



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report on a follow-up inspection of the Health Service Executive fostering service in HSE Dublin North Central Area

Inspection Report ID Number: 596

Inspection Fieldwork: 7 March 2011 and 18 March 2011

Publication Date: July 2011

Inspection Period: 13

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

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Executive Summary

1 Introduction to Executive Summary

The Social Services Inspectorate (SSI) of the Health Information and Quality Authority (the Authority) carried out an announced follow-up inspection between 7 March 2011 and 18 March 2011 of the foster care service provided by the Health Service Executive (HSE) in the Dublin North Central (DNC) Local Health Area (LHA).⁺ This was in order to assess the implementation of the recommendations of the original full inspection report (Inspection Report ID Number: 587, available on the Authority's website, www.hiqa.ie) which was published in July 2010. The findings of the first inspection identified significant shortcomings in the HSE's compliance with National Standards* and regulations[‡] pertaining to foster care services, and a series of local and national recommendations were made by the Authority. In August 2010, the HSE provided an action plan against the local recommendations that related to the DNC Area and the purpose of this follow-up inspection was to monitor progress against the implementation of the action plan. In the original full inspection, there were 12 numbered recommendations and associated sub-recommendations that required action by the HSE Dublin North Central LHA. Recommendations in this follow-up report are numbered as they appear in the HSE's action plan. Of the 67 numbered recommendations and sub-recommendations in the action plan, the Authority found that 7 had been met, 44 were partly met, and 16 were not met. This report details the actions taken in respect of all the recommendations.

2 Findings

2.1 Data on children, carers and parents

In the original full inspection report published in July 2010, inspectors found that the Local Health Area struggled to provide dependable up-to-date information on children in foster care in its Area. There was no register for children in foster care as required by the child care regulations. In this follow-up inspection, inspectors found that the Area held a local register of children in care and foster carers. Inspectors found that it was an accurate representation of information read in samples of care and foster carer files, but that some information required updating. There is a need for systems to regularly

⁺ In this report where the term 'DNC Local Health Area' is used, it refers to the Dublin North Central Local Health Area.

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

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

assess and ensure the quality and reliability of the information contained in the registers. At the time the follow-up inspection was announced in February 2011, the data in the register provided the following profile of the DNC foster care service:

The children:

- 329 children were cared for by 331 (individual) foster carers (201 households)
- 147 (45%) were placed with relative carers
- 182 (55%) were placed with non-relative foster carers
- No definitive figure on the number of children who were placed with un-assessed carers
- 45 (14%) children did not have a social worker.

Their carers:

- 201 foster care households (331 individuals) in total
- 128 (64%) of the 201 foster carer households were relative foster carers
- 120 (94%) of the 128 relative foster carers (households) were un-assessed
- 73 (36%) of the 201 foster carer households (131 individuals) were non-relative carers
- 6 (8%) of the 73 non-relative carers (households) had not been fully assessed
- 66 (52%) of the 128 relative carer households were not assigned a link social worker
- 14 (19%) of the 73 non-relative carer households were not assigned a link social worker.

Their parents:

- 51 fathers and one mother were unknown to the DNC Social Work Department and the children in foster care in the area.

2.2 Governance and management

Inspectors found that the governance of the service had changed and that considerable efforts had been made to ensure social workers carried out their duties in accordance with the Standards and regulations. There was a newly appointed National Director of Children and Family Services. The Regional Director of Operations (DNE)^{*} reported to the National Director of Children and Family Services on issues related to child care. The Area had a local management team that consisted of an acting local health manager, an acting general manager, two principal social workers and an acting alternative care manager. They met on a monthly basis since the last full inspection. This provided a potentially stronger management structure than was present at the time of the original full inspection. Seventeen new social work posts had been allocated to the Area and these posts were filled, however, the Area had identified the need for eight more to

^{*} DNE = The HSE Dublin North East Region, including North Dublin, Meath, Louth, Cavan and Monaghan.

provide an effective and efficient service. The inspection found that the provision of supervision for social workers had improved and was mostly consistent with HSE policy, however, the frequency required some improvement. The monitoring system had been subject to regional reform, and had a newly appointed manager and four monitoring officers who were assigned to monitor standards and compliance in foster care services. They also had a monitoring function for children in residential care in the region. The inspection found that greater clarification was needed for social workers about what should be routinely notified to the monitoring officers for the Area. A foster care committee specifically for DNC had been established since the last inspection. Additional resources were allocated to the DNC Social Work Departments. At the time of the inspection, DNC had reconfigured the Social Work Departments, making clear lines of accountability for services to children at risk in the community and those in care. These responsibilities were divided between two principal social workers. Social workers were given a limited caseload of approximately 17 cases. The Area was also employing agency social workers to carry out assessments of foster carers and to cover leave. This inspection found that there was an outstanding need for national guidance on and policy development in areas such as the classification and reporting of and responding to significant events, the development of social work processes and practices that were child centred, and caring for children with a disability.

2.3 Placement of children in foster care

Inspectors found that recruitment of foster carers was carried out both on an individual case-by-case basis, and also by responding to inquiries made to the Social Work Departments by individuals/couples who wished to be considered as foster carers. It was reported to inspectors that there was an ongoing need for more foster carers, one consequence of which was an increase in the number of children placed with some foster carers. In some cases the number of placements was not in accordance with the Standards. Although the transfer of cases between HSE local health areas were subject of recommendations in the original full inspection report, not all cases had been transferred since the last inspection. The Social Work Department identified difficulties in the transfer of some cases to other local health areas, as these were not accepted by the receiving area. A regional working group was established to address these difficulties. Some children were identified as possible candidates for adoption and these were being progressed through the system at the time of the inspection. Inspectors also found that matching had not occurred for all children in foster care. Matching is when the needs of the children are assessed against the capacity of the foster carers to meet them, and for some children, this was not carried out.

2.4 Allocation of children's and foster carers cases

The number of unallocated cases had reduced since the original full inspection and this was welcomed by the Authority. Inspectors found that 284 out of 329 children were assigned a social worker. Although there was an increase in the number of social

workers (by 17), there continued to be 45 (14%) children without an assigned social worker and 80 (40%) foster carer (households) without an assigned link social worker. A set of criteria was developed by the Area to determine whether a child should be allocated a social worker or not, given the resources available to the two Social Work Departments in the Area, and although this was implemented in practice, there was no evidence of this on children's case files. A strategy had been developed by the Area to monitor all children's cases, including those not allocated a social worker. Managers of the service reported an improvement in carrying out statutory visits and care planning reviews. However, inspectors found that updated care plans were not in place for 133 children. HSE figures showed that care plans were not updated since 2009 for 80 out of those 133. Inspectors also found that a review of access arrangements for some children was not carried out by the Area. The standard on aftercare was partly met. Not all young people aged over 17 had an aftercare plan. A revised duty⁺ system was established by the Area and its effectiveness was under regular review by the Area's Social Work Department. Where foster carers were assigned a link social worker, inspectors found improvements in the service they received, including supervision. However, 80 foster carers were not assigned a link social worker and therefore were not receiving a full social work service.

2.5 Assessment of foster carers

There remained a total of 126 foster carers (households) that were not assessed, the majority (120) of whom were relative foster carer households. Plans were underway to address this deficiency and social workers were specifically assigned the task of clearing this backlog. An agreed model of assessment for relative foster carers had been developed since the original full inspection and training was provided to the Area. Inspectors found that 69 carers had been assessed since the original full inspection. Six non-relative foster carers were awaiting assessment and approval. A spot check by inspectors of 20 foster carer files (households) showed that Garda Síochána checks were not on file for all foster carers (this included relative and non-relative foster carers). In some cases there was evidence that this had been sought by the Social Work Department since the last inspection, but it was not evident for five in the sample checked. There was a system in place for the de-registration of unsuitable carers, but no system in place for one local health area to notify another when a carer is deemed unsuitable. This required national guidance and procedures. It was not possible for inspectors to determine whether all child minders and/or respite care givers were appropriately vetted and or approved and this was an area that required diligent monitoring by individual social workers.

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

2.6 Child protection

Although recommended in the original full inspection report, the *Children First: Guidelines for the Protection and Welfare of Children* had yet to be fully implemented in the DNC LHA. However, inspectors found that child protection procedures were guided by the principles of Children First. The Area had produced a policy document on the management of allegations and complaints. Inspectors found that despite the positive achievements in the Area in this regard, there remained a lack of clarity on what constituted a complaint, an allegation and/or a child protection concern. There was also a lack of clarity as to which system would deal with each of these in day-to-day practice, and therefore, the implementation of the child protection systems developed in the Area required rigorous monitoring.

The inspection found that as a consequence of having no national guidance on a standard approach to risk assessments and management by social workers, several different approaches were adopted by the Area. Despite the extensive efforts of the Area to assess and manage risk for all children, some children continued to be at risk. Other children remained in unsuitable and unsafe placements, and some were placed with un-assessed and unapproved foster carers. This was unacceptable.

The HSE reported to the Authority that 14 allegations and complaints were made against foster carers since the original full inspection and these were found by the Authority to have been investigated or were being investigated. Following a review of a sample of case files and visits to a sample of children and their foster carers, inspectors requested updates on several children's cases related to child protection and/or welfare concerns. These were provided promptly by the Area to the Authority subsequent to the inspection fieldwork. Training was provided to HSE DNC social workers and managers in regulations and Standards, and responding to complaints and allegations. Training in the assessment of foster carers was also provided. Despite these developments, the recommendation to fully implement Children First remained unmet.

This inspection found examples of cases where additional children were placed with some foster carers against whom allegations had been made and which had been classified by the Social Work Departments as inconclusive due to the length of time it took the HSE to investigate the claims. There was also evidence of a number of allegations of a similar nature made about some foster carers over a protracted period of time by different and unrelated children. As three-yearly reviews, in accordance with the regulations, of all foster carers were not routinely happening, inspectors were concerned that no alternative protective mechanism was put in place by the Area to ensure that the suitability of all carers was assessed on an ongoing basis. There was no national register of all foster carers or of all allegations made about any foster carer. Therefore, inspectors were of the view that there was no robust national system that ensured safe practices in this regard. This required immediate attention by the HSE's National Office for Children and Family Services.

In the original full inspection, a systematic review of all case records for all children in foster care with a view to determining if any child protection concerns were outstanding or not dealt with for any of these children was recommended. This follow-up inspection found that this had not been undertaken by the Area. An administrative audit of many of the case files was carried out, and a system of reviewing current case files during supervision with social work team leaders had begun. Although this was good practice, these actions did not address the actions required to implement this recommendation.

The HSE has a statutory obligation to assign social workers who can visit children in their placements within statutory timescales. At the time of the last inspection a series of safeguarding visits were carried out to assess the safety of children who had not been visited by a social worker for a considerable period of time. This was welcomed by the Authority. However, there continued to be children in the Area who were without an assigned social worker during this inspection. Where this was the case, social work team leaders monitored these cases to ensure the children received a visit within the statutory timescales. Nonetheless, the Social Work Department acknowledged that where additional visits were required this potentially placed a strain on its current resources. The DNC Social Work Departments should ensure that they have sufficient resources to assign every child in foster care in its Area a social worker who will continue to visit the children and assess their safety and welfare on a continuous basis.

2.7 Information systems

The original full inspection of foster care services in HSE DNC Local Health Area found that the Area did not meet the National Standards or the regulations relevant to maintaining adequate, dependable and up-to-date records. Due to the concerns about the poor management and storage of personal data for some children in foster care, the Authority notified the Chief Executive of the HSE and the Office of the Data Protection Commissioner of these findings.

This follow-up inspection found that the overall, record keeping had improved since the original full inspection. Recording and filing systems had undergone some reform and in some areas it had greatly improved. The security of the files had been addressed in order to ensure all files were kept in a more secure fashion. An audit of files had commenced, however, some files were still in an unsatisfactory condition, and the Social Work Departments were continuing to address this.

There continued to be a local response to gathering information on children and their families, and local mechanisms and procedures were in place to maintain this information. This, however, required a national response. Inspectors were told that this national response was awaited by the HSE DNC Local Health Area.

2.8 Conclusion

This inspection found that some good progress had been made in the implementation of most of the recommendations in the original inspection report. The positive changes that had taken place in response to the original inspection included an increase in the number of social worker posts in the Area, a reduction in the number of unallocated cases and improved local systems of gathering and maintaining information and care records. Other positive changes were related to the governance of the service. There was a newly appointed National Director for Children and Family Services, and the management structures had been, and continued to be reviewed and changed to meet the needs of the service.

