



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Inspection of the HSE Dublin South East Local Health Area Fostering Service in the HSE Dublin Mid-Leinster region**

**Inspection Report ID Number: 572**

**Inspection Fieldwork: 7 August-20 August 2012**

**Issue Date: 11 February 2013**



<b>Service information†</b>			
<b>Name of HSE local health Area:</b>	Dublin South East		
<b>Name of Integrated Service Area:</b>	Dublin Mid-Leinster		
<b>Type of HSE service:</b>	Foster Care		
<b>Report ID number:</b>	572		
<b>Announced or Unannounced</b>	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced		
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Triggered <input type="checkbox"/> Targeted <input type="checkbox"/> Follow-up		
<b>Legal authority to inspect:</b>	Section 69(2) Child Care Act 1991 as amended by Section 26 of the Child Care (Amendment ) Act 2011		
<b>Regulations governing HSE Foster Care Services</b>	Child Care ( Placement of Children in Foster Care) 1995 Child Care (Placement of Children with Relatives) 1995		
<b>Relevant Standards</b>	National Foster Care Standards Department of Health 2003		
<b>Other key National Guidance</b>	<i>Children First National Guidance for the Protection and Welfare of Children 2011</i>		
<b>Governance structure:</b>	<input checked="" type="checkbox"/> Statutory reporting structure		
<b>Number of children in foster care in the LHA</b>	Relative: 27	General foster care: 56	Total: 83
<b>Number of children with allocated social worker</b>	Relative: 25	General foster care: 55	Total: 80
<b>Number of carer households</b>	Relative: 24	General foster care: 44	Total: 68
<b>Number of households with assigned link worker</b>	Relative: 22	General foster care: 41	Total: 63
<b>Dates of inspection fieldwork:</b>	07-20 August 2012		

<b>Lead HIQA inspector:</b>	Orla Murphy
<b>HIQA support inspector(s):</b>	Eimear Short
<b>Date of last inspection:</b>	N/A First inspection of service
<b>Type of last inspection:</b>	<input checked="" type="checkbox"/> Not applicable - first inspection of service <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Triggered <input type="checkbox"/> Targeted <input type="checkbox"/> Follow-up
<b>ID number of last HIQA inspection report for this service:</b>	<input checked="" type="checkbox"/> Not applicable - first inspection of service Date:

† Data source: HSE Child and Family Services Template completed by Louth Meath LHA, at the request of the Authority as part of this inspection with amendments following verification by the Authority on site.

## Table of Contents

Service information† .....	iii
1. Introduction.....	2
2. Profile of HSE Dublin South East.....	3
3. Summary of findings .....	6
4. Methodology.....	8
5. Inspection findings .....	9
6. Children and young people comments.....	46
7. Summary of Standards .....	48
8. Glossary of Terms .....	50
9. Action Plan .....	52

## 1. Introduction

The great majority of children in the care of the Health Service Executive (HSE) who require a care placement are placed in foster care, which is provided for in the Child Care Act, 1991 and regulated through the Child Care (Placement of Children in Foster Care) Regulations 1995 and Child Care (Placement of Children with Relatives) Regulations 1995 (referred in this report as the child care regulations). Once the child is in the care of the HSE, the HSE has responsibility for that child's care, welfare and upbringing. Children are generally placed in family situations, either with their relatives or with general foster carers.

The Health Information and Quality Authority (the Authority) is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect foster care services provided by the HSE and to report on its findings to the Minister for Children and Youth Affairs.

The findings of the inspection are set out under nine outcome statements. These outcomes set out what is expected in foster care services and are based on the requirements of the Child Care Act 1991, the child care regulations and the National Standards for Foster Care 2003.

The inspection report is available to children, parents, carers, providers and members of the public, and is published on [www.hiqa.ie](http://www.hiqa.ie) in keeping with the Authority's values of openness and transparency.

The inspection findings highlight areas of good practice as well as areas where improvements are required. The completed report and subsequent reports on actions taken by the HSE to meet the recommendations will be issued to the Minister for Children and Youth Affairs. The report is available to members of the public and is published on our website [www.hiqa.ie](http://www.hiqa.ie)

### **Acknowledgements**

Inspectors wish to thank the foster carers, children and parents for the openness with which they embraced the inspection process and welcomed inspectors into their homes. Inspectors also wish to acknowledge the cooperation of the members of HSE Children and Family Services and senior managers in the LHA.

## 2. Profile of HSE Dublin South East

Dublin South East Local Health Area (LHA) covers the communities of Sandymount, Ballsbridge, Ranelagh, Donnybrook, Milltown, Dundrum, Ballinteer, Sandyford and Kiltiernan and provides a wide range of services through the LHA. HSE Dublin South East is one of three local health areas in a wider Integrated Service Area, Dublin Mid-Leinster. The other two local health areas in Dublin Mid-Leinster are Wicklow and Dublin South.

According to the *HSE Review of Adequacy Report 2008*<sup>\*</sup>, Dublin South East LHA, had a child population of 20,440 and had 102 children in care which was the sixth lowest number of children out of the 32 LHAs in Ireland.

There are many areas of deprivation located within the wider Dublin Mid-Leinster Region. According to the National Deprivation Index for Health and Health Services Research (SAHRU Technical report December 2007) some 45.5% of the 803,719 persons living in the most deprived Electoral Divisions (EDs) are in the Greater Dublin Region comprising Dublin City and Counties Wicklow and Kildare. In addition, of the 50 most deprived EDs nationally, 12 are located in the Dublin Mid Leinster region. This presents additional challenges for the region in the provision of health and personal social services to the community (HSE Dublin Mid-Leinster Regional Service Plan 2012). There is considerable difference in the relative affluence and deprivation between various parts of the city. The most affluent parts are situated towards the south and south east of the city (Hasse; Key profile for Dublin City [www.pobal.ie](http://www.pobal.ie)).

Each HSE local health area throughout the country – former community care areas – has a social work department. The department may comprise of a number of social work teams, each led by a social work team leader, under the direction of a principal social worker.

In this LHA the social work service was provided by five separate teams:

- the Duty and Initial Assessment Team
- the Children in Care and Further Assessment Team (1)
- the Children in Care and Further Assessment Team (2)
- the Children in Care and Further Assessment Team (3)
- the Fostering Team.

