, when problems arose either for the carers or the young people. Only one social worker, however, had explained the complaints procedure to the children and young people. There had been complaints despite this. One young person made but then withdrew a complaint before it could be processed. Another complained about the behaviour of another
child in the placement. The matter was addressed by the carer and the fostering resource worker, to the satisfaction of the young person. Another complaint was made by a parent and investigated thoroughly. However, the outcome of the complaint had not been explained to the children concerned nor to the social worker of another young person in the placement and inspectors consider that these things ought to have been done promptly.

Some life story work had been done with the children and young people by the child care worker, social workers and, in one case, by a foster carer. The parents of one young person lived out of the country. Her social worker took her to see her father every year and did a lot of work before the visit to help her prepare to meet him.

Some delays were reported in relation to accessing specialist services. Some of the children and young people had no need for specialist services but a number had been referred to the health board psychology service. One young person was waiting two years for an appointment, while, in another case, there was a response within weeks. There was just one psychologist providing a general service in West Cork and the principal social worker stated that delays did not signify that children in care were not being prioritised but rather the scarcity of resources relative to demand for them. Delays in accessing a child psychiatric service were also reported. The service could only be accessed in Cork city. One young person had been waiting for a service since September 2003. While there were undoubtedly difficulties in relation to the availability of services, inspectors formed the view that the length of time spent waiting for the service sought depended, to some extent in some cases, on the case made by the social work department for early access to the service in question for the child or young person concerned.

**Recommendations**

1. The principal social worker should ensure that all of the children and young people in foster care are visited by their social workers on a regular basis and at least in compliance with statutory requirements.

2. The principal social worker should ensure that all of the children and young people in foster care know how to make a complaint and the procedure for dealing with complaints.

3. The principal social worker should ensure that all of the children and young people in foster care are informed of the outcome of complaints made by, or on their behalf.

4. The principal social worker should ensure that, where a complaint or a child protection concern arises in relation to a child or young person in a foster placement, the social worker of any other child in the same placement is informed of the matter and of its outcome.

**4.2 Assessment of children and young people**

An assessment of the child’s or young person’s needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.

In each of the fourteen cases considered as part of this inspection, the decision to admit the child or young person to the care of the board was based on an assessment concluding that
this was the best way to secure the child’s welfare and/or protection. In carrying out these assessments, the social workers consulted widely, in accordance with good practice. Those most often consulted included general practitioners, public health nurses and family members, including the parents of the children and, in some instances, the children themselves. Where there were mental health issues, the psychiatric services were asked for information and, in other situations, information was sought and exchanged with schools and An Garda Síochána. Indeed, a notable aspect of the work of the social work department was the depth of local knowledge and the use of this and of contacts with local professionals to inform assessment and intervention. However, commendable as this is, it does not meet the requirement under the National Standards for Foster Care to carry out a comprehensive assessment of the child or young person’s emotional, psychological, medical, educational and other needs. The full implementation of this standard will require the co-operation of a number of different professional groups within the health board.

Some of the children were so young at the time of reception into care that it was not realistic to carry out the sort of assessment described. However, this was not the case with all of the children and young people. Comprehensive assessments were carried on some of the young people but these tended to be done in the preparation for a court report in support of an application for a care order. In some cases specialised assessments were carried out, such as educational assessments. The care plans for the young people all considered some of their needs but, in some plans, the range of needs considered was very limited. Where social workers carried out the assessment, they consulted widely as they did in relation to the decision to admit to care. Those who prepared court reports shared the contents with the parents and, in age appropriate manner, with the children and young people.

Despite the good practice in relation to the decision to admit to care, and the wide ranging consultations and sharing with parents and young people the outcomes of some assessments, the standard on assessment was not met in relation to most of the children and young people. Assessment is closely linked to other processes such as admission to care and care planning. It is, however, a discrete activity and needs to be understood as such.