However, there continued to be children in foster care and foster carers in the HSE DNC Local Health Area who did not have an assigned social worker. Delays in the assessment and approval of the majority of relative foster carers continued, and the Children First guidelines had yet to be fully implemented. In order to ensure that the HSE DNC is meeting its statutory duty of care to all children in its foster care service, considerable improvement is required in the implementation of several of the recommendations in the original full inspection report.

At the time of the follow-up inspection, several of the managers were in acting positions and the management structure was due to change again shortly after the inspection fieldwork. The changes to the management structure were a positive finding of the inspection, however, this required careful management by the HSE so as not to create an environment of instability.

Many of the reforms made were a local response to what were national issues that required national guidance and procedures to ensure a standardised approach, and these were awaited by the HSE DNC Local Health Area. Inspectors formed the view that the changes that had been made to date needed to be subject to far better quality assurance checks, and that the information system that informs policy makers and senior managers of the service needed to be standardised, robust and reliable. The increase in the number of monitoring officers was welcomed by inspectors.

2.9 Next steps

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

In order to verify progress, and to ensure that children in foster care there are receiving a safe service compliant with the requirements of regulations and Standards, and consistent with current best practice, the Authority will carry out further inspections of

the HSE Dublin North Central Local Health Area fostering service as it deems appropriate.

The Authority will also:

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

1 Introduction

The Social Services Inspectorate (SSI) of the Health Information and Quality Authority (the Authority), which incorporates the Office of the Chief Inspector of Social Services, is responsible for the inspection of Health Service Executive (HSE) foster care services under Section 69(2) of the Child Care Act, 1991 until such time as the relevant part of the Health Act 2007 is enacted.

The Authority carried out an announced follow-up inspection of the foster care service provided by the HSE Dublin North Central (DNC) Local Health Area in order to assess the implementation of the recommendations of the original full inspection report (Inspection ID: 587, available on the HIQA website at www.hiqa.ie) which was published in July 2010. This follow-up inspection was carried out by inspectors under Section 69(2) of the Child Care Act, 1991 between 7 March 2011 and 18 March 2011

HSE Dublin North Central Local Health Area provided services to the communities north of the River Liffey, in Ballymun, Santry, North Inner City, Drumcondra, Dollymount, Fairview and Clontarf. Each HSE local health office (LHO) area throughout the country – formerly known as community care areas – has a social work department. The department has a number of social work teams, each led by a social work team leader, under the direction of a principal social worker. HSE data indicated that Dublin North Central Area, at the time of the previous inspection, had responsibility for 316 children in foster care. That number had increased to 329 at the time of this follow-up inspection in 2011.

Overall, inspectors found that an effort had been made to implement many of the recommendations made in the last inspection report, particularly in the increase in social worker resources, the reconfiguration of the Social Work Department, and the strengthening of the monitoring service. Despite these positive findings, there remained considerable deficiencies in the foster care services in this area.

2 Background

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

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

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

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

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

Requested actions to be completed by HSE	Date completed	Ongoing actions
1. All children to be visited by a social worker in the Local Health Area	Completed January 2010. The HSE recruited a team of temporary social workers to complete a once-off visit to children that had not been visited in some time. The HSE reported that the majority of children were being cared for well.	The HSE committed to all children having an assigned social worker in the Area. The HSE was recruiting a number of social workers to meet this aim. Two principal social workers posts have been agreed and the two vacant team leader posts have been filled by the HSE.
2. All foster carers to be assessed and approved.	Ongoing	The HSE has identified the carers requiring assessment and approval and have commenced this process. The HSE has indicated that this work should be completed by October 2010.
3. All notifications by the Authority of possible child protection concerns to be addressed by the Local Health Area.	The HSE has provided details on the plan to assess and manage these cases.	The governance and management of these cases will be reviewed by the Authority through the follow-up inspection.

Requested actions to be completed by HSE	Date completed	Ongoing actions
4. The HSE to complete a National Audit of Foster Care Services.	Preliminary report provided to the Authority in January 2010 and final report in May 2010.	The HSE has provided national and regional implementation plans to the Authority to address regulatory deficiencies across the country.
5. The HSE to recruit external child care consultants to review the governance deficiencies in the area and report on findings.	External consultants recruited in January 2010.	The report on the findings from the external consultants was due in June 2010 and the Authority has requested a copy.
6. The HSE to liaise with the Data Protection Commissioner on managing records and information.	The HSE developed a project team to address deficiencies in its management of records and work is ongoing in this area.	The Authority will review the HSE information management systems in HSE Dublin North Central through the follow-up inspection.
7. The HSE to provide evidence that system changes are sustainable.	The HSE has recruited social workers in both areas. The social work governance and management is under review.	Inspectors will monitor the progress on this issue in the follow-up inspection.

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

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

3 Methodology

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

Pre-inspection information was requested in four broad categories: a statistical profile of the service, copies of key documents, and specific reports on aspects of the service particular to individual recommendations, and relevant updated policies and procedures. As part of the inspection process, the Social Work Departments provided inspectors with a written report on the progress made since the full inspection. As appropriate, that information is reflected in this report.

Preparation for inspection fieldwork

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

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

Inspection fieldwork

The inspection fieldwork, which was the second phase of the inspection, took place over two weeks. The main activities during fieldwork included reading:

- a sample of children's case files (65, including an additional 20 children's files selected at random in situ) and other records
- a sample of foster carer (households) files (32)
- reading the files of 14 cases of child protection concerns that the HSE DNC Local Health Area had provided to inspectors
- and examining other relevant records.

This was followed by a series of interviews with a sample of children (approximately 5% of the population of children in foster care in the Area) and their foster carers (chosen independently by the Authority), 1 parent, and HSE personnel and managers (13). Inspectors found it difficult to interview birth parents from the sample chosen for

several reasons some of which were: their current circumstances; their unavailability; their whereabouts was unknown to the Area Social Work Department, or they were deceased.

Acknowledgements

The Authority wishes to acknowledge the cooperation during this follow-up inspection of the children, their parents and carers, the HSE management, social work and administrative staff. In particular, inspectors wish to thank the children and their carers for the openness with which they embraced the inspection process and welcomed inspectors into their homes and shared their experiences of fostering.

4 Findings

4.1 Profile of the Social Work Department in HSE Dublin North Central LHA

At the time of the original full inspection, the DNC Local Health Area had two social work departments with two principal social worker posts. There were 39 social worker posts, 5.4 of which were vacant. There were eight social work team leaders, three of whom were in acting positions. All social work teams had responsibility for children in care, including foster care, as well as children and families in the community.

In this follow-up inspection, there had been an increase in the number of social workers. Seventeen additional social work posts had been allocated to the Area and were filled. The responsibilities of the Area's social work teams had been re-structured. One principal social worker was responsible for five teams that dealt with children-in-care (including foster care). There were two foster care teams comprising a social work team leader and six social workers. The second principal social worker was responsible for three teams that dealt with children in the community and two duty social work teams.

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

After the original full inspection, the DNC Local Health Area had developed a local list of foster carers and a register of children placed in foster care by social workers in the Area. These provided a wide range of information, and in addition to their role in determining the needs of the service, they assisted in this inspection.

An examination of the register and figures provided by the HSE DNC Local Health Area showed that the total number of children in foster care in the Area was up by a small margin from 316 at the time of the last inspection to 329 in this inspection. In the original inspection there were 94 children without an assigned social worker. In this inspection that number had almost halved to 45.

HSE figures indicated that 120 out of 128 relative carers (households) were not assessed or approved at the time of this follow-up inspection. However, it was difficult to determine from the local register how many children were placed with these foster carers. There was a 24% increase in the numbers of children who had an assigned social worker. In 2009 the figure was 197 (62%) out of a total of 316. In the follow-up inspection, inspectors found that out of a total of 329 children, 284 (86%) were assigned a social worker. Of the 45 children not assigned a social worker, the majority (28) were placed with relative foster carers and the remaining (17) with non-relative foster carers.

An examination of the register and case files, and interviews with social workers confirmed, that while the number of relative carers had decreased slightly (minus 7) since the original full inspection, there was an increase in multiple placements. One child

included in the sample of children visited by inspectors was placed with two other children, and of these two, one was an emergency placement. This was not in accordance with the criterion of the Standard covering the numbers of children to be placed in foster care placements.⁺ Details of the numbers of children in foster care in the DNC Local Health Area in 2009 and 2011 are provided in Table 2 below.

Table 2. Children in DNC Foster Care Service – 2009[†] and 7 February 2011[‡]

Children in HSE DNC foster care	2009	2011	2011 %	2011 <>%
Number of children in foster care (general and relative) by area	316	329	100%	+16%
Number of children with an assigned social worker	197	284	86%	+24%
Number of children without an assigned social worker	94	45	14%	-16%
Number of children who had not been visited in the past six months by a child and family social worker	99	0	100%	-100%
Number of children with an up-to-date care plan	241	196	60%	-16%
Number of children without an up-to-date care plan	63	133	40%	+20%
Number of children over 16 years of age	Not available	51	15%	Not applicable
Number of children placed with relative carers	131	147	45%	+4%
Number of children placed with non-relative carers	160	182	55%	+4%

4.3 Data on the carers in foster care service in HSE DNC Local Health Area

There was some change in the number of carers between inspections. There was a slight decrease in the number of relative and non-relative foster carer households (minus 7 respectively). The majority of relative foster carers remained un-assessed and unapproved. Details of the numbers of foster carers in HSE DNC Local Health Area in 2009 and 2011 are provided in Table 3 on the next page.

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

[†] Information in 2009 is from the Authority's reading of DNC case files.

[‡] Information in 2011 is from the DNC foster care registers and figures provided by the DNC Social Work Offices.

Table 3. Foster carers in the DNC Foster Care Service - 2009[†] and 22 October 2010[‡]

Foster carers in the HSE DNC Foster Care Service	2009	2011	2011 %	2011 <>%
Total number of foster carers	215 (Households)	201 (Households)	100%	-7%
Number of relative foster carers	135 (Households)	128 (Households)	64%	-1%
Number of non-relative foster carers	80 (Households)	73 (Households)	36%	-1%
Total number of unapproved relative foster carers	135	120	60%	-3%
Number of assessments of relative foster carers initiated by DNC since original full inspection	N/A	23	60%	Not applicable
Number of relative foster carers without a link social worker	96	66	30%	-15%
Number of non-relative foster carers without a link social worker	26	14	7%	-5%
Number of non-relative foster carers recruited since original full inspection	Not available	3	1.5%	Not applicable

Further analysis and reference to the impact of the findings displayed in Table 2 and Table 3 are set out in section 5 of this report.

4.4 The HSE's report on progress

The Social Work Departments provided inspectors with a written report on progress since the original full inspection. The main areas of progress reported by the HSE DNC Local Health Area were:

- an increase in the number of social work posts that has allowed the Area to better prioritise its work
- the re-configuration of the Social Work Departments, although challenging, has allowed for a better system of identifying required resources and measuring caseloads of social workers
- an increased role of the Foster Care Placement Committee in relation to reviewing and management of allegations and serious concerns, and in the approval process for foster carers
- the provision of training to all staff on the management of serious concerns and allegations, and record 'clinical audits'

[†] Information in 2009 is from information provided to the Authority by the HSE.

[‡] Information in 2011 is from the DNC foster carer register and figures provided by DNC Social Work Departments.

- the establishment of the Child Care Management Group that continuously reviews the effectiveness and requirements of the service.

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

5 HSE's progress in implementing recommendations

The progress of the HSE against the specific recommendations contained in the Authority's original full inspection report, are set out in this section of the report. The recommendations appear in tables, and are presented alongside the HSE's action plan from August 2010. The status of the recommendation at the time of the inspection is also shown in the tables. Recommendations in this follow-up report are numbered in the tables as they appear in the HSE's action plan, and correspond with the sequence of 12 numbered recommendations as they appear in the full inspection report. These are outlined in the first column on the left. The actions reported or proposed by the HSE after receipt of the full inspection report are in the second column. This section also identifies those whom the HSE nominated as responsible for the implementation of the plan along with a timescale proposed by the HSE. In the third column on the right is the Authority's response following the current follow-up inspection indicating whether the recommendation has been met, partly met, or not met. Below each table is a description of the measures taken to fulfil the objectives of the action plan, and, where appropriate, inspectors' comments on the progress made. Table 4 shows the meaning of acronyms and generic words that appear in the HSE action plan.