---

<sup>\*</sup> This is the most recently published child population data broken down by LHA. Subsequent HSE adequacy reports publish data by region.

Each team consisted of social workers, team leaders and social care staff.

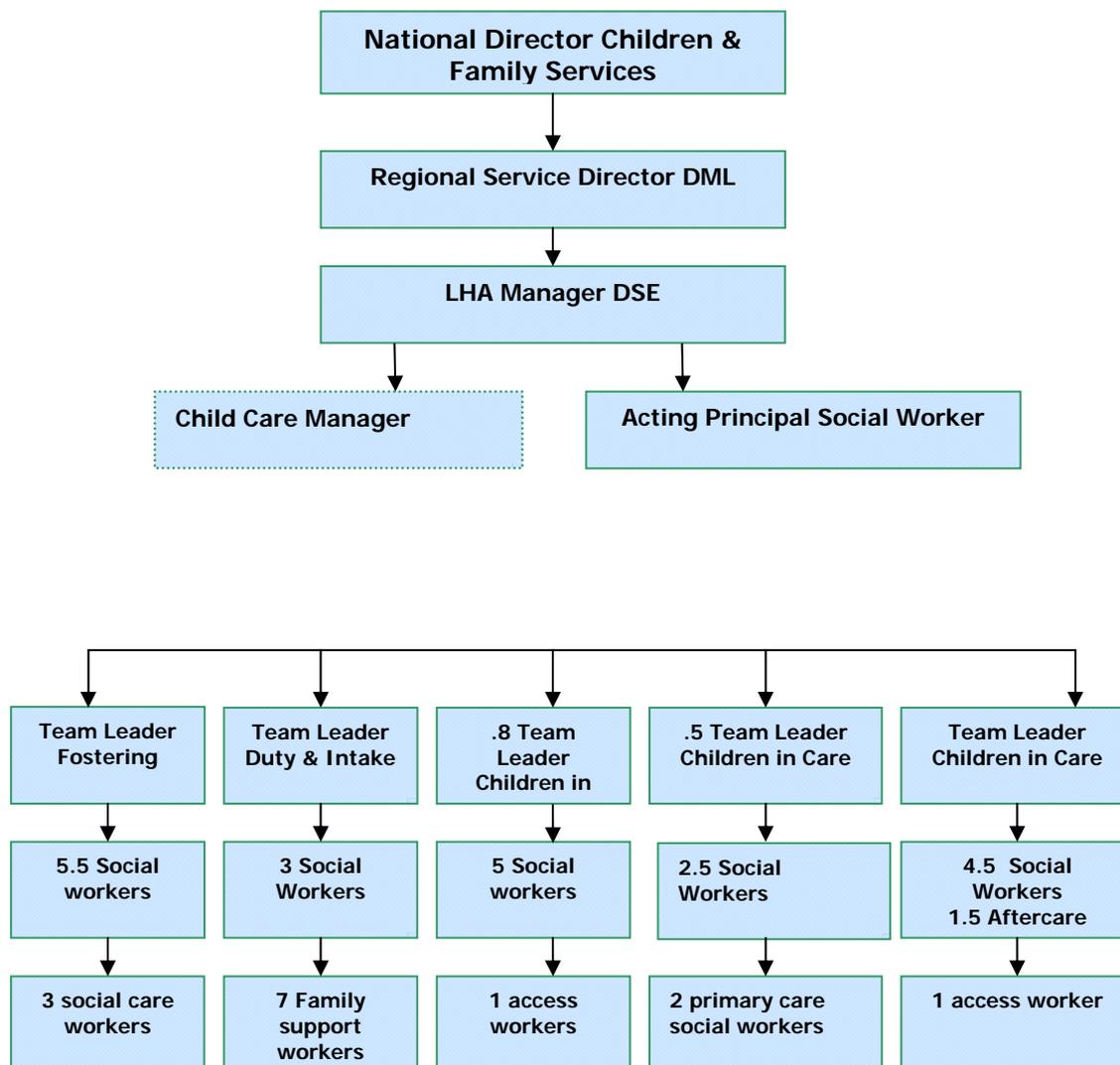
The Acting Principal Social Worker reported to the Area Manager, who in turn reported to the Regional Director of Services, HSE Dublin Mid-Leinster region. Each social work team leader reported to the Acting Principal Social Worker.

At the time of this inspection there were 83 children living in foster care in the LHA being cared for by 44 foster carers and 24 relative carers in 68 households. Eighty children had an allocated social worker. Sixty-three carers had an allocated link worker.

There were no households caring for more than two children that were not siblings. The service had placed nine children in non-statutory foster care placements. There were three children waiting for foster care placements.

The organisational chart in Figure 1 on the next page shows the Social Work Department for this LHA.

**Figure 1. Organisational structure of the Social Work Department, HSE Dublin South East Local Health Area\***



\* Source: HSE Dublin South East Local Health Area.

### **3. Summary of findings**

This is a summary of the findings outlined in the main body of the report.

Children in foster care require a high quality service which is safe and well supported by social work practice. Foster carers must be able to provide them with warm and nurturing relationships in order for children to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

Overall, inspectors found that children in foster care in the LHA received supportive, safe and high quality care from their foster carers and social workers. The LHA promoted a strong sense of identity for the children in their care; access with the child's family was well managed and viewed as a significant right of the child. Family backgrounds and circumstances were explored with children extremely well by social work staff and inspectors found evidence of high quality direct work being undertaken sensitively with children. Children reported that they were happy, well supported in school and viewed their placement as their home. Social workers spoke fondly about the children they were assigned to, and the children liked their social workers and felt they were interested in their wellbeing.

Managers and social workers were well informed about the children in the area and significant value was placed on the health, wellbeing, education and primary care of children. The service was responsive to children, foster carers and birth parents and all staff across the service operated in a child centred way. The social work teams were committed to ensuring that children were safe, happy and well cared for in their foster homes. Where children had concerns, they were listened to by their social workers and their concerns were acted upon.

Inspectors found that foster carers were well supported and supervised by link social workers and foster carers reported that social workers responded to them promptly when needed. They provided warm, nurturing, safe homes for children. Greater emphasis was needed on the formal systems addressing the suitability, recruitment and training of foster carers. Foster carers, parents and children needed to be fully aware of the complaints procedure in the area.