Recommendations

5. The principal social worker should ensure that a comprehensive assessment of the needs of each child and young person who comes into care is carried out before, or as soon as possible after, admission

4.3 Care planning and review

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

All of the children and young people had care plans. What were referred to as ‘child in care reviews’ were carried out on each of them at regular intervals. Sometimes these focused on placement issues but sometimes decisions were made at these meetings that had a bearing on the care plan. However, the care plans were not amended after the reviews. As a result, the written care plans, as seen by inspectors, gave little indication of what was happening in the lives of the children and young people. Some plans were, by the time of inspection, out of date and irrelevant. Inspectors found that there was a fundamental failure to link the two processes of care planning and review.
Eleven of the 14 care plans had been prepared in the 12 months prior to inspection and could be considered to have a direct bearing on the lives of the young people concerned. However, three of the young people had care plans that were between three and four years old and their social worker stated that they were no longer relevant. As with the assessments, there was evidence of very wide ranging consultations with the children and young people, their parents and families in formulating the care plans. For the most part the consultation was done through discussion between the social worker and the individual concerned, rather than through attendance at meetings. All of the care plans considered the needs of the children and young people concerned. The range of needs considered varied. Some of the care plans were detailed in this respect but others considered only a narrow range of needs.

Some of the care plans had a clearly articulated goal such as providing the young person with stability, security and continuity of care. Some outlined the aims and objectives to be achieved in the placement to support the overall goal of the plan. Others stated the goal in terms of meeting the needs identified in the assessment part of the plan and did not describe separate aims and objectives. Indeed, some social workers were confused about the difference between the goal of the care plan and the aims and objectives of the placement. The fostering resource worker interviewed referred to the need for placement planning. This had not commenced in West Cork at the time of inspection. When it does, it may help to clarify the links between aims and objectives and the goal of the care plan as placement planning will require clarity about how the things that happen for a child or young person in his or her foster home relate to the achievement of the goal of the care plan. The care plans outlined tasks to be completed by various parties, most often the social worker and fostering resource worker. They outlined the supports to be offered to the child or young person, the parents and the carers. These supports also consisted most often of social work support. Access arrangements were included in the care plans. These had an element of flexibility in some cases, often to reflect the wishes of the young person.

Most, though not all of the care plans, named a date for their review. The written document containing the care plan was signed by the social worker and sometimes the team leader as well, and it was kept on the social work file. No copies were given to children or young people, their parents or foster carers. The failure to have all parties to the care plan sign it and to give them each a copy of it seemed to inspectors to undermine the purpose of care planning. This is to have a shared understanding of, and commitment to work towards, an agreed future for the child or young person concerned.

‘Child in care’ reviews were held on each child and young person at regular intervals that were, in the main, in accordance with the timescales indicated by the Child Care Regulations, 1995. They were attended by the social worker and social work team leader and the fostering resource worker working with the carer/s. Parents were invited and, in most cases, offered assistance to attend. Many did so but others chose not to. Some submitted forms, on which they stated their views, to the review, some of which were completed with the assistance of the social workers. The social workers also helped the children and young people to prepare for the reviews and they too often submitted completed forms. The fostering resource workers worked with the carers in the preparation for reviews. The carers were invited to the reviews and attended them. Sometimes members of the children’s extended family attended and sometimes other professionals did too. The children and young people, with few exceptions, were not invited to attend their reviews. The policy in West Cork was not to involve younger children. Inspectors came across a number of instances where young people in their adolescence were invited and declined to attend but also instances of them not being invited to attend. In a general way, and more specifically in relation to particular young people, inspectors were told that it was not in the interests of the young people to attend their
reviews. ‘Child in care’ reviews were described as a ‘management function’ and not part of the direct work done with children and young people by the social work department in West Cork. Inspectors consider this unsatisfactory. There is a need, described above, to clarify the purpose of reviews. They ought to be reviews of the care plan. They have a decision making function. The right of children and young people to involvement in the making of decisions concerning their care and welfare is enshrined in international legal instruments and domestic legislation.