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

Acronym or words used	Definition
IAYPIC	Irish Association of Young People in Care
LHM	Local Health Manager
National Office	HSE Office of the National Director of Children and Family Services
NSP	National Service Plan
RDO	Regional Director of Operations

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

Recommendation 1

Standard 5: The Child and Family Social Worker

Regulation: Part IV

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE must:</p> <p>Recommendation 1.1 Ensure that all children in foster care have an assigned social worker.</p>	<p>HSE actions Additional resources have been allocated to ensure that every child in care has an assigned social worker. Dublin North Central has reconfigured the social work service in the context of the additional resources to create a dedicated children-in-care service.</p> <p>New posts are being processed and all children will have an allocated social worker as new social workers are recruited.</p> <p>Persons responsible: General Manager and Principal Social Worker Timescale: October 2010 contingent on staff being in place.</p>	<p>Recommendation not met</p>

This recommendation was not met. The action plan aimed to ensure all children in care had an assigned social worker by October 2010 and inspectors found that although this was not achieved, the provision of 17 additional social work posts went some way towards addressing this deficiency in the service. At the time of the inspection, information provided by the HSE DNC Social Work Departments showed that 45 out of 329 children in foster care did not have an assigned social worker. Of these 45 children, 17 were placed with relative foster carers and 28 were placed with non-relative foster carers (19 in short-term foster care placements and nine in long-term foster care placements).

Similar to the full inspection findings, inspectors found through case records, interviews and visits, that for some children not assigned a social worker there continued to be a negative impact. For example, one child did not have his/her concerns in relation to access with his/her siblings reviewed satisfactorily. Others were not visited by social workers outside of the regulatory requirements and communication with these children was dependent on issues of concern being reported to the Social Work Department as opposed to being identified through regular social work visits. Measures were introduced by the Area social work teams to monitor these children and this is explained further under Recommendation 1.2.

The management team maintained a record of all children waiting to be assigned a social worker. It was reported to inspectors during interviews that there had been an approximate 50% increase in the number of referrals to the Social Work Departments in the three months prior to inspection. Despite the additional social workers that had been recruited since the last full inspection, this increase in referrals reportedly had the potential to place an additional strain on the system. The progress report provided by the Area indicated the need for an additional eight social workers.

Inspectors found that systems had been put in place to attempt to minimise the risks for children not assigned a social worker, and these findings are dealt with under recommendation 1.4.1.

HIOA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 1.2 Ensure that assigned social workers coordinate the care of children in accordance with the regulations and National Standards, paying particular attention to the assessment of the needs of individual children, quality care planning and case review and the visiting of children.</p>	<p>HSE actions Assigned social workers to children in foster care will undertake their duties in accordance with the regulations and Standards, including the arrangement of assessments of needs, the development of care plans and implementation of decisions, arranging care plan reviews and ensuring that decisions are implemented, visiting children in the foster home and meeting them in private, all in accordance with the timescales set out in the regulations and Standards.</p>	<p>Recommendation partly met</p>

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

This recommendation was partly met. At the time of the inspection 17 new social work posts had been allocated to the Social Work Departments and these posts were filled. The Social Work Departments had also been sanctioned to employ agency workers to cover maternity leave. The Departments had been subject to a reconfiguration and at the time of the inspection, one principal social worker was responsible for children-in-care teams and a second was responsible for the duty and family support teams. Inspectors found that considerable efforts had been made to ensure that those social workers assigned to children were carrying out their duties in accordance with the Standards and regulations. Systems such as professional supervision, case management and the quality assurance of case records had been developed and/or reviewed, and their full implementation had begun.

Despite the influx of social workers and the support from the HSE in relation to the use of agency workers, not all children were assigned a social worker. Where this was the case, social work team leaders monitored some of the children's cases and other cases were allocated to a social worker, but were not being actively worked on by them (effectively, inspectors found that these were on a waiting list). All cases were reviewed monthly by social work team leaders, or when a concern was brought to the attention of the Social Work Departments that would prompt a case being actively worked on by a social worker.

Information provided to the Authority by the HSE Dublin North Central Local Health Area showed that out of the 329 children in foster care, 133 did not have a written, up-to-date care plan. Of these 133 children, 80 had a written care plan that had not been updated since 2009.

All children in foster care during the last full inspection period, including those who had not been visited for a considerable period of time, had been visited by a social worker. Where these visits were to children who had not been visited by the HSE in some time, they were termed 'safeguarding visits' by the HSE Dublin North Central Local Health Area and were carried out by a project team established by the HSE to carry out this, amongst other tasks. Where visits had taken place, inspectors found evidence that children's bedrooms and living accommodation had been checked.

Several of those social workers and managers interviewed were concerned that the number of social workers at the time of the inspection was not sufficient to carry out visits above the statutory requirement for some children. The amount and quality of visits by social workers was also an area of concern raised by some children and their foster carers during the visits by inspectors to a sample of foster care homes. Of those visited, some were satisfied with their visits and others were not. One child was disappointed that he/she was not taken out of the foster care home by his/her social worker when he/she visited (see also comments made under the section on safeguarding and child protection). Other children in the sample were not allocated a social worker and had not had a visit in some months. One child was very unhappy with the lack of contact with the Social Work Department.

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

This recommendation was partly met. There were 329 children in foster care during this inspection period, 51 of whom, according to data provided by HSE Dublin North Central, were over 16 years of age. The Area had two dedicated aftercare-worker posts and had developed a comprehensive document on the model for the delivery of aftercare services in the Area. Inspectors were provided with a copy of this document.

Out of the 51 children over 16 years of age, 33 had a care plan that was up to date. A review of a random sample of case files independently chosen by the Authority, and documentation submitted to the Authority by the HSE Dublin North Central Local Health Area, provided good evidence that formal aftercare plans were not developed for every child, and that reference to planning for leaving care formed part of the traditional care plans for some children, but not all. Several young people reported to inspectors that they were not sure what would happen when they turned 18 years of age. Others were happy that they had the full support of their carers but were not quite sure what support they would receive from the HSE.

The aftercare plan referred to in the action plan was not evident on the files sampled by inspectors and these files also indicated that planning for leaving care did not begin early enough for adequate planning to occur for all children. Overall this was area of practice that required more attention by this Social Work Department.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE must develop, implement and assure the quality and effectiveness of the monitoring systems that:</p> <p>Recommendation 1.4.1 Assess and manage the risk in the cases of children and families, including those awaiting a social work service.</p>	<p>HSE actions The implementation of Standard Business Processes throughout the HSE will result in the implementation of standard risk assessment frameworks including the assessment and management of cases awaiting a social work service. Social work practices will be benchmarked against the regulations, Standards, Policies, procedures and guidance.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: September 2010</p>	<p>Recommendation partly met</p>

This recommendation was partly met. The action plan envisaged that a standard approach to the assessment of risk to children and their families, including those awaiting a social work service would be in place by September 2010. Inspectors found that this was not the case. All of those interviewed told inspectors that no national guidance was received by the Social Work Departments on the assessment and management of risk in this context since the last inspection, as the HSE Standard Business Process had not been implemented at national or local level. However, a local approach was in place since 2007.

Through interviews, a review of documentation provided by the HSE Dublin North Central Local Health Area, and a review of case files (children's and foster carers), inspectors found that as a consequence of no national guidance, several different approaches to the assessment and management of risk existed in these Social Work

Departments. For example, where risk was being assessed and managed by the duty[‡] team at the point of referral, the Duty Social Work Team Leader had taken the initiative to develop an approach to risk assessment based on an amalgamation of various risk assessment frameworks and guidance. Where the duty team assessed the risk to a child as requiring a social work intervention, and where resources in the family intervention team were stretched, the Duty Team held on to the case and dealt with the issues at hand. Despite these efforts, inspectors were made aware of a significant number of cases where, although a preliminary assessment was carried out by the duty team, an initial assessment of the risks to a child were not fully undertaken. There was evidence that this and other concerns highlighted by the duty team had been brought to the attention of the management team, and systems and approaches to practice were being reviewed on an ongoing basis.

In the assessment and management of risk in relation to the allocation of social workers, the HSE provided inspectors with a list of criteria to be applied to individual cases when determining whether they should be allocated a social worker or not. Evidence of the application of this approach to assessing/managing risk was found on one child's file and none was found on any foster carers' file. It was acknowledged during interviews that formal recording of this process on individual files was not routine and inspectors advise that it is considered for the future.

According to information provided to the Authority by the HSE Dublin North Central LHA, there was no standard risk assessment model in relation to foster carers. Having considered this gap, the fostering team had developed a local assessment model and this was used for a small number of carers. It was envisaged that this model would be used in the retrospective assessment of section 36 foster carers (relatives who provide emergency foster care placements for a child).

Despite the efforts being made by the Social Work Departments to assess and manage risk in several different contexts, inspectors found that some children continued to be at risk. Some children remained in unsuitable and unsafe placements, some remained in placements with un-assessed and unapproved carers, and others had not been risk-assessed to an adequate standard. This was unacceptable.

It is the view of the inspectors that this is a recommendation that required immediate attention by the HSE at a national level. The impact of the increase in the numbers of referrals to the DNC Local Health Area Social Work Department, when measured against the number of social workers available, should be assessed against the statutory requirement of the HSE to keep children safe.

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

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 1.4.2 Supervise social workers and social work practices to a satisfactory standard.</p>	<p>HSE actions The Standard Supervision Policy will be implemented. Currently, all social workers receive formal supervision on a monthly basis and this is recorded on file.</p> <p>Persons responsible: Social Work Team Leaders, Principal Social Workers</p> <p>Timescale: In place and ongoing</p>	<p>Recommendation partly met</p>

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

Through interviews and a spot check of supervision records, inspectors found that the provision of supervision was mostly consistent with HSE policy. Supervision records were found to be clear, legible and securely stored. The sessions addressed working with children and their families and held social worker's accountable for their individual work. The frequency of supervision for some social workers required improvement.

Although supervision training was not provided to all social workers since the last inspection, it was provided to some social work team leaders who supervise social workers. It was envisaged by the HSE that this training will be provided on an ongoing basis.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 1.4.3 Define a significant event, ensure that all significant events are notified to social workers in a prompt manner and that social workers respond to these notifications in accordance with HSE policy.</p>	<p>HSE action Specific guidance on all aspects of significant events in foster care will be developed and implemented.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: January 2011</p> <p>HSE action: Social workers and carers will receive training in all aspects of the reporting and management of significant events.</p> <p>Persons responsible: Principal Social Workers, Central Training and Development Unit</p> <p>Timescale: Ongoing</p> <p>HSE action: The methodology for reporting significant events through the management structure is now covered by a standard operating procedure for the social work department.</p>	<p>Recommendation not met</p>

This recommendation was not met. In order to evidence the implementation of this recommendation, the HSE Dublin North Central LHA provided inspectors with the HSE's national policy and procedures on 'Risk and Incident Escalation'. This was not the required documentation to support the HSE's implementation of this recommendation. No documentation was provided to inspectors that specifically defined a significant event or provided guidance on the reporting of, or responding to, a significant event for a child in foster care.

Inspectors were provided with different views as to what constituted a significant event. One social worker referred to the notification system used for children in residential care, stating that this was the system that was also used for children in foster care, but this was not a general view. Inspectors found that no training in this area had been provided to social workers or foster carers since the last inspection.

The majority of foster carers who had replied to questionnaires circulated by the Authority and who were interviewed by inspectors were confident that they knew what they should report to the Social Work Departments, and that they would get a prompt response. Others, however, stated they were not confident in this regard and indeed, some told the Authority that they had notified what they considered to be a significant event to the Social Work Departments, and felt they did not receive an adequate response. This is an area of practice that requires immediate attention by the HSE at both a national and local level.

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

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<ul style="list-style-type: none"> ▪ All complaints and allegations against carers and staff are monitored and analysed. ▪ The Foster Care Committee provides quality assurance regarding the assessment, approval and continued approval of foster carers. ▪ The local Senior Child Care Management Team reviews the system at its monthly team meetings. ▪ The Monitoring Officer monitors compliance with statutory regulations and Standards. ▪ The Regional Director of Operations monitors overall performance at monthly performance meetings with the Local Health Manager. ▪ The National Director monitors performance as part of the monthly review of the performance contract with the RDO. 	

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

This recommendation was partly met. Inspectors found evidence of a good level of supervision being provided by social work team leaders to social workers. Some team leaders required supervision training. It was during supervision and everyday management interactions that practice at social work level was both supported and quality assured. For example, each social worker brought a case file to a supervision session and the administrative audit of that file, decisions made in relation to the child in question, and any outstanding issues including responding to child protection concerns, were discussed. Work plans were agreed, and progress was reviewed during the next session. Social work team leaders were supervised by principal social workers. However, inspectors found that supervision was not always provided within the timescales outlined in the HSE supervision policy.