Governance arrangements were generally robust, although there were some deficits. The Foster Care Committee did not have oversight of complaints, concerns, allegations and child protection issues in relation to foster carers which presented a safeguarding deficit in the area. The children and foster carers, and most parents who spoke to inspectors were not aware of the HSE complaints/concerns procedure, 'Your Service, Your Say'. Recording, care planning, staff supervision and communication were all found to be of a good standard.

There were some areas that required improvements. Resources were stretched and identified risks from vacancies were impacting on the service and its ability to meet the ongoing needs of all children in the area. Inspectors were advised that the HSE moratorium on recruitment did not apply to social work posts. However, inspectors found that there were 12 social work posts vacant in the LHA and this had impacted on the service provision. Social workers on special leave had not been replaced which placed additional strain on the teams.

In mitigation, formal risk assessments had been carried out by the Acting Principal Social Worker and these had identified risks regarding the LHA's ability to respond to all children's needs because of the vacancies. However, at the time of this inspection these vacancies were not yet filled although the area reported this was being attended to. A small number of children and foster carers did not have an assigned social worker or link worker and aftercare planning was deficient, in some cases due to the impact of staff leave. Some children's social workers had also changed frequently due to staff leave and children told inspectors that this was difficult for them.

## 4. Methodology

The inspection approach entailed an examination and evaluation of information derived from multiple sources including documentation, data, interviews and on-site fieldwork.

The Authority issued formal requests to the Health Service Executive (HSE) for documentation and data in accordance with Section 69(3)(b) of the Child Care Act, 1991. Information was also obtained through interviews with HSE staff.

Inspectors reviewed policies, procedures, records and other documents/data as part of this inspection. Inspectors also conducted on-site fieldwork which included interviews with key HSE personnel; observed electronic information systems and social work offices, examined children's and foster carer's case files, conducted home visits to children and foster carers and interviews with birth parents.

Information was also obtained through interview with HSE staff in accordance with Section 69(3) (b) in order to clarify issues identified through the Authority's review of data and documentation and to inform the findings of the inspection. Inspectors selected and met with a number of foster carers (7) and children (12) to elicit their experiences of the service. The Authority also reviewed 102 (total) case files of both children (29) and foster carers (17) as part of the evidence gathering process.

Cases were selected using a number of criteria, such as gender, age, disability, cultural and ethical background, membership of a sibling group and young people requiring aftercare.

All children and foster carers were informed of the inspection and six online questionnaires were also completed. Telephone interviews were carried out with six birth parents.

It is important to note that although all foster care households were notified of the inspection in advance, the experiences and views expressed in this report by children, birth parents and foster carers are based on a sample group of children, birth parents and foster carers. Therefore their views may differ from those of others.

## 5. Inspection findings

### **Outcome 1 – Each child receives a child centred service that respects their rights and responsibilities.**

Under this outcome measure, children in foster care receive a service that recognises their rights including their right to be listened to. They participate in making decisions and are encouraged to voice their opinion. They are communicated with in an open and honest manner. Diversity is recognised and children feel valued as individuals.

Related reference:

- Standard 3: Children's rights
- Standard 4: Valuing diversity
- Child Care (Placement of Children in Foster Care) Regulation 8(1) Religion
- Child Care (Placement of Children in Relative Care) Regulation 8(1) Religion.

### **Summary of Outcome**

Children were listened to and their concerns were acted upon. The service consulted children about decisions that affected them and children were supported openly and sensitively. Children's culture and diverse needs were valued.

### **Standard 3: Children's rights**

*This standard was met.*

There were good practices regarding the promotion of the rights of children in foster care in the area. Children were advised of their rights and said that they felt their concerns were listened to and believed by social workers. They told inspectors that they were included in the decisions about their lives and were able to keep in contact with their birth family.

Inspectors reviewed the case files of 29 children, and case notes showed that social workers met with children to discuss their safety and what to do if they were unhappy or worried. Through interviews with a sample of children in foster care in the area, their carers and the review of case files, inspectors found that children knew they could talk to their social workers about issues they were concerned about, and that they had a say in aspects of their lives.

For example, inspectors found documentary evidence that children had raised issues with their social workers, such as access with family, holidays, the location of access

and school issues. They had also done this as part of the review of their care plans. Inspectors found that the documents reviewed held evidence of children being consulted with about their care plan, including their views about their placement and any improvements they would like to see.

Inspectors found that children's dignity was maintained in their placements and their right to choice and privacy while in foster care was promoted. Children told inspectors that they were involved in family life and decisions and their views were sought and heard by their carer and social workers. They were able to alter access arrangement to fit in with their daily routines and even move placements when issues could not be resolved. The children visited by inspectors were well cared for in their homes. Inspectors found from reading the records of care planning, interviews with foster carers and children that the children were fully involved in the daily routine and activities within their home. They made choices about their friendships, activities, clothing and diet.

Children were made aware of their right to complain to social workers. Inspectors found that there was a good standard of practice in relation to complaints made by children. Case notes written by social workers and some case supervision minutes showed that children did complain about issues such as their care, school and access with their families.

Some of the children who spoke to inspectors said that they had made complaints about aspects of their care, that they knew how to make a complaint and to whom they should to make it. They also said that they were satisfied that social workers acted on the concerns they raised with them and they felt listened to by social workers. Foster carers interviewed told inspectors that they encouraged the children to make a complaint about anything about which they were not happy.

#### **Standard 4: Valuing diversity**

*This standard was met.*

There was evidence of good practice in relation to meeting the diverse needs of children in foster care in the LHA. Inspectors found that there were a small number of children in foster care in the LHA from various ethnic and cultural backgrounds and also some children with disabilities and their needs were met.

Anti-discriminatory practices in the LHA were informed by national and local policies and strategies. The specific vulnerabilities of children from different backgrounds and cultures were acknowledged by social workers and emphasis was placed upon their inclusion in services while meeting individual needs.

The practice of maintaining children's heritage was of a good standard. Inspectors found that the social work teams had developed various ways of ensuring children's heritage was maintained. This was carried out through child care and social workers carrying out direct work with children about their backgrounds. Social workers and

child care workers carried out life story work with the children about their lives both before and after they came into care. Different aspects of culture were researched and communicated to children in formats appropriate to their age and understanding.