The reviews considered, in a general way, changes in the circumstances of the parents of the children and young people and the option of them resuming care of their children was being actively pursued in some cases. Similarly, changes within the foster home were discussed and their implications for the children and young people assessed. The possibility of adoption had been considered for three of the children whose cases were discussed with inspectors. In one instance, a mother asked for her child to be adopted but the carers did not think they could take this on. Subsequently, the mother withdrew her consent and the idea was not pursued. Another young person had lived all but a very small part of his life with his foster carers. He wished to be adopted by them and they wished for this also. A third, younger, child had also been with her foster carers almost since birth and it was clear that she would not return to parental care. Her foster carers were pursuing the option of adopting her. While acknowledging the complexities and legal impediments to adoption in situations where parental consent is not forthcoming, inspectors were concerned that the social work department did not pursue adoption for those children for whom it would have appeared to be the best option. In the first example, adoption was part of the child’s care plan. While the foster carers did not wish to pursue it, there was no evidence to suggest that the possibility of placing the child with alternative carers had been explored. By the time of inspection, the child had been so long with the foster carers that a move to another placement offering the possibility of adoption was unlikely to have been in the child’s long term interest. The option of adoption seemed to have been allowed to slip off the agenda. In the second case an assessment was to be carried with a view to an application to adopt, but two years after it had first been discussed, it was not clear who was going to conduct the assessment. In the last case, the child’s mother did not wish to discuss adoption but, as described to inspectors, the foster carers could proceed and seek to have her consent overridden. In none of these instances did it appear that the social work department was driving the situation. Rather it appeared to be reacting to events.

The minutes of reviews were not distributed to the participants but held only on the social work file. This, taken together with the failure to distribute copies of the care plan and the lack of attendance of the young people at their reviews, indicated that the principle of working in partnership with children and young people and their parents was not sufficiently realised in social work practice in West Cork.

Despite some good practice in relation to consultation, and the involvement of parents and carers in the ‘child in care’ reviews, inspectors found that the overall standard of care planning and review was poor. The written care plans were not a reliable guide to the work of the social work department in particular cases, there was insufficient sharing of information with, and participation in the process, by the children and young people and their parents. The Southern Health Board was conducting a review of care planning at the time of inspection. Inspectors welcome this. There needs to be much greater clarity in relation to both the purpose and the process of care planning and review in West Cork
Recommendations

6. The principal social worker should ensure that there is an up to date care plan for each child and young person in foster care in West Cork. The plan should be developed in consultation with the child or young person and his or her parents. They should sign and be given copies of the written document.

7. The principal social worker should ensure that care plans are reviewed in accordance with statutory requirements and that the written document is amended accordingly.

8. The social work department should consider how best to promote age and developmentally appropriate participation of children and young people in the care planning process. This should preferably be done in consultation with children and young people in foster care in West Cork.

9. The principal social worker should ensure that the option of adoption is actively pursued by the social work department for those children and young people in long term foster care for whom, following an assessment, this is deemed to be in their best interests.
5. Summary of recommendations

1. The principal social worker should ensure that all of the children and young people in foster care are visited by their social workers on a regular basis and at least in compliance with statutory requirements.

2. The principal social worker should ensure that all of the children and young people in foster care know how to make a complaint and the procedure for dealing with complaints.

3. The principal social worker should ensure that all of the children and young people in foster care are informed of the outcome of complaints made by, or on their behalf.

4. The principal social worker should ensure that, where a complaint or a child protection concern arises in relation to a child or young person in a foster placement, the social worker of any other child in the same placement is informed of the matter and of its outcome.

5. The principal social worker should ensure that a comprehensive assessment of the needs of each child and young person who comes into care is carried out before, or as soon as possible after, admission.

6. The principal social worker should ensure that there is an up to date care plan for each child and young person in foster care in West Cork. The plan should be developed in consultation with the child or young person and his or her parents. They should sign and be given copies of the written document.

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