The monitoring of complaints and allegations against carers and staff required more attention. (This is referred to in more detail under recommendations 5.1. 5.2 and also under the section on safeguarding and child protection.)

The number of HSE monitoring officers had increased since the last inspection and they had reported on several areas of practice prior to this inspection. Inspectors found that there was a lack of clarity amongst the social work teams as to what should and should not be notified to the HSE monitoring officers. For example, some social workers interviewed were unsure what, other than an allegation about a foster carer, should be notified routinely to them.

The function of the Foster Care Committee was under revision and this was yet to be finalised. This will be monitored by the Authority on an ongoing basis.

At a senior management level, the Regional Director of Operations reported to the recently appointed National Director for Children and Family Services, and various mechanisms for reporting, including areas of risk and concern were developed and

being implemented at the time of the inspection. All of these developments had the potential to contribute towards a good level of monitoring of the service.

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

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>The Senior Child Care Management Team meets on a monthly basis to review the effectiveness of their local systems in the context of NSP 2010, the fostering regulations and Standards, Policies, Procedures, and Guidance, the National Audit of Foster Care and associated Action Plan, HIQA reports and Action Plans.</p> <p>Persons responsible: Not indicated</p> <p>Timescale: Ongoing</p>	

This recommendation was partly met. Inspectors found that newly referred cases to the Social Work Departments were received by the Duty Social Work Team. An initial assessment was then carried out and – depending on the nature of the case, the level of risk involved and the predicted length of social work time and input the case required – the case was either held by the Duty Team or passed on to the Family Intervention or Child-in-Care Social Work Team.

In an attempt to manage risk and prioritise cases for allocation, all cases were reviewed by the social work team leaders on a monthly basis, and principal social workers were made aware of waiting lists. A set of criteria was established that provided an assessment of the needs of individual cases and determined whether the case should be allocated or not. These criteria included the child's age, whether the foster carers were allocated a link worker or not and whether there were any reported child protection concerns. Inspectors found no evidence on any child's file of this process being applied to their case when allocation was being determined.

Where a case was not allocated to a social worker, a social work team leader monitored the case and dealt with any issues arising. Inspectors found that although this was a sensible approach to an unsatisfactory situation, it was a system that was dependent on concerns or issues being brought to the attention of the Social Work Departments, as opposed to issues arising from regular contact with children and their families. This required further review by the Social Work Departments.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 1.5 Make every effort to minimise the number of changes in assigned social workers for individual children.</p>	<p>HSE actions Temporary staff have been made permanent, newly recruited staff will be configured into dedicated children-in-care teams and every effort will be made to retain staff by ensuring appropriate induction, training and ongoing supervision and support.</p> <p>Persons responsible: Principal Social Workers and Central Development and Training Unit</p> <p>Timescale: Ongoing</p>	<p>Recommendation partly met</p>

This recommendation was partly met. Inspectors found that social work team leaders were making every effort to minimise the number of social workers assigned to individual children during their time in care. However, it was too soon for inspectors to assess the effectiveness of the efforts made by the social work team leaders. As such, inspectors advise that the implementation of this recommendation is assessed on an ongoing basis by the HSE monitoring officers.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 1.6 Visit all children who have not been visited by a social worker within the statutory timescales.</p>	<p>HSE actions All children will be allocated a social worker and will therefore be visited in line with the regulations and the Standards. In the interim it will be ensured that on a case-by-case basis there will be a minimum of an assigned social worker or link worker.</p>	<p>Recommendation met</p>

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

This recommendation was met. Every child in foster care at the time of the last inspection who had not been visited by a social worker was found to have been visited by a social worker in this follow-up inspection. Inspectors found that not all children during this inspection had been assigned a social worker. In order to ensure that these children continue to be visited in line with the regulations and Standards, inspectors found that a system had been developed by the children-in-care team. Inspectors advise that the effectiveness of this system is monitored by the HSE monitoring officers.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 1.7 Review the case of one child in relation to possible adoption of the child.</p>	<p>HSE actions This child's care plan was reviewed and the adoption process is advanced.</p> <p>Persons responsible: Principal Social Worker</p> <p>Timescale: Ongoing</p>	<p>Recommendation met</p>

This recommendation was met in that it was ongoing. The adoption of this child had been progressed. Following the last inspection, a further four children were identified by the HSE Dublin North Central LHA as possible candidates for adoption. These cases were being progressed through the system at the time of the inspection. Inspectors advise that the HSE monitoring officers monitor the progress of these cases and that they report to the HSE Dublin North Central LHA and the Authority on the system utilised for the identification of children suitable for adoption.

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

Recommendation 2

Standard 15: Supervision and Support

Regulations: Part III and Part IV

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

This recommendation was not met. There were a total of 128 relative foster carer households (200 individuals) and 73 non-relative foster carer households (131 individuals) in the Dublin North Central LHA. Less than half of the relative carer households (62) were assigned a link worker and 66 were not. Sixty-one out of the 73 non-relative foster care households were assigned a link worker and 14 were not. All of the posts in the fostering team were filled at the time of the inspection.

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

This recommendation was partly met as not all carers were assigned a link worker. However, for those who were assigned a link worker, inspectors found that the standard of practice had improved since the last inspection. New fostering team leaders had been appointed and they had set the bar for practice at a good level and were quality assuring the work being undertaken by the link social workers. Inspectors found evidence of a good level of supervision of link social workers and a much improved level of practice in areas such as supervising foster carers and record keeping by link social workers. All staff had received training in regulations and Standards. Some carers required assessments and this work was ongoing.

Inspectors also found through written correspondence between the fostering team leaders and a principal social worker, interviews and case files, that due to limited resources, many carers were not allocated a link social worker and were therefore not receiving a full social work service. The limited number of link workers also contributed to the slow progress in relation to the retrospective assessments of relative carers. It was also found that more foster care placements were required to meet the Area's ongoing needs.

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

This recommendation was partly met. Inspectors were provided with a schedule of training that was proposed for 2011. This included refresher courses for non-relative carers, the 'Fostering Relations' course and 'Foundations for Fostering'. Foster carers' files indicated that training was ongoing for the months prior to the inspection and this was confirmed by foster carers who were interviewed by inspectors or responded to questionnaires circulated by inspectors during the inspection period. The provision of training to foster carers, and their attendance, is an area of service provision that inspectors advise the HSE monitoring officers to pay particular attention to.

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

This recommendation was partly met. It was met insofar as the template for contracts was revised and included the requirement of foster carers to attend training. These revised contracts were in place for newly recruited foster carers. Revising and amending older contracts with existing foster carers was a work in progress and this should be assessed by the HSE monitoring officers.

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

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>Persons responsible: Principal Social Workers</p> <p>Timescale: December 2011</p>	

This recommendation was not met. Inspectors found that although matching had occurred for a small number of children it had not occurred for all. There was a considerable backlog of matching assessments and in one case the child had been with the foster carers for eight years. This was an area of practice that required immediate attention by the HSE Dublin North Central LHA.

Recommendation 3

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

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

This recommendation was partly met at the time of the inspection. There was an agreed model of assessment for non-relative foster carers, and HSE figures provided to the Authority showed that 69 non-relative foster carers were assessed. HSE Dublin North Central figures also showed that six non-relative carers were awaiting an assessment.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 3.2 Satisfy itself that all non-relative foster carers are assessed and approved in accordance with the National Standards and the regulations, and are carried out within the statutory timescales.</p>	<p>HSE actions Non-relative carers are assessed and approved in accordance with the regulations and standards and within the statutory timescales, under our control. All existing outstanding non-relative carers will be assessed and presented for approval to the Foster Care Committee. A database has been developed to track and monitor all activity regarding assessments and approvals.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: December 2010</p>	<p>Recommendation partly met</p>

This recommendation was partly met. Since the last inspection, information provided to the Authority by the HSE Dublin North Central LHA showed that eight foster carers were assessed and approved. Inspectors reviewed a sample of these assessments and found that they were carried out to a good standard. At the time of the inspection there were six non-relative carers whose assessments had yet to be completed. In order to clear the backlog of these and other assessments, four social workers on the fostering teams were allocated the task of conducting assessments. To meet this Standard the Local Health Area must ensure that all foster carers are assessed and approved in accordance with the regulations and Standards and that the backlog of assessments is cleared.

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

This recommendation was not met. Inspectors found that most foster carer files had been audited since the last inspection. A spot check by inspectors of 20 foster carer files (households) showed that Garda Síochána checks were not on file for all foster carers (this included relative and non-relative foster carers). In some cases there was evidence that this had been sought by the Social Work Department since the last inspection, but it was not evident for five in the sample checked. This requires immediate attention by the HSE Dublin North Central Social Work Department.

Recommendation 4

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

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

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE must:</p> <p>Recommendation 4.1 Approve and implement a model of assessment for relative foster carers and provide clear guidance on the content and structure of assessment reports provided to the Foster Care Committee(s) by link workers.</p>	<p>HSE actions Dublin North Central will conduct full assessments using the approved model (form F) on all new relative carers with specific emphasis on their capacity to care for the particular child. Training in the approved assessment model will be compulsory for all workers undertaking fostering assessments. Clear guidance is available from the link workers.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: Immediate and ongoing</p>	<p>Recommendation partly met</p>

This recommendation was partly met. The area fostering team had reviewed the assessment process specifically to address the retrospective assessment of relative foster carers. Full training was provided for the staff on this assessment model. This model was implemented for a small number of foster carers at the time of inspection. It was envisaged by the HSE that along with some of the fostering team, agency workers would systematically address the backlog of assessments in the Area.

Although a model of assessment was approved, figures provided to the Authority by the HSE DNC showed that most of the relative carers (120 out of 128 households) were not assessed and approved in accordance with the regulations. Twenty-three assessments were underway at the time of the inspection. The regulations allow for children to be placed with suitable relative carers in an emergency, but they also require a full

assessment to be completed within 12 weeks of admission. This was an area of practice that required immediate attention by the HSE Dublin North Central LHA.

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

This recommendation was not met. At the time of the inspection there were two fostering teams. Each consisted of two fostering social work team leaders and six link social workers. Two of the social workers on each of these teams were designated the single task of carrying out assessments. There were also four primary care social workers allocated the task of carrying out one assessment each at any one time on a constant basis. In addition there was a separate, flexible, project team established to support the teams in whatever way they could.

There were 128 relative foster carer households (200 individuals) in the Area. Eight households were assessed and approved while 120 were not. The fostering teams had begun the assessment process for 23 households. For 97 of them, however, the assessment process had not begun. A work plan was developed by the team to address this issue. This is an area of practice that inspectors are of the view requires close monitoring of and reporting on to the National Director of Children and Family Services by the HSE monitoring officers for the Area.

To meet the standard the fostering team should clear the backlog of assessments, and service managers and the Foster Care Committee should quality-assure all new assessments to ensure that they comply with regulations and Standards.

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

This recommendation was not met. Inspectors found that most foster carer files had been audited since the last inspection. A spot check by inspectors of 20 foster carer files (households) showed that Garda Síochána checks were not on file for all foster carers (this included relative and non-relative foster carers). In some cases there was evidence that this had been sought by the Social Work Department since the last inspection, but it was not evident for five in the sample checked. This requires immediate attention by the HSE Dublin North Central Social Work Department.

Inspectors found that although some training was provided to the staff on the retrospective assessments of relative foster carers, little attention had been given to the potential difficulties arising from the vetting of existing relative foster carers by the Foster Care Committee. This is potentially a serious problem for the Social Work Department in its plan to clear the backlog of retrospective assessments. Inspectors strongly advise that the Committee develop a sound risk-assessment tool to assist it in making decisions in such instances. The HSE nationally should issue guidance to the committees to assist and support them in making these decisions.