Children from different ethnic and cultural backgrounds were placed with a range of foster carers, some of whom were from similar ethnic backgrounds to the children and some who were not. Some foster carers were sourced from the pool of foster carers within the local area. Inspectors found that while there were no specific campaigns targeted at foster carers from different ethnic and cultural backgrounds, these foster carers were sought within the campaigns run by the LHA. Inspectors found that there were sufficient foster carers available to meet the cultural needs of children within the service.

For a small number of children, foster carers had been sourced outside the LHA in the "Separated Children's Service" which had recruited foster carers from a range of ethnicities and cultures. Inspectors found there was a culture of awareness in the LHA about the suitability of placements for children of different ethnic backgrounds and social workers supported and advised foster carers regarding the best way to care for these children.

Inspectors found from a review of documentation and social work interviews that good working links existed between the LHA and specialist services for separated children and children from the travelling community. Inspectors spoke to one carer with whom a young person from a different cultural background was placed and inspectors found that this carer had a good understanding of the young person's background and identity. The carer promoted a positive image of their identity and was keen to share in the young person's culture. Social workers interviewed were also active in accessing legal support and engaging in asylum seeking processes for children whose family were in another country.

Inspectors found good practice in relation to the religious upbringing of children and children's choices were respected. These practices were compliant with the Standards and Regulations. The foster carers interviewed by inspectors ensured the children in their care continued to be brought up in the religion of their parents' choosing and that the children were supported to make age appropriate choices about things such as attending religious services. Inspectors found that birth parents were involved in significant religious events for children such as Holy Communions and Confirmations.

Children with disabilities were visited and had their case files reviewed by inspectors. Inspectors found that their needs were met through a range of specialist medical and educational supports provided to them and support and advice was provided to their foster carers to enable them to meet children's needs effectively. Foster carers interviewed confirmed that they were supported fully by the social work teams to attend to the needs of the child placed with them.

## **Outcome 2 – Children are able to maintain positive relationships with their parents, siblings and other significant family and friends.**

Under this outcome measure, children's relationships with their families are actively promoted through regular, quality contact as appropriate to their safety. Siblings are placed together wherever possible. Services recognise the intrinsic value of kinship through placing children as much as possible with relatives and in their community. Children are supported in making, and maintaining contact, with their friends.

Related reference:

- Standard 1: Positive sense of identity
- Standard 2: Family and Friends.

### **Summary of Outcomes**

Children had a strong sense of their identity and heritage and this was promoted by those in their lives. Children's contact with their families was valued and encouraged. Siblings were predominantly placed together and children were active members of their family and community.

#### **Standard 1: Positive sense of identity**

*This standard was met.*

The practice of maintaining and promoting each child's identity and supporting children to develop and maintain important relationships was of a very good standard in the LHA. The importance that the LHA placed upon family, heritage and positive relationships was evident throughout the inspection in both interviews and records. All of the children visited by inspectors had a clear idea of their family history and of why they were in foster care. They spoke positively of their birth parents and their access to them.

Inspectors found evidence in case files of very sensitive and successful direct work carried out with children of all ages on the reasons they lived away from home, life events and the deaths of loved ones. All of this work was concerned with actively promoting a positive image of birth parents, their families and the child's place in that family. This work was non-judgemental and supported children to have positive relationships with both their birth parents and their foster carers. This meant that the children that met inspectors were secure in their placements, placed with their siblings and not conflicted about loyalties to the foster carers and to their birth families.

## Standard 2: Family and Friends

*This standard was met in part.*

Maintaining links with families and friends for children was an aspect of foster care that the area managed extremely well. This was primarily facilitated by social work and social care staff. However, some foster carers did not meet their obligations in this regard.

Inspectors found through the review of case files and visits to children that the social work staff team facilitated frequent, good quality access for many children. A review of a sample of case files which included an assessment of care plans showed that family access was carefully planned and reviewed at regular intervals for the children involved. Inspectors found evidence in some children's case notes and care plans that their views on access with their birth family was listened to and acted upon where appropriate.

The teams went to great lengths to ensure planned access went ahead and it was clearly seen as the right of the child to have good quality access with their family. Access workers also completed case notes regarding access, describing its quality and any issues that arose. The children interviewed as part of this inspection said they had sufficient contact with their families and that their social workers listened to them when they wanted to discuss access. Where access did not take place, the case notes examined on individual files explained why and the detailed measures taken by social workers to address the issue. Children were also encouraged to use e-mail and telephone contact to keep in contact with families who lived abroad.

In order to ensure that children are safe in their placement with other children and also that their individual needs can be met in placement, National Standards for Foster Care (2003) states that no more than two children, except in the case of a sibling group, should be placed in the same foster home at any one time. Pre-inspection information provided to the Authority showed that there were 20 sibling groups placed together. It was clear from interviews and data reviewed by inspectors that social workers actively promoted siblings remaining together unless this did not meet their needs. These instances were rare and the exception to the area's practice in this regard.

Children's social needs were addressed as part of the care plan. All of the children interviewed were facilitated to mix with friends appropriate to their age, and children interviewed were able to identify friends from the local community and from school with whom they had valued relationships. Many were involved and actively encouraged by their foster carers to join local activity and sports groups. The children reported that this was an area of their lives they were satisfied with. One young person had undertaken a language course and work experience, arranged by, and with the support of their foster carers.

According to National Standards for Foster Care (2003) access should take place in foster homes where possible. Inspectors found that no access visits took place in foster carers' homes and some foster carers interviewed held the view that facilitating access was not within their role. Significant time was spent by social workers and access staff transporting children to and from access and supervising access where foster carers were unable or unwilling to do this. This was reflected in both case files and in interviews with foster carers and social work staff. Access is most effective for children where foster carers and birth families worked closely together and foster carers were not meeting their obligations to facilitate access as required by the Regulations in the best interests of children.

**Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.**

Children achieve their potential through having stable placements where they receive high quality care that promotes their self confidence and self esteem. Children are healthy and understand the importance of looking after their health. Their educational needs are given high priority and they attain their full potential. They experience support and security as they grow towards adulthood and independence.

Related reference:

- Standard 8: Matching children with carers
- Standard 9: A safe and positive environment
- Standard 11: Health and Development
- Standard 12: Education
- Standard 13: Preparation for leaving care and adult life
- Child Care (Placement of Children in Foster Care) Regulation 6, 7, 16(d)
- Child Care (Placement of Children in Relative Care) Regulation 7(1), 16(d).

**Summary of Outcomes**

Most children experienced stable, secure placements which provided high quality care. Children's health and education was valued and promoted and most young people's transition into adulthood was prepared for adequately. However, improvements were needed in the timeliness of matched placements and aftercare planning.

**Standard 8: Matching children with carers**

*This standard was met in part.*

Matching is a process to ensure that a placement is suitable to meet the assessed needs of a child and usually occurs in general foster care placements, after the child has spent a period of time in the placement. Relative care placements differ in that the match has been identified at the time of placement and the child usually knows the relative with whom they are placed. The majority of children were placed with foster carers chosen for their capacity to meet the assessed needs of those children. However, arrangements for long term placement matches for several children in foster care were insufficient.

Inspectors examined the case files of 29 children and 17 foster carers. These files contained a range of information such as case notes, records of visits, assessments of foster carers and contracts of placements.

When a child was received into care initially, social workers advised inspectors that they would try to identify a suitable relative placement for the child, to ensure they remained within their extended family. If this was not possible, a general foster care placement was sought.

Inspectors interviewed social workers and other professionals and found that there was a formal matching process in place when a general foster care placement was required. The purpose of this process was to advise the fostering team of the needs of an individual child so both teams could match the child with foster carers that were best suited to meeting those needs. The fostering team then identified the most appropriate foster carers. Foster carers had told social workers about the specific type of children's needs that they felt unable to meet and these issues were recorded in assessment reports, some of which were examined by inspectors.

All of the foster carers visited by inspectors were committed to providing long term, high quality placements for the children living with them and a review of the children's case files showed that many children had lived with families for a lengthy period. Several of the children inspectors visited were in long-term placements and when interviewed, they told inspectors that they liked their placement, considered it their home and were part of the family. However, they also said that were very attached to their birth family.

There were no foster carers who cared for more than two children in the placement (with the exception of the sibling groups identified previously), and despite a lack of available placements at times, the service maintained this standard.

Some short term foster carers were caring for children for longer than the agreed six month duration for which they were approved. Data provided to the Authority by the area showed that there were 23 approved long-term general foster care places, all of which were filled at the time of inspection, and one that was not open to placements.

In addition, there were 20 short term placements provided in the area. Short term placements were defined as being less than six months. However, inspectors found, from the review of the LHA registers and case files sampled, that 17 children were living in these placements for considerably longer than six months. This did not provide adequate stability for these children and created a potential risk that their particular needs might not be adequately met. Inspectors visited some children who had lived in their placements for considerably longer than six months. However, the placement contracts for these children were short term contracts.

In addition to those visited, the register reflected that a small number of children had lived in short term placements for over four years. However, these placements had still not been approved as long term matches, which did not comply with the Regulations.

Inspectors were advised by managers that the approval of these foster carers was in progress and documents reviewed by inspectors on foster carers files showed that work on the matching report for the Foster Care Committee had commenced.

Inspectors were provided with data that seven children's placements within the LHA had ended in an unplanned manner. Inspectors found that the reason for these unplanned endings related to issues such as incompatibility of foster carers and children, a confirmed child protection concern and an inability to manage specific complex behaviours of children who had experienced trauma.

The Acting Principal Social worker and the fostering team leader advised inspectors that other children were not placed with a carer following an unplanned ending for at least 12 weeks, and inspectors examined case files which confirmed that this was the case. Unplanned endings had not been presented routinely to the Foster Care Committee in the year prior to the inspection, and this meant there was no oversight or formal review regarding the placement endings.

Social work team leaders and the Acting Principal Social Worker monitored individual placements within the service closely where there had been placement breakdowns, but these instances did not inform any strategic planning of the foster care service. For example, exit interviews were not conducted with children when they left placements as a standard procedure to identify any issues that would affect future placements. The case files also showed that some children had experienced multiple placements during their time in foster care, and this presented a risk to their ability to form attachments with foster carers and to a sense of security and stability in their lives.

Inspectors found that in most cases reviewed, children were placed with foster carers who could meet their needs, although this was more difficult for some children with specific complex needs. Inspectors found that some of these children had progressed extremely positively in their placements. However, others had had less success, which meant their placements ended.

### **Standard 9: A safe and positive environment**

*This standard was met.*

The LHA provided a good standard of care to the children. The safety and wellbeing of children was promoted by the social work teams and monitored during visits to children and foster carers. Safety of the placement, and a carer's ability to meet primary care needs were examined as part of the assessment of applicants.

The 29 care plans reviewed by inspectors showed that children's backgrounds and subsequent safety needs were comprehensively assessed and in turn, these informed placement planning. Children visited by inspectors presented as healthy and happy children. They appeared well cared for and similar to other children in their peer group.

The children that spoke to inspectors confirmed that they were well cared for and content.

Foster carers files reviewed by inspectors and interviews with link social workers and foster carers showed that that each foster care home had a health and safety assessment of their property carried out by link social workers as part of their assessment. The majority of foster care households that inspectors visited were found to be furnished and decorated to a good standard, clean and safe, and inspectors found documentary evidence that where there were deficits in physical environments, the link social workers were addressing this with the relevant foster carers.

The children interviewed by inspectors were found to have their primary care needs met, for example they were well clothed and nurtured. Those who were of an age to receive pocket money said that they were provided with money for the day to day items they wanted and could participate in leisure activities, hobbies and clubs paid for by their foster carers.

Children visited were happy with their diet and lifestyle within their homes, and felt included in family life. Where social workers had identified issues about levels of primary care for children, the case notes reviewed by inspectors showed that the majority of these were addressed by both social workers for the children and foster carers. (Aspects of this are also discussed in the Safeguarding and Child Protection section of this report).

## **Standard 11: Health and Development**

*This standard was met.*

The health and wellbeing of children in foster care was well managed and promoted in the LHA. Children had access to a range of services such as medical, dental, psychological and optical practitioners. Their needs were assessed and addressed through the care planning process.

Inspectors found that social workers routinely ensured all children coming into foster care were medically assessed and copies of completed application forms for medical cards were evident in all of the children's files that were reviewed.