5.3 Follow-up findings on safeguarding and child protection

Recommendation 5

Standard 10: Safeguarding and Child Protection

Regulations: Part II

Child Care Act, 1991: Part II

HIOA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the Regulations the HSE must:</p> <p>Recommendation 5.1 Ensure that any and all protective measures taken by the HSE Dublin North Central Local Health Area in relation to <i>all children</i> in its care and <i>all additional children known</i> to the Area:</p> <ul style="list-style-type: none"> ▪ are adequate ▪ keep children safe and protected ▪ have addressed all concerns notified to the area. 	<p>HSE actions All children in the care of the HSE, Dublin North Central, will have a Care Plan which is up to date and is the subject of a review in accordance with the regulations and Standards. This will apply to residential care, foster care and young people in, or entering, the Aftercare system.</p> <p>Part of this review process will involve consultation with children and young people, their carers and their families.</p> <p>All outstanding care plans are in the process of being prepared. New referrals to the Social Work Department will be prioritised in terms of risk – child protection cases will typically be addressed within 1-2 weeks of referral – child welfare within 4-6 weeks.</p> <p>All referrals assessed as being 'high-risk' will be allocated and low- and medium-risk cases may be</p>	<p>Recommendation partly met</p>

HIOA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>allocated or managed by the Duty Team.</p> <p>All fostering link workers will receive further training/refresher training regarding their obligations under the regulations and Standards.</p> <p>The link workers will ensure that all carers receive further training/refresher training regarding safeguarding and child protection through the Foundation for Fostering and Fostering Relations training courses. Carers will receive all relevant information on the child/children placed with them to enable them to ensure adequate safeguarding in respect of the foster child/children, the carers children, other children, and the carers themselves.</p> <p>Foster children will be thought appropriate self-care and self-protection skills.</p> <p>A new draft Policy, Procedure and Practice Guidance on Handling Allegations and Concerns has been developed in accordance with Children</p>	

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>First. All child protection concerns will be addressed as set out in the Standards.</p> <p>Complaints are managed in accordance with the HSE's Complaints Management Policy 'Your Service Your Say'. A child-centred guide to complaints is being developed.</p> <p>The recording, management, monitoring and analysis of concerns, complaints and allegations against carers will form part of the local, regional and national performance monitoring processes. The Monitoring Officer will be notified of all occurrences and will report on progress. Also, see 1.4.5 above.</p> <p>The implementation of standard business processes covering assessments, thresholds, allocation, management of unallocated cases etc., will strengthen Safeguarding and child protection.</p> <p>The reconfiguration of child care services and the restructuring of social work departments will further enhance the quality of services.</p>	

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>All staff working both directly and indirectly with children and families in Dublin North Central are aware of their responsibilities under Children First in terms of reporting concerns regarding the welfare and protection of children and the steps necessary to report these concerns.</p> <p>All complaints and allegations in relation to children in foster care will be dealt with in accordance with Children First and Standard 10 of the National Standards.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: Ongoing/December 2011</p>	

This recommendation was partly met. Inspectors found that although some of the above actions were implemented not all were. For example:

- There was an increase in the number of social workers since the last inspection and this had allowed for more children to be assigned a social worker.
- Guidance and training had been developed and provided in relation to allegations against foster carers. Social workers and managers interviewed found this training helpful and beneficial.
- The majority of foster carers consulted by inspectors reported to the Authority that they were aware of what was meant by a child protection concern and said they would notify in to the Social Work Department if necessary.
- Social workers and managers were clear about the lines of reporting when there were obvious child protection concerns.

- Risk assessments at the point of referral to the duty team had been developed and assisted with the screening in or out of child protection concerns at this point.
- Most of the children that were consulted with by inspectors through interviews and questionnaires said they felt safe in their placements and that they had a responsible adult to talk to if they required assistance or support.
- Various systems were established to deal with complaints about the service, allegations against foster carers and child protection concerns.
- The Child Care Manager had recently introduced a process of analysing child protection concerns as part of his/her monitoring function.

Despite these achievements, inspectors found that not all systems were implemented effectively and not all children were safe. Overall, inspectors found that there was a lack of clarity amongst those interviewed as to what constituted a complaint, an allegation and/or a child protection concern. There was also a lack of clarity as to which system should deal with each of these, and how and where this information should be recorded. For example, inspectors were aware of several concerns that were notified to the HSE DNC Social Work Departments in the six months prior to inspection and found no record of these or how they had been dealt with on the children's or foster carers' files. Inspectors also found that foster carers that were deemed unsuitable to care for children were not removed from the local foster carer register and as such, could potentially foster children from outside the Local Health Area. Inspectors found that where the Social Work Department had identified serious risks to children in their placement, not all of these children were removed from these placements. This was unacceptable to inspectors.

In a review of a sample case files inspectors found possible child protection and welfare concerns that they reported to the HSE Dublin North Central Local Health Manager during the follow-up inspection period. Progress reports on these specific cases were provided to the Authority and they indicated that some were brought to a satisfactory conclusion, and others remained ongoing. Inspectors also found complaints of a child protection nature made by children over a decade ago that were still being dealt with.

Consultation with foster carers through interviews and questionnaires showed that foster carers were not always aware of what would happen once an allegation was made about them or the children placed with them. Inspectors found examples of where additional children were placed with foster carers against whom allegations had been made and found to be inconclusive due to the length of time it took the Social Work Department to investigate the allegations. Inspectors also found examples of cases where several allegations of a similar nature were made against foster carers over a protracted period of time by different and unrelated children. As three-yearly reviews of foster carers were not routinely occurring as stipulated in the regulations and Standards, inspectors were concerned that no alternative mechanism was in place to ensure that the suitability of all carers was assessed on an ongoing basis, particularly when multiple allegations had been made against them (inconclusive or otherwise).

Inspectors found several incidences of foster carers slapping children in their care. This practice was presented both in written documents and in interviews with social workers as an 'inappropriate form of behaviour management'. Inspectors were provided with different views about slapping children and when it is 'acceptable or understandable' or not. Inspectors formed the view that this is an area that requires absolute clarity amongst social workers and foster carers. It is a practice that inspectors advise is presented in terms of physical harm as opposed to behaviour management and is assessed and dealt with as such.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 5.2 Develop, implement and monitor safe, effective and robust systems that ensure that foster carers found to be unsuitable to care for children do not have children placed with them, and that all relevant parties are notified of their unsuitability.</p>	<p>HSE actions The outcomes of these investigations and assessments will be notified to the local Foster Care Committee who will consider the foster carers' approval status. Where it is found that a foster parent is no longer deemed suitable, all relevant parties, i.e. local, regional and national will be informed of this decision.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: Ongoing</p>	<p>Recommendation not met</p>

This recommendation was not met. There was some evidence that the fostering team were beginning to address retrospective cases where the HSE had concerns about the suitability of some foster carers.

Inspectors found one case from a review of a sample of case files where the HSE Dublin North Central Social Work Department had found one couple unsuitable to continue fostering children. The files showed that the couple withdrew their services as opposed to the HSE Dublin North Central LHA removing them from the local foster carer register.

Inspectors also found two separate cases where foster carers were found to be unsuitable and the decision was made by the Social Work Department to remove the

children from these placements. Yet several months on these children remained in these placements. This was unacceptable. (See also comments under recommendation 5.1.)

As there was no national register of all foster carers or of all allegations made against foster carers, inspectors formed the view that there was no robust system to ensure safe practices nationally in this regard. This is an area that was unacceptable to the Authority, and requires immediate attention by the HSE at a national level.

HIOA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 5.3 Develop and maintain a national register of all allegations made by children against foster carers.</p>	<p>HSE actions The Child Care Manager's office currently monitors a list of all allegations made against foster carers which will be passed to a regional/national database, if developed.</p> <p>Persons responsible: Not indicated</p> <p>Timescale: Not indicated</p>	<p>Recommendation not met</p>

This recommendation was not met. At the time of the inspection the Child Care Manager held a local register of all (notified) allegations made against foster carers described in the HSE actions above (see also comments made under recommendation 5.1 and 5.2). There was no system in place to hold that information in regional and national databases.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 5.4 Ensure that foster carers and children's individual case files contain records of notifications of alleged abuse by foster carers to the Garda Síochána, outcomes of any criminal investigations conducted by the Garda Síochána and any other protective measures taken by the HSE to ensure the protection of individual children.</p>	<p>HSE actions All complaints/allegations regarding children in foster care are now recorded in the child's file, as a matter of good practice, as will the outcomes of any investigations by Social Work Department and by an Garda Síochána. Any safeguarding/protective measures initiated as a result of the above will also be entered into the child's Care Plan/Social Work file. This information will also be passed on to the Monitoring officer and to a regional/national database if developed.</p> <p>Persons responsible: Principal Social Worker</p> <p>Timescale: Ongoing</p>	<p>Recommendation partly met</p>

This recommendation was partly met. Inspectors examined all files for six children about whom child protection concerns had been notified to the HSE DNC Social Work Departments since the last inspection. Inspectors also examined a further 65 children's files and 32 foster carers' (households) files. Inspectors found that overall record keeping had improved since the last inspection and that generally, where appropriate, relevant documents were recorded on both the child's and the foster carer's files. This, however, was not consistent across all files and inspectors were of the view that they would benefit greatly from a better use of cross referencing across individual files. Inspectors found good evidence of files being audited, and where relevant information was not on file there was evidence of this being sought by social workers from other agencies such as the Garda Síochána.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 5.5 Implement <i>Children First: National Guidelines for the Protection and Welfare of Children</i> and the National Standards in all regions (including those issued by Ministers and produced by the Authority subsequent to this inspection).</p>	<p>HSE action Dublin North Central is in the process of implementing the outstanding parts of Children First (1999) and the outstanding parts of the National Standards 2003. The new Children First Guidelines and the new National Standards are not yet published.</p> <p>Person responsible: Principal Social Worker, Child Care Manager</p> <p>Timescale: Ongoing</p>	<p>Recommendation partly met</p>

This recommendation was partly met. Inspectors found that although Children First was not fully implemented in the Local Health Area, the local policies, procedures and local practices were in line with those provided by *Children First: Guidelines for the Protection and Welfare of Children*. The Area awaited the official implementation of the revised 2010 version of Children First by the HSE nationally.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 5.6 Introduce a model of risk assessment that takes into account the potential for peer abuse in each new admission to a foster home.</p>	<p>HSE actions A risk assessment that addresses the potential for peer abuse is being developed.</p> <p>Persons responsible: Principal Social Worker</p> <p>Timescale: October 2010</p>	<p>Recommendation met</p>

This recommendation was met. Inspectors found that the assessment of the potential for peer abuse had been developed and it was incorporated into the assessment process for matching foster carers with children being placed with them (Form E).

HIOA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 5.7 Ensure that in any respite or childminding arrangements social workers know exactly who is looking after a child in care and ensure that appropriate steps are taken to assess his/her suitability.</p>	<p>HSE actions The social worker assigned to a child in foster care will ensure that any ongoing child/minding/respite arrangements in respect of foster children will be subject to a comprehensive check including interview of prospective childminders – respite outside of 72 hours will also be comprehensively assessed.</p> <p>Respite carers will be approved by the Foster Care Committee and regular child minders will be Garda cleared.</p> <p>Persons responsible: Principal Social Worker</p> <p>Timescale: Ongoing</p>	<p>Recommendation partly met</p>

This recommendation was partly met. Inspectors were provided with a copy of the HSE national policy on sleepovers and respite care. Inspectors found through interviews and case records that efforts were made to ensure this policy was implemented. Inspectors found evidence of Garda Síochána checks and approval for respite carers on a sample of case files. It was not possible for inspectors to determine whether all child minders and/or respite carers were appropriately vetted and/or approved or even known to the Social Work Department. As such, this is an area of practice that requires diligent monitoring by the individual social workers and their team leaders.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE Dublin North Central Local Health Area must implement the recommendations above and:</p> <p>Recommendation 5.8 Carry out a systematic review of all case records for children in foster care in the area in order to satisfy itself that any and all child protection and child welfare concerns have been identified, notified and dealt with in accordance with the National Standards, regulations and <i>Children First: National Guidelines for the Protection and Welfare of Children</i>. Where necessary, the HSE must notify any concerns identified to the Garda Síochána.</p>	<p>HSE action A review of social work files of children in foster care is underway. All issues will be addressed in accordance with Children First. Those cases falling under safeguarding/child protection have been reviewed and all are being managed appropriately.</p> <p>A tracking system is in place and all reports are reviewed by the Principal Social Worker.</p> <p>Persons responsible: Principal Social Worker</p> <p>Timescale: Ongoing</p>	<p>Recommendation partly met</p>