Inspectors found that there were records of immunisations, medical correspondence and treatment which contributed to a detailed medical history of the child to inform their care plan. Inspectors found that some children, who were born or lived previously outside of the country did not always have full records of medical intervention prior to coming into care as these records were not always accessible to social workers. This posed a potential risk to these children as their full history of medical needs was not known. However, the LHA mitigated this risk by conducting comprehensive medical assessments when children were received into care and by exploring all avenues in tracing children's history.

All of the foster carers visited by inspectors clearly and accurately described their responsibilities regarding consent for medical treatment and their duty to inform the HSE regarding any health issues or events concerning the child in their care. Inspectors found evidence of these events being notified to the social work service, within children's case notes examined and in care plan reviews.

In the case of children with specific medical needs or disabilities, inspectors found that children were comprehensively assessed and monitored by medical and social work personnel. Detailed assessments for children were found within their case files and referrals to services were prompt. Foster carers informed inspectors that social workers supported them to attend appointments where necessary, and this was recorded in relevant case files. In some cases, several assessments were undertaken by specialists and children's developmental progress was monitored closely by foster carers and social workers.

Children's progress regarding their health, optical and dental needs were identified in the care plans and these were revisited at each review. Records showed that respite care was provided to some foster carers who cared for children with complex needs, where it was required. Children with complex needs can require a lot of assistance and time from their carers, and inspectors found that respite care contributed to the long-term stability of these placements.

Inspectors also found from a review of the case files and interviews with some foster carers that social workers advocated on behalf of children with emotional and mental health issues to receive prompt access the necessary supports and services. Birth parents who spoke to inspectors felt that their children were well looked after regarding any needs they had relating to their physical and emotional wellbeing.

## **Standard 12: Education**

*This standard was met in part.*

Access to high quality education for children was promoted by the area. Learning was valued by foster carers and social workers, and the majority of children of school going age were in full time education or training. Information regarding educational outcomes for children was not routinely gathered by the LHA.

The case files held detailed records of school attendance, school reports and educational achievements of children in the LHA. The register of children in the LHA provided to inspectors prior to the inspection recorded if children in care were in an educational placement.

Monthly performance indicators that informed the regional plan and national adequacy reports included information on children's engagement with education and inspectors found that nearly all children of school going age were attending school or a training placement.

These performance indicators did not include the systematic gathering of evidence regarding outcomes for children in care and in further education, merely if they were in school or not. There was no overall strategic response or planning regarding the education of all children in foster care in the LHA, and as a result, any improvements needed were not identified.

Care plans and records of 'child in care' reviews showed that the educational progress, achievements and needs of children were addressed on an individual basis throughout the year as they arose, and at the time of their reviews. Where necessary, specialist supports such as special needs assistants and other education services such as tutors worked with assigned social workers to make every effort to maintain a child in their school placement. School reports, which were on each child's file, were monitored by social workers and any areas of concern were addressed with foster carers and the children.

Children's case notes showed that issues such as behaviour and attendance at school were addressed by social workers through contact with the school, the child and their carers. Educational psychological assessments were examined on some children's files and these were shared at care plan reviews.

The children of school going age who spoke to inspectors said that they enjoyed school and identified it as an important part of their lives. Inspectors met one young person who had voluntarily left school at 16 years and there was evidence that a range of ongoing efforts were being implemented to secure further training and or education for this young person, and to encourage them to engage with this.

Another child who met inspectors described how they had been unhappy at their former school and their foster carers had worked diligently to access a new school placement which was working well for them.

Young people leaving care were encouraged to further their education and several of this age group had gone on to further education and or training and were funded in their placements by the LHA past their 18<sup>th</sup> birthday.

### **Standard 13: Preparation for leaving care and adult life**

*This standard was met in part.*

Ensuring children leaving foster care were adequately prepared for adult life was a practice that the LHA managed well in many cases, and over one tenth of young people remained in their placements beyond their 18<sup>th</sup> birthday. However, some deficits were identified in referral, planning and support aspects of aftercare for some young people.

The aftercare service and practices relating to preparing young people for leaving care were informed by the national policy, 'Leaving and Aftercare Services: National

Policy and Procedures Document'. A review of a sample of children's case files showed that some children in foster care aged 16 years did not have the required referral to aftercare or "leaving care needs assessments" completed.

Social workers confirmed that not all young people in foster care were routinely referred to the aftercare service as required by HSE policy once they reached 16 years of age. Inspectors were informed by social workers that all young people were referred for an aftercare service by the time they reached 17 years and inspectors found this was the case in the files of the young people reviewed.

The LHA had access to two voluntary organisations which provided aftercare services. These services provided support and accommodation to young people leaving care who were not remaining in further education or in their placement. Inspectors reviewed three files of young people aged 17 years and found that referrals to aftercare had been made. However, data received from the LHA showed that not all young people had an aftercare worker or a current aftercare plan. Due to staffing deficits some child protection social workers and fostering link workers were carrying additional cases of young people who were over 18 years, so they would have some support and contact from the department. This was commendable but not a robust measure.

The LHA provided data to the Authority that showed that a number of the overall population in the service, (seven) over the age of 18 continued to live with their foster carers and these young people were in receipt of aftercare support of some type by the LHA. This was a positive outcome for young people, who were supported to remain in their placements, providing stability and support within a family environment, into adulthood.

Outcomes for care leavers were not formally collated by the LHA at the time of the inspection and therefore, strategic planning for aftercare was not informed by these outcomes.

**Outcome 4 – Children are safe and services comply with *Children First: National Guidance for the Welfare and Protection of Children*.**

Under this outcome, children are safe and protected from abuse. They experience safety and security in their placements. Children that disclose abuse are supported and their concerns acted upon. *Children First: National Guidance for the Protection and Welfare of Children 2011* is effectively implemented in manner that protects and safeguards children.

Related reference:

- Standard 10: Safeguarding and Child Protection
- *Children First: National Guidance for the Welfare and Protection of Children 2011*.

## Summary of Outcomes

The vast majority of children were safe and secure in their placements and concerns they raised were listened to and investigated. *Children First* was implemented in the main, but improvements were needed in some cases.