This recommendation was partly met. A systematic review of all case records for children in foster care with a view to determining if any child protection concerns were outstanding or not dealt with for any child in foster care during the last inspection period was not undertaken by this Area. What had happened was an administrative audit of many of the case files to ensure that regulatory and relevant documents and information were on file for each child and foster carer. The social workers had also begun a system of reviewing current case files during supervision with social work team leaders to ensure that any child protection concerns were dealt with appropriately. Although this was good practice, these actions did not fully address the actions required to implement this recommendation. Because this systematic review was not undertaken for all children by the HSE Dublin North Central LHA, the matter was escalated through

the agreed protocol between the Authority and the HSE as part of the inspection process, and a strategy to address this was developed by the Area.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 5.9 Issue guidance to social workers and foster carers on the management of allegations of abuse against foster carers.</p>	<p>HSE actions A new draft Policy, Procedure and Practice Guidance on Handling Allegations and Concerns regarding foster carers has been developed in accordance with Children First. All child protection concerns will be addressed as set out in the Standards. Training in the management of allegations will be provided to social workers and guidance and training will also be provided to foster carers.</p> <p>The recording, management, monitoring and analysis of concerns, complaints and allegations against carers will form part of the local, regional and national performance monitoring processes. The Monitoring Officer will be notified of all occurrences and will report on progress.</p> <p>Persons responsible: Principal Social Workers, Central Training and Development Unit</p> <p>Timescale: September 2010</p>	<p>Recommendation met</p>

While this recommendation was met, it should nonetheless be read in conjunction with comments made under recommendations 5.1, 5.2 and 5.3. The Area had introduced an allegations and complaints procedure and provided training for social workers and other relevant people such as the Child Care Manager. Inspectors found evidence of strategy meetings taking place and of notifications being made to social workers who were assigned to other children also placed with the same foster carers against whom allegations had been made. There was evidence of all children being interviewed as part of the investigation process. This was a positive finding in comparison to the original full inspection.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 5.10 Provide social workers with specific training in the assessment of risk.</p>	<p>HSE actions This will form part of the above mentioned training.</p> <p>Persons responsible: Principal Social Worker, Central Training and Development Unit</p> <p>Timescale: Ongoing</p>	<p>Recommendation not met</p>

This recommendation was not met. All the social workers interviewed by inspectors, including the Principal Social Workers, confirmed that they had not received risk assessment training.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 5.11 Provide updated reports to the Authority on child protection concerns arising as a result of this inspection and notified to the Dublin North Central Local Health Area by the Authority.</p>	<p>HSE action Principal Social Workers met with HIQA and the cases identified by the Authority were discussed and there were no outstanding issues. Child protection concerns will continue to be monitored.</p>	<p>Recommendation met</p>

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	Persons responsible: Child Care Manager and Social Work Department Timescale: Ongoing	

This recommendation was met in that progress reports were provided to the Authority in relation to all concerns notified by the Authority during the last inspection. The Authority was satisfied that these concerns were dealt with appropriately. Further updates on concerns notified as part of this follow-up inspection, and updates required in the regular reports requested by the Authority from the HSE Regional Director of Operations, are addressed under 'Next steps' section below.

5.4 Follow-up findings on governance and management

Recommendation 6

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

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
To meet this Standard and the regulations the HSE must: Recommendation 6.1 Ensure that foster care services are managed in accordance with legislation, the regulations and National Standards and are child centred in every aspect of their delivery.	HSE actions The management and monitoring systems are as set out at 1.4.4 and 1.4.5. The roles and responsibilities of all relevant staff from the social worker, team leader, principal social worker, child care manager, general manager, local health manager, regional director of operations, national director, trainers and the monitoring office are defined and understood by all relevant parties.	Recommendation partly met

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>The monitoring function is separate from the line management function and is being strengthened.</p> <p>Local policies and procedures have been updated on an interim basis pending the implementation of standard business processes.</p> <p>An up-to-date local register of all children in foster care and in care with relatives is maintained.</p> <p>Demographic information is available from several sources such as census data, the national disabilities database, the local authorities, the CSO, etc..</p> <p>The data collection and analysis function in respect of fostering services is being developed in line with the requirements of Standard 19 (19.7, 19.8).</p> <p>Service Level Agreements are signed when external agencies are contracted to provide fostering services.</p> <p>Social workers are employed in accordance with budget allocations, service development</p>	

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>approvals and the employment control framework.</p> <p>Contingency plans are being reviewed in the context of the child's allocated social worker being unavailable for an extended period.</p> <p>All children in care will have a care plan by the end of 2010 and all reviews will be conducted in accordance with the regulations and the Standards.</p> <p>A standard assessment framework is being introduced as part of the implementation of Standard Business Processes.</p> <p>All information requested for the annual Review of Adequacy of Child Care and Family Support Services (Section 8, Child Care Act, 1991) is provided.</p> <p>Persons responsible: Local Health Manager, General Manager, Child Care Manager, Principal Social Workers</p> <p>Timescale: Ongoing</p>	

This recommendation was partly met. Inspectors found that the HSE monitoring function, which was separate from the line management function, was strengthened, with additional monitoring officers recruited and in post since the last inspection. Local

policies and procedures were updated on an interim basis pending the implementation of some standard business processes, but some processes were awaiting national policy and guidance.

An up-to-date local register of children in foster care and in care with relatives was maintained and included children in private foster care and other placements. This was updated regularly.

There had been an increase in the number of social workers employed in the Area and a limitation was placed on the number of caseloads of social workers. Coupled with an increase in the overall demand for services and 45 cases remaining unallocated in the children-in-care teams and other cases being unallocated in the family intervention teams, there remained a need (identified by the Area) for more social workers to provide the service within the requirements of the regulations and Standards. Inspectors were provided with details of the employment and deployment of staff, and noted the moderate level of movement between teams as well as in and out of the Social Work Department. The information provided to inspectors indicated that since July 2010 there had been 32 'starters' in a variety of posts. These included 28 newly appointed social workers and four social work team leaders. In the same time period there were 13 people leaving their posts.

There had also been several changes in senior managers since the last inspection and most of those interviewed said this had created a feeling of instability amongst the staff. Both the local health office manager's and general manager's posts were being filled in an acting capacity, and significant changes in the managerial structures were under way within the HSE generally. Not everybody interviewed was sure what these changes were, or how significantly these changes would impact on the delivery of services.

The intention that all children in care should have a care plan by the end of 2010 and all reviews be conducted in accordance with the regulations and the Standards had not been realised in practice.

Inspectors found evidence of the Area increasing its focus on child-centred practices. Consulting with children, according to the case files sampled had improved since the last inspection, however, this was challenged by some of the young people interviewed by inspectors. There was also evidence of good support to the Social Work Departments from the local family support team and the child care worker for the Area. The concept of child-centeredness had been understood insofar as the interactions between social workers and young children were concerned, and there was evidence of more visits where children were seen and spoken with in private by social workers. However, the system itself had some way to go to ensure that its children's right practice, decision-making processes, and administration and recording systems were more reflective of child-centred practices and processes.

HIOA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 6.2 Review the governance of all social work departments in order to satisfy itself that they:</p> <ul style="list-style-type: none"> ▪ are fit for purpose ▪ have high quality leadership ▪ have suitably qualified staff ▪ have a senior managerial structure to which they are accountable and which provides clear support to them in the execution of their duties. 	<p>HSE actions</p> <p>Pending the implementation of the recommendations in the PA Consulting Report[†], the Social Work Department will be reviewed to ensure that services are delivered in accordance with the regulations and Standards up to the limits allowable within available resources. Ongoing risk assessments, prioritisation and reviews of unallocated cases will be an integral part of the management of service.</p> <p>Management and monitoring will take place as set out at 1.4.4 and 1.4.5 above.</p> <p>Training, support and supervision will be provided to all staff including team leaders and principal social workers.</p> <p>Overall governance and support will be provided by the local Child Care Management Team and by line managers.</p> <p>Persons responsible: Local Health Area Child Care Management Committee</p>	<p>Recommendation partly met</p>

[†] A report commissioned by the HSE based on a review of the delivery and management of child and family services.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	Timescale: Ongoing	

This recommendation was partly met. A review of the governance of the Social Work Departments was under way and improvements were evident in some areas.

At the time of the inspection there was a significant increase in staffing which was reported as being a positive step in the effective delivery of the foster care service. Seventeen new social worker posts had been provided to the social work team and all posts were filled. This also allowed the reconfiguration of the Social Work Departments. Although these new posts were welcomed and had contributed to an improved service for some children, inspectors found that the Social Work Departments had identified the need for eight more posts.

There had been several significant changes in senior and middle management including managers retiring and structural changes to the management of child and family services in the HSE generally. There was also a delayed response to the need for national guidance and policies in some areas of service delivery, and these were awaited by the Area. In the interim, inspectors found that local guidance was provided where appropriate.

The Child Care Management Group was established since the last inspection, and it met monthly. This Group comprises the Local Health Manager, General Manager, principal social workers, Child Care Manager and the Alternative Care Manager. Their objectives at the time of the inspection were to review the reconfiguration of the Social Work Department and oversee progress of the Department's action plan. It was also to identify trends and needs of the area.

The PA Consulting report referred to in the action plan was completed and was with the National Director for Child and Family Services. It was not clear when the outcomes of this report would be circulated or what the recommendations were and how they would impact on the delivery of services.

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

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

A national system for the de-registration of unsuitable foster carers had yet to be put in place. There was also no adequate system in place for communication between one local health area and another when a carer was no longer providing foster care placements because of a decision that he/she is unsuitable. Communicating this information was dependent on one local health area asking another area if a carer or prospective carer was known to them. (See also comments made under recommendations 5.1, 5.2 and 5.3.)

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

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

This recommendation was partly met. Inspectors examined files of some recently assessed and approved foster carers and found that the assessment had been thorough, comprehensive, within the statutory timescales, and well recorded and filed. National guidelines and procedures for registration of foster carers were awaited by the Local Health Area Foster Care Committee.

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

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

The recommendation was not met. The Authority was notified of cases where children were placed with carers not who had not been fully assessed and approved. This was in an emergency situation. Figures provided to the Authority by the HSE Dublin North Central LHA showed that children continued to be placed with foster carers that were not approved or assessed. However, the exact figure was not provided by the HSE Local Health Area.

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

This recommendation was partly met. Inspectors were provided with a copy of a comprehensive local register of fostered children. The register is updated regularly. However, inspectors advise that the register is monitored closely to ensure it reflects all movements of children, for example, when they return home or move on to residential care. The register needs to be regularly monitored and quality assured in order to

maintain a high level of accuracy and dependability. Recommendation 6.6 cannot be fully met until a national register is established.

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

This recommendation was partly met. Inspectors found good evidence of an audit and reorganisation of files being undertaken by HSE Dublin North Central LHA. Inspectors were told by principal social workers that all files were reviewed by a team of administrative staff to ensure they were physically intact. A file audit form was placed on files audited and these indicated what was required to bring the file up to a good standard. A further process of reviewing of files was being conducted by social work team leaders. Inspectors were provided with a list of children and carers whose files had been reviewed by social work team leaders prior to inspection. This work was ongoing.

Inspectors viewed a sample of case files and found that some had been audited and others had not. Those audited were reorganised to a good standard and most contained the regulatory information. Where information was not available on file, this was noted

on the audit form and the action to be taken was also indicated. Inspectors also found that in some cases, particularly where there were multiple files going back over a long period of time, the older files required some reorganisation. Information was difficult to find on some and as such, they would not be accessible to children or adults who request access to them.

To meet this standard, the HSE Dublin North Central LHA should ensure that a reorganisation and audit of every file is carried out, with a view to making them accessible to those with a right to access them.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 6.8 Introduce governance and management systems to quality assure the information systems implemented, and all information held by the HSE in relation to children and families.</p>	<p>HSE actions Currently Dublin North East is undertaking a file auditing system review to quality assure the current processes re policy adherence, recording and file storage. All new files are audited by Team Leaders for compliance with requirements. The system will also be subject to external audit.</p> <p>Persons responsible: Area Manager Consumer Affairs, General Manager, Principal Social Workers</p> <p>Timescale: Ongoing</p>	<p>Recommendation partly met</p>

This recommendation was partly met. Inspectors found that an initial audit of files had taken place and that a more rigorous approach was being adopted by the social work team leaders. However, at the time of the inspection, social work team leaders had reviewed less than 10% (31) of the children in foster care in the Area. Inspectors also found that this review was only being undertaken in relation to current, working files, and not on older files that may exist for individual children. The inspectors are of the view that the system and the social workers require an adequate and dependable level of administrative support in order to attain and maintain a suitable standard. There is

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

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

This recommendation was partly met. The structures were in place for an effective monitoring system. Two monitoring officers were appointed in addition to the officer already in post to cover the three North Dublin City Local Health Areas. The monitoring officers produced three reports since the last inspection and it was reported by one monitoring officer that communication with the Social Work Departments was greatly improved since the original full inspection. These monitoring reports were provided to inspectors during the course of the inspection. The Principal Social Workers had received the reports and implementation of the monitoring officer's recommendations was found to be ongoing. These reports were not provided to HIQA prior to the inspection fieldwork, as indicated in the action above. The Authority requested that monitoring reports are provided to the Authority as a matter of routine by the monitoring officers.