### Standard 10: Safeguarding and Child Protection

*This standard was met in part.*

Inspectors examined 17 foster carers' files which contained supervision notes, case notes, assessments and training records. Inspectors found that the social work teams followed national policies and guidelines on safeguarding children. This included policies regarding sanctions & corporal punishments, managing behaviour that challenged and significant events, such as accidents or hospital admissions. The implementation of safeguarding policies was supported by regular supervision and training for foster carers and social workers and this was recorded in case notes and supervision records. All of the foster carers interviewed by inspectors confirmed receiving supervision from link social workers and covering safe practices within their initial training. However, a small number of foster carers who completed surveys as part of this inspection stated they had not been provided with safe care guidance by social workers. Foster carers were provided with parenting training to address complex behaviours. However, the training records showed that attendance at these courses was relatively low.

Inspectors determined from case notes on children's files and case supervision records that many foster carers notified social workers of concerns or significant events and behavioural issues on a regular basis. Case notes also reflected that social workers responded promptly to these notifications and provided a range of support and guidance to foster carers.

Inspectors reviewed foster carer's files which showed that safe care practices required for managing complex behaviour, use of the internet and personal care were addressed with foster carers by link social workers during visits and the issues that arose were found to be well recorded. However, given the response to the inspection survey, inspectors could not be satisfied that this standard was achieved with all foster carers.

There were good practices in responding to allegations of abuse. However, ensuring the ongoing safety of children in foster care placements was an area that required improvement. Local managers had introduced a procedure for the investigation of allegations against foster carers which was found to provide clear guidance on the management of allegations.

Social workers and team leaders told inspectors that they found the procedure effective in supporting them in their roles. Inspectors found some very good practices in listening to children, acting on concerns, safety plans being put in place and direct work with children and foster carers. Inspectors found that the LHA social work department was structured in a way that reflected the activities of *Children First* (2011). This included a duty and intake team and long-term child in care and further assessment teams. Inspectors found a minority of cases where responses should have been improved.

Inspectors found that in a minority of cases some placements had been unsuitable and had resulted in child protection concerns. Children's social workers and the allocated link social workers were not aware of concerns until these placements had ended or had deteriorated significantly. Inspectors found there were signs and some indicators of the difficulties and more should have been done to address the risks to the children and the suitability of foster carers to continue in their role.

Case files reviewed showed that additional supports and or training were provided to foster carers such as increased supervision and safety plans, following incidents and there was evidence of foster carer reviews by the Foster Care Committee at the time of this inspection following child protection concerns.

Data provided by the LHA and a review of a sample of foster carers' case files showed that all foster carers in the area were Garda Síochána vetted. The LHA had begun in 2012 to refresh Garda Síochána vetting for 32 foster carers and adults living in the home whose vetting was more than three years old in accordance with the Standards, and this re-vetting was evident in the 17 foster carers' files examined.

The LHA followed a specific procedure for the allegations against foster carers. This involved the appointment of an independent social worker to investigate the allegation. This social worker conducted all interviews with the child, foster carers, family members and relevant social work personnel. They also reviewed all relevant records for the child and carer.

Inspectors examined examples of these investigations, and found that the reports were comprehensive and clear, with conclusions identified and all necessary actions implemented.

Data provided to the Authority showed that 10 concerns were received by the social work team in the year prior to this inspection. These cases were included in the 29 cases examined, and inspectors found that social workers assessed and investigated these concerns. Of these, six were concluded as they did not meet the threshold for an initial assessment.

Inspectors examined the case files of the remaining four children where concerns had been raised and found that three of the four concerns were appropriately investigated and addressed by children's social workers and link social workers and their concerns were taken seriously. Notifications made by the Garda Síochána were assessed and investigated and safety plans put in place pending the outcome of separate Garda Síochána investigations. However, there had been an instance of delay in reporting to the Garda Síochána. The Acting Principal Social Worker assured inspectors that this would be addressed immediately.

Inspectors also identified an allegation from 2010 that required attention. This was raised with senior managers of the service during the inspection for their attention.

Inspectors found that overall there were systems of communication, responsibility and accountability between the teams in the LHA and the intake and assessment processes were robust. It was a function of the child protection team to investigate any concern and or allegation that met the threshold of abuse according to *Children First* (2011).

Inspectors found that this was being carried out. A review of a sample of case files showed that concerns and allegations were routinely reported to the child protection team for investigation under the management of allegations procedure. These records also showed that there was a complete suite of standardised documents that adequately recorded the activities of social workers under *Children First* (2011) such as 'intake assessment' and 'initial assessment' of a concern and or allegation.

However, the overall information systems did not meet the required standard. This was evident from case files reviewed, senior managers and social work interviews. Strategy meetings were convened by the child care manager. However, these were only held in relation to child protection concerns and or allegations where abuse had been confirmed by the initial assessments.

The child care manager had no operational role within the delivery of child protection services and was not routinely made aware of all allegations and or child protection concerns for children in foster care.

In addition, there was no integrated electronic database that was accessible by all child protection services in the HSE, as required by *Children First* Guidance. This

meant that although social work staff all presented as extremely knowledgeable and informed regarding all of the cases in the LHA, the knowledge was locally held and this represented some risks to the sharing of information and informed decision making.

Inspectors were advised that the National Child Care Information System should shortly be agreed and a planned national roll out of the system is due to be implemented on a phased basis.

All social workers in the area had received full training in *Children First* (1999) and briefing sessions on *Children First: National Guidelines for the Welfare and Protection of Children* (2011) following its full implementation nationally. This was confirmed by those interviewed by inspectors. It was apparent from case files and interviews with social workers that foster carers in the area had not received training in *Children First: National Guidelines for the Welfare and Protection of Children* (2011). This meant that foster carers might not understand their responsibilities in this regard.

**Outcome 5 – Each child receives high quality care that is effectively planned and managed by a designated social worker.**

Each child has a designated social worker that plans and supports their lives while they are in care. They are involved in making decisions about their lives. Birth families and carers are consulted in making and implementing care plans. Everyone works together to support and guide children in their lives.

Related reference:

- Standard 5: The Child and Family Social Worker
- Standard 6: Assessment of Children and Young People
- Standard 7: Care Planning and Review
- Child Care (Placement of Children in Foster Care) Regulations 4, 6 (1), 11, 13, 17(1), 18, 19
- Child Care (Placement of Children in Relative Care) Regulations 4, 7 (1), 11, 13, 17(1), 18, 19.