Inspectors found that not everybody interviewed was aware of who the monitoring officers for the Area were. There was a lack of clarity amongst those interviewed as to what should be routinely reported to the monitoring officers. Inspectors advise that this is clarified.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 6.10 Review the HSE policy on supported lodgings and undertake an audit nationally to ensure the safety and welfare of all children in supported lodgings.</p>	<p>HSE actions All children in supported lodgings in DNC will be risk assessed as part of their case review process. All new placements will be in accordance with the current policy.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: Ongoing</p>	<p>Recommendation partly met</p>

This recommendation was partly met. The HSE conducted a national audit of supported lodgings at the Authority's request and a copy of this was provided to inspectors. It was dated June 2010. Inspectors found, however, that the policy on supported lodgings had not been reviewed. Information provided by the HSE Dublin North Central LHA indicated that there were three children in supported lodgings in DNC, and all of the carers were assessed and approved. These placements were not indicated on the local children-in-foster care register. The register of foster carers did have a section allocated to placements in supported lodgings, but this was not completed.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 6.11 Review and implement the HSE's national policy on the transfer of children's cases across HSE areas.</p>	<p>HSE action DNC accepts referrals under the national transfer policy and continues to work with other LHOs to progress transfers under the policy.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: Ongoing</p>	<p>Recommendation partly met</p>

This recommendation was partly met. Inspectors found that the transfer policy was not reviewed since the last inspection. Inspectors found from a review of the local register of children in foster care, that many children were placed outside of the Dublin North Central LHA, and some were placed as far away as Limerick, Kildare and Cavan. One case that was subject to a specific recommendation in the last inspection report was not transferred at the time of the follow-up inspection. Information provided to inspectors did, however, show that one case was successfully transferred from Dublin South East LHA to Dublin North Central LHA prior to the inspection. Inspectors were also made aware of another case that was in the process of being transferred by Dublin North Central LHA to another local health area.

It is imperative that the senior managers of children's services, and particularly the National HSE managers, drive the implementation of this policy. It should be implemented not only on the basis of the policy itself but in the best interests of the children concerned and in the context of the efficiency of local services and the optimal use of resources.

Recommendation 7

Standard 23: Foster Care Committee

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

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

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

This recommendation was partly met. At the time of the previous inspection there was one foster care committee for the three local health areas in the north of Dublin City. Since the last inspection the system was changed so that each area had its own committee. The DNC Foster Care Committee was established since the last inspection and met monthly. Inspectors were provided with updates from HSE Dublin North Central

on the Foster Care Committee's activities, and these showed that the Committee was reviewing all serious concerns and allegations, and where there were ongoing issues, progress reports were being requested from the Social Work Department as an additional safeguarding mechanism. Training for members of the Committee was provided by the central training unit and these included the function of the Committee, the management of complaints and allegations, and the approval of retrospective relative placements. The Committee had scheduled dates to review new foster carers who had been approved in an attempt to achieve a good standard of practice in relation to foster carer reviews.

From a review of case files and interviews, inspectors found that the Foster Care Committee was only notified of allegations against foster carers that were of a child protection nature. Where, for example, inspectors found foster carers had allegedly slapped a child in a manner that was not classified by the Social Work Department as a child protection concern this was not notified to the Committee. Other examples that were not notified to the Committee were found by inspectors, including multiple allegations from different children against foster carers over a protracted period of time, that were either classified as welfare concerns or were recorded as unconfirmed child protection concerns. This was of concern to inspectors (see also comments made under safeguarding and child protection).

The Committee awaited the HSE national policies, procedures and guidelines for foster care committees. This was in draft form and disseminated throughout the HSE nationally for comment. It was expected that this would be finalised in the third quarter of 2011.

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

Recommendation 8

Standard 2: Family and Friends

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

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the Regulations the HSE must:</p> <p>Recommendation 8.1 Ensure that all children are aware of their care status and family background. Where this is not the case, the HSE must satisfy itself that decision-making is transparent and based on a robust risk assessment, is lawful and is recorded on the child's case file.</p>	<p>HSE actions Social workers will ensure that all children are aware of their care status and family background. This work will be carried out in an age appropriate way with each child. In the unlikely event that this is not considered appropriate, the reason for this will be recorded on the child's file.</p> <p>In the course of completing care plans, a number of children were identified who were unaware of their care status and family background. The Social Workers addressed these matters. However, in some circumstances where it was deemed inappropriate to give the children this information, a detailed explanation was recorded on file.</p> <p>Persons responsible: Principal Social Worker</p> <p>Timescale: Ongoing</p>	<p>Recommendation partly met</p>

This recommendation was mostly met. Inspectors found through a review of case files and interviews with children and foster carers that promoting the awareness of children of their care and family background had improved. There was evidence of life-story work being carried out with children and this was recorded on their case files. Foster carers told the inspectors of the work they had carried out with some of the children such as making birth family photo albums and scrapbooks for the children. Inspectors also found evidence of social workers working closely with birth parents, and encouraging them to speak to the children about their birth families.

Through interviews, inspectors were made aware of issues around care status and family background emerging from cases that were unallocated previously. Inspectors were given the example of a child believing that his/her aunt was his/her mother. This was proving a challenge for the Social Work Department, but inspectors were satisfied that there was more awareness of these issues than was evident in the last inspection.

A review of the register of children indicated that a total of 52 parents (one mother and 51 fathers) were unknown to the Social Work Department. The location or address of 92 parents (72 fathers and 20 mothers) was not known to the HSE Dublin North Central. The register also showed that a total of 35 parents were deceased (19 mothers and 16 fathers), and that a total of 17 parents were homeless (11 mothers and six fathers). Inspectors were unable to contact the majority of birth parents of the children in the sample. This was due to contact details being incorrect or unavailable to the HSE. Social workers told inspectors of the transient lifestyles of some birth parents that made contact difficult at time. Overall, these variables contributed to a challenging task in hand for the Social Work Departments.

This is an area of practice that requires monitoring over an extended period of time, and it will be continuously assessed by the Authority in future inspections.

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

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>order. A decision to take a child into care will be based on need for care and protection and will be taken by senior managers.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: September 2010</p>	

This recommendation was not met. The original full inspection found that not all children were received into the care of the HSE DNC Local Health Area for reasons of care and protection. As such, this recommendation was made to ensure that the HSE DNC was satisfied that the risk assessment model it had in place was robust enough to ensure only those children requiring care and protection were received into its care. This inspection found that although the model being used by the Area had been in place before the last inspection, there was no evidence of the Area ensuring that this system was effective for every child. In addition to this, inspectors found that no review was conducted for all children in foster care to ensure their reception into care was the best and or was the only alternative available (see also comments under recommendation 8.5). Inspectors were not provided with a copy of any policy developed since the last inspection identified in the HSE's action plan above. This is an area that requires formal monitoring by the Area.

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

This recommendation was not met. It was confirmed for inspectors by a principal social worker that access arrangements were not reviewed for all children not assigned a social worker. Dissatisfaction with access arrangements between children and their families was an issue that was raised on several occasions with inspectors during their visits with children in their foster placements. This dissatisfaction was felt by both children and foster carers. These were brought to the attention of the HSE Dublin North Central LHA area during the course of the inspection. This recommendation still stands.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE Dublin North Central Local Health Area must implement the recommendations above and ensure that:</p> <p>Recommendation 8.4 Review all cases where children are placed with relative foster carers in order to satisfy itself that their reception into care was based on their need for care and protection.</p>	<p>HSE actions All cases where children are placed with relatives will be reviewed to satisfy the requirement that their reception into care was based on the need for care and protection.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: December 2010</p>	<p>Recommendation not met</p>

This recommendation was not met. Inspectors found that a review of the cases mentioned in the action plan did not occur. This was confirmed by a principal social worker. This recommendation still stands.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 8.5 Find alternative financial support to relative foster carers where reception into care is not necessary.</p>	<p>HSE actions Options to provide financial support to relative foster carers where reception into care is not necessary will be pursued and guided by the outcome of the national review.</p>	<p>Recommendation met</p>

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

This recommendation was met. Alternative funding was available through an application by the Social Work Department to the General Manager. This was funding that inspectors were told was requested regularly as an alternative.

Recommendation 9

Standard 1: Positive Sense of Identity

Regulations: Part III (s.8)

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

This recommendation was partly met. Inspectors found from most case files and interviews, that a child-centred approach was taken by social workers in their everyday interactions with children in foster care. However, as this report has referred to throughout, there are areas of practice that require a re-focus. For example, case notes should be written with the understanding that a child may wish to access them, and case files and other records should be maintained and stored in a way that is respectful to the children in question and be accessible to them. Some policies should be

introduced and/or revised to take a child-centred focus also, such as the changing of children's names whilst in foster care, when this was not decided within the statutory review process. Some of the child-centred practices that still needed to be developed were in relation to children's rights. For example, there was a need for a child-centred complaints system which children are encouraged to use and in which they can have confidence in. Child-centred practice is also referred to under Recommendation 6.1.

HIQA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 9.2 Develop a policy that prevents the changing of children's names whilst they are in foster care without the authority of a court.</p>	<p>HSE actions The Social Work Department recognises that the child's legal name is the one that is on their birth certificate. However the SWD recognises that children may choose to take the name of the foster family when they have been living there for a significant period of time. All documents in regard to children in care will have their legal name and include any alias the child may have. A review of all files to complete this work will be undertaken. Local practice will be informed by national policy and guidance in this regard.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: September 2010</p>	<p>Recommendation partly met</p>

This recommendation was partly met. Inspectors found an improvement in practice since the original full inspection. A review of a sample of case files showed that birth certificates were on file for those children whose case files were audited by the Area since the last inspection. The files showed many incidences where the name on the

child's birth certificate was different to the name that the child was referred to in case records. This was identified by social workers and rectified. However, inspectors also found that in one child's case, social workers continued to spell a child's name incorrectly and were ordered by a district court to cease doing so.

Inspectors found that there was no policy developed, either locally or nationally, preventing the changing of a child's name whilst they were in foster care without the authority of a court.

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

This recommendation was partly met. In those records checked by inspectors birth certificates were present. The audit of all files has yet to be completed before it can be confirmed that all children's case records contain birth certificates. This will be assessed by inspectors during the next inspection.

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

This recommendation was not met. The task of developing a national non-discriminatory policy was assigned to a sub-group of the national alternative care group. One principal social worker in HSE Dublin North Central was on this sub-group and confirmed for inspectors that a non-discriminatory policy in relation to children with a disability had yet to be developed since the last inspection. This recommendation still stands.

HIOA national and local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 9.5 Develop policies and clear practice guidelines for social workers on the promotion and facilitation of the child in care's right to access information about services and about his/her own life history.</p>	<p>HSE actions Every child in foster care has access to the IAYPIC should they so choose. IAYPIC leaflets were distributed to all children in foster care along with the Children's Book About Foster Care. Policies and guidelines will be developed in terms of children's rights to information about services and about their own life.</p>	<p>Recommendation partly met</p>

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

This recommendation was partly met. Inspectors found from interviews, case files and consultation with children through questionnaires, and visits to them in their foster care placements, that effort was being made by HSE Dublin North Central LHA to promote the rights of children to access their case files. Social workers interviewed were aware of these rights, children who were interviewed were also aware of them. One child said he/she had accessed his/her file. Several of the foster care homes had copies of the Irish Association of Young People in Care leaflets. These were provided by the children's social workers. However, inspectors were not confident that this was the case for all children in foster care.

As stated earlier in this report, inspectors also found that social workers were endeavouring to facilitate children to learn about their family history, and in circumstances that were challenging, such as poor contact with birth parents, parental homelessness and transience, and parents being deceased. Case records were replete with evidence that birth parents for some children did not engage with the Social Work Department or did not attend access or child-in-care reviews for their children.

An analysis of the DNC register showed that 52 parents of HSE Dublin North Central LHA fostered children were unknown to their children. This presents the Social Work Department with a serious challenge in meeting the requirements of this Standard and promoting the heritage and life history of the children and their families. Table 5 on the next page gives details of the numbers of parents unknown to or not in contact with their children and includes those unknown to the Social Work Department. The information is taken from the Dublin North Central children in foster care register.

Table 5. Parents of children in Dublin North Central foster care – February 2011

	February 2011
Number of mothers unknown to the Social Work Department	01
Number of fathers unknown to the Social Work Department	51
Number of mothers unknown to their children	01
Number of fathers unknown to their children	51
Total number of parents unknown to their children	52

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

This recommendation was partly met. See comments under recommendation 5.7 above.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE Dublin North Central Local Health Area must implement the recommendations above and ensure that:</p> <p>Recommendation 9.7 Ensure that any items intended for a child in foster care or a parent is delivered to the recipient unless there are specific risks attached with doing so.</p>	<p>HSE action The SWD will ensure that any items intended for a foster child or parent are delivered to them. If there is some reason why it is not appropriate this will be noted on file and the matter kept under review. For example, the child may be too young to receive a letter where the contents may be disturbing for them to read. An audit of current files will be completed to ensure compliance.</p> <p>Persons responsible: Social Work Department</p> <p>Timescale: 30 August 2010</p>	<p>Recommendation partly met</p>

This recommendation was partly met. Inspectors found that items identified during the last inspection were given to children in foster care. In light of the fact that an extensive audit was not conducted on every file for every child in foster care since the last inspection, the Social Work Departments should continue to ensure any items are returned to children in foster care as they come to their attention. Where this is not the case, these items should be stored with great care in anticipation of the child turning 18 years of age, at which time they may be given these items.

Recommendation 10

Standard 3: Children's Rights

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

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

This recommendation was partly met. HSE Dublin North Central had a complaints officer who was also a principal social worker for the Area. Complaints were dealt with through several different systems according to how they were classified by either the general manager, or the principal social worker. Complaints pertaining to children in care and their carers tended to be dealt with by the principal social worker, and where applicable, the Foster Care Committee. Complaints specifically about the delivery of HSE services were dealt with by the General Manager under 'Your Service Your Say'. Complaints, classified as 'low level' complaints made by children or carers on a day-to-day basis were dealt with by social workers and/or their team leaders and were sometimes resolved through the statutory child-in-care review process. Where an incoming issue was wrongly categorised as a complaint and was later determined a child protection concern, it was ideally re-directed through the child protection notification system, according to senior managers who were interviewed.

Despite what appeared to be a good approach and good systems designed to deal with various types and levels of complaints, in practice their implementation required considerable attention by the Dublin North Central LHA. For example, inspectors found that there was a lack of clarity amongst those interviewed as to what constituted a complaint, where they should be recorded and what system was the most appropriate to deal with them.

Information provided by Dublin North Central LHA stated that there were no complaints made since the last inspection. Inspectors were aware of several complaints that had been made to the HSE DNC Social Work Department and could not find a record of them in any of the systems in place. When inspectors asked about these complaints the explanations given were unsatisfactory. Inspectors also saw from various case files that foster carers, children and birth parents were making complaints of various types and levels.

Children's case files that were sampled by inspectors showed that complaints made to social workers continued to be recorded in daily case notes. This did not allow for any type of ongoing analysis of what a child may be telling social workers over a period of time, nor did it facilitate a smooth transition of a case from one social worker to another. Inspectors also found that the children's case files did not have a section dedicated to the recording of complaints, how they were dealt with and how the outcomes were fed back to the child, regardless of how low a level the complaint was classified as.

Several of the children consulted by the inspectors said they knew the complaints process and were confident to complain if they had to. Others did not. This was confirmed by one birth parent who told inspectors that he/she and his/her son/daughter were not confident in the complaints process, and felt let down when they had complained before, and also felt that they may experience a negative consequence for making further complaints. Inspectors also got a mixed response from foster carers

about their knowledge and confidence in the complaints process. Some were more confident than others, and two told inspectors that they would never complain for fear of children being removed from their care. This was unacceptable and was clearly an area that the HSE Dublin North Central LHA needed to invest considerable energy to rectify.

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

This recommendation was not met. (See also comments made under recommendation 9.4.)

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

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

This recommendation was partly met. (See comments made under recommendations 9.1 and 9.5.)

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

This recommendation is partly met. (See comments made under recommendations 8.1, 8.4, 9.1, 9.2, 9.5 and 10.1.)

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

This recommendation was partly met. Complaints made by children in foster care in the Area were held by one of the two principal social workers. Those that were dealt with under 'Your Service Your Say' were held by the General Manager. Complaints made to social workers were held on children's case files in case notes. Complaints were monitored by the HSE monitoring officers. Practice in this area should be continuously monitored and assessed more fully in the next inspection of the service. (See also comments made under recommendation 10.1.)

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>To meet this Standard and the regulations the HSE Dublin North Central Local Health Area must implement the recommendations above and ensure that:</p> <p>Recommendation 10.6 Children in foster care have the same day-to-day experiences as their peers, and are fully integrated into the families in which they are placed.</p>	<p>HSE actions A fundamental principle of the service is that children in foster care have the same day-to-day experiences as their peers. Foster carers and social workers work continually to fully integrate children into their foster families.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: Ongoing</p>	<p>Recommendation partly met</p>

This recommendation was partly met. Inspectors visited nine children in their foster care homes and other children were consulted by inspectors through questionnaires. Inspectors also read a sample of case files. Together these gave inspectors some insight into the day-to-day experiences of some children in foster care in the area. The majority of these children appeared to experience day-to-day life in a similar manner to their peers. Of those visited by inspectors, all who were of school-going age were in school, were generally treated as a member of the foster family and were included in such things as family holidays and photographs. However, inspectors found that this was not the case for all of these children. Where inspectors had any concerns about any child in foster care in the Area, these were notified to Dublin North Central Social Work Department during the inspection period. Inspectors acknowledge that the positive experiences of many children in foster care in the Area may not be the experience of all children in foster care in the area.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 10.7 The culture and heritage of children of non-Irish origin is promoted.</p>	<p>HSE actions The SWD is conscious of the need to assist the foster carers to promote the heritage and culture of children of non-Irish origin. Specific training will be developed in this regard.</p> <p>Persons responsible: Principal Social Workers</p> <p>Timescale: Ongoing</p>	<p>Recommendation partly met</p>

This recommendation was partly met. The social work teams had social workers from different cultural and ethnic origins and this was found to be a positive move towards providing an equitable and culturally sensitive service to children in foster care and their carers. However, this was a recommendation that was difficult for inspectors to assess at this early stage and it will be assessed further in future inspections.

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 10.8 That all complaints are dealt with promptly.</p>	<p>HSE actions Complaints are managed in accordance with the HSE's Complaints Management Policy, 'Your Service Your Say'. Carers and Social Workers will receive further training in this regard. A child-friendly guide on the whole complaints process is being developed and children in care will be made fully aware of what to do should they wish to make a complaint.</p>	<p>Recommendation partly met</p>

HIQA local recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
	<p>The management of all complaints will be monitored and the Foster Care Committee will be notified. Complaints will form part of the foster carer review process. All complaints will be handled within the timeframes in the policy.</p> <p>Persons responsible: Principal Social Worker</p> <p>Timescale: Ongoing</p>	

This recommendation was partly met. According to the Dublin North Central LHA there were no complaints made in relation to its foster service care or children in foster care since the last inspection. Despite this, and as referred to in the section on Recommendation 10.1, inspectors were aware of complaints that had been made to the Social Work Departments. Inspectors found that these were not dealt with within the appropriate system or in accordance with HSE policy and therefore could not be assessed as having been dealt with appropriately. Inspectors also found that complaints made by two children took almost a decade to be dealt with. This was not acceptable. (See also comments made under recommendations 5.1, 10.1 ad 10.5.)

5.6 Follow-up findings on conclusion of previous inspection reports

Recommendation 11[‡]

HIQA national recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 11 The Board of the HSE should nominate a national director with direct accountability and authority for the provision, by or on behalf of the HSE, of safe and high quality services for children.</p>	<p>HSE action National Persons responsible: Timescale:</p>	<p>Recommendation met</p>

This recommendation was met. Separate to this inspection, the HSE informed the Authority that it appointed a National Director who took up the post in January 2011.

Recommendation 12[‡]

HIQA national recommendation, July 2010	HSE Action Plan August 2010	Status of recommendation at the time of inspection
<p>Recommendation 12 Progress made against the implementation of the recommendations contained in this report, and the findings of associated reviews requested by the Authority, should be reported to the Board of the HSE, the Authority, Minister for Children and Youth Affairs, and published.</p>	<p>HSE action National Persons responsible: Timescale:</p>	<p>Recommendation partly met</p>

[‡] Refer to *Follow-up inspection on the implementation of national recommendations on Health Service Executive foster care services*, Health Information and Quality Authority (2011).

The implementation of this recommendation was partly met. Separate to this inspection, the HSE Office of the National Director of Children and Family Services proposed providing reports to the Authority on progress made against the implementation of these recommendations and recommendations of other reviews and reports on a monthly basis. At the time of this inspection, progress reports had yet to be received from the HSE. The HSE Office of the National Director of Children and Family Services confirmed to inspectors that at the time of inspection it was reporting progress made to the Board of the HSE, the Risk Committee of the HSE and the Office of the Minister for Children and Youth Affairs. See also section 7, 'Next Steps'.

6 Conclusions

In conclusion, inspectors found that while good progress has been made in implementing the HSE Dublin North Central foster service action plan, particularly in terms of management structure of the service, much work remained to be done to comply fully with the regulations and Standards, and to ensure the service is safe for all children. Areas of progress included the appointment of a National Director for Children and Family Services, and the re-configuration of the service. The management structures had been, and continued to be, reviewed and changed to meet the needs of the service. At the time of the follow-up inspection, several of the managers were in acting positions and the management structure was due to change again shortly after the inspection fieldwork. Although the changes to the management structure were positive, inspectors were of the view that this transitional period required careful management by the HSE so as not to create an unstable environment. The recruitment of additional social workers was a welcome finding, as was the increase in visits to those children who were assigned a social worker, and an increase in the number of allocated cases. There was also an improvement in the local systems of gathering and maintaining information and care records. Many of the reforms made were of a local response to what were national issues that required national guidance and procedures to ensure a standardised approach, and these were awaited by the HSE DNC Social Work Department. However, the overall adequacy and deployment of staffing resources still required attention from senior managers of the service, and the number of unallocated cases of children in DNC foster care is a matter that requires urgent attention, as does the implementation of child protection mechanisms that keep children safe.

Despite the progress found by inspectors and reported by the HSE, deficiencies in assigning social workers to children and their foster carers remained in HSE Dublin North Central Local Health Area. There also continued to be significant delays and backlogs in the assessment and approval of foster carers, and in the implementation of Children First. In order to assure that the HSE DNC Local Health Area is meeting its statutory duty of care to all children in its foster care service, considerable improvement

is required in the implementation of several of the recommendations in the original full inspection report. In summary, they include:

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

7 Next Steps

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

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

The Authority will also:

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

8 References

- Child Care Act, 1991. Dublin: The Stationery Office; 1991
- Children Act, 2001. Dublin: The Stationery Office; 2001
- Child Care (Placement of Children in Foster Care) Regulations 1995 SI No. 260 of 1995. Dublin: The Stationery Office; 1995
- Child Care (Placement of Children with Relatives) Regulations 1995 SI No. 261 of 1995. Dublin: The Stationery Office; 1995
- Data Protection Act, 1988. Dublin: The Stationery Office; 1988
- Data Protection (Amendment) Act 2003. Dublin: The Stationery Office; 2003
- Department of Health and Children. *Children First: National Guidelines for the Protection and Welfare of Children*. Dublin: The Stationery Office; 1999
- Department of Health and Children. *National Standards for Foster Care*. Dublin: The Stationery Office; 2003
- Freedom of Information Act 1997. Dublin: The Stationery Office; 1997
- Freedom of Information (Amendment) Act 2003. Dublin: The Stationery Office; 2003
- Health Act 2004. Dublin: The Stationery Office; 2004
- Health Act 2007. Dublin: The Stationery Office; 2007
- Health Service Executive. *Review of Adequacy of Services for Children and Families*. Dublin: Health Service Executive; 2008

9 Glossary of terms

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

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

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

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

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

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

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

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

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

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

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

Ward of court: when a child is made a ward of court all matters affecting the ward's upbringing become the responsibility of the court. The court determines matters such as the child's residence, education, maintenance, holidays, etc.. A third party can seek custody of a child against a parent, or seek to obtain protection for a child against the actions of a parent, by bringing wardship proceedings.

Published by the Health Information and Quality Authority.

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