## Summary of Outcomes

The majority of children were assigned a social worker and positive relationships existed between the children and these workers, but not all cases were allocated. Consultation in care planning with all parties was of a high standard and children's lives progressed well. Some improvements were required in the timeliness of reviews for some and parental involvement and recording keeping needed some improvements

### Standard 5: The Child and Family Social Worker

*This standard was met in part.*

Inspectors found that overall there was a good standard of social work practice in relation to children and their families. Inspectors found that the child and family social workers in the LHA were very committed to the children and delivered a flexible, responsive and child centred service. Foster carers and children spoke highly of the social workers in the LHA. However, a minority of children did not have an assigned social worker.

Data provided to the Authority prior to the inspection showed that only three children in foster care did not have an assigned social worker. Inspectors were advised by managers and social workers that link social workers provided a supplementary service to meet the needs of the children who did not have an assigned social worker. From an examination of case notes, documents on file and interviews with foster carers, team leaders and social workers confirmed that this was the case.

Children who spoke to inspectors could identify their current social workers. Inspectors found that the social work team leaders had extensive knowledge and oversight of all cases and they demonstrated this in discussions with inspectors regarding specific cases.

A review of a sample of case files showed that social work visits to children in foster care were for the most part in line with the Standards and Regulations and took place both inside and outside of the foster homes and at family access. Some children were placed in another European country and the social worker for the children invested significant time visiting the children, supporting birth parents to visit and escorting the children back to Ireland to visit relatives. This required a significant investment of time and commitment to the children and their family. Figures provided by the LHA showed that six children had not been visited in the six months prior to inspection. There were specific reasons for some of these visits not taking place. However, the frequency of visits did not comply with the Regulations. At the time of the inspection, while this number had reduced, some children had still not been visited.

All of the children interviewed who were old enough to comment said they met with their social workers in private, saw them regularly, and felt that their social workers were supportive of them. However, inspectors found from the review of case files that some children had several changes of social worker during their time in care. This meant that it was difficult for children to build a consistent and trusting relationship in some cases.

One sibling group of children visited by inspectors had five different social workers in three years and they told inspectors that they found this difficult and another child who had eight social workers over a ten year period. Managers and social workers confirmed to inspectors that this situation arose due to a number of social workers in the area taking extended leave. Inspectors found from a review of these case files that the children had raised this dissatisfaction previously with social workers, and given the vacant posts and long term leave of some staff at the time of this inspection, this aspect of the service had not improved.

Overall, records were comprehensive, accessible and written to a high standard. However, archiving arrangements required improvement. The Child Care (Placement of Children in Foster Care) Regulations (1995) require the HSE to maintain an up-to-date record for children in foster care and outline key information that must be recorded. Inspectors found that all the files reviewed held the key information required by the Regulations.

The area had a case file management system and inspectors observed that case files were accessible and stored in locked cabinets in rooms that were electronically secure. Inspectors found that case files were well structured and comprised of different sections for documents such as case notes, statutory information, care plans, education and confidential information.

However, information regarding complaints and allegations was sometimes distributed throughout the file as there was no singular section for complaints and allegations. This meant that if a child's case was allocated to another worker, or if a team leader was reviewing a case file, significant information could be overlooked, and any trends in a case missed. This was raised with the Acting Principal Social Worker at the time of the inspection and during the inspection the LHA had already begun to restructure files to include this section.

The social work offices were based in a prefabricated cabin on the grounds of an old hospital. There was on site security monitoring of all buildings. However, there was also a nursing home and other offices on the same site which meant there was steady traffic on and off the site with visitors and staff. The social work offices were alarmed and locked electronically and manually. Inspectors were advised that the social work teams were due to move to alternative accommodation in the area soon after the inspection. These new offices were described as being more secure than the current site and more suitable to the function of the social work teams.

**Table 1. Compliance with related child care regulations under Outcome 5**

Children in foster care	Total Children in Foster is 83	%
Number of children with an assigned social worker	80	97
<i>Regulation Article 17</i> Number of children who had been visited in the past six months by a child and family social worker	77	93
<i>Regulation Article 11</i> Number of children with a written care plan on file	80	97
<i>Regulation Article 18</i> Number of children whose care plans have been reviewed in accordance with the regulations	70	84

### Standard 6: Assessment of Children and Young People

*This standard was met in part.*

Inspectors examined 29 case files of children. The assessments of children's needs were comprehensive and of a good quality. Children's needs were clearly identified and there was good consultation with families and other professionals which informed the needs assessments of children.

From the review of children's case files inspectors found that there was a good standard of initial assessments and assessments of need when children were received into care. Assessments were comprehensive and informed the care plans, which supported the matching process.

In particular, inspectors found that assessments of children with disabilities and complex needs were very detailed and informative, with good multi-disciplinary input and subsequent access to services such as medical treatments and therapies. Case supervision records showed that outcomes of assessments were examined by social workers and their team leaders and actions were identified and followed through. Inspectors found that some children's assessments were difficult to locate as they were held in older files and the assessment for each child should be located on the child's current file.

### **Standard 7: Care Planning and Review**

*This standard was met in part.*

Inspectors found that there was a good standard of care planning and consultation for the majority of children in foster care in the LHA. However, some care plans had not been reviewed in line with the Standards and Regulations.

The care plans reviewed by inspectors were found to be of very good quality and based on comprehensive needs assessments of the children. Of the 29 children whose case files were reviewed by inspectors, two did not have an up to date child in care review in accordance with the Standards and Regulations. These reviews were not significantly out of date and inspectors were informed that those care plans had not been reviewed because the LHA was awaiting the return of long term social workers from leave to undertake an informed and meaningful review. One of these social workers were due to return in the weeks after the inspection and team leaders assured inspectors these reviews would be brought up to date.

Social workers updated original care plans following the child in care reviews and inspectors found these were detailed and comprehensive. Inspectors found that children's needs in all aspects of their lives were identified and met through the care planning process. Case supervision records on children's files showed that actions from care plans were documented and monitored frequently by the social worker and team leader. Inspectors found that recommendations were implemented and those responsible for taking the actions were clearly identified. This supported professional accountability and ensured that the outcomes for children in foster care were monitored within the social work department.

Inspectors found that there was a good standard of consultation with foster carers, children and families during the care planning process, and throughout the child's placement. To support children to be involved in their plan, the social work teams had developed templates for children's 'child in care' reviews and these were found to be detailed and age appropriate in their format.

Social workers also met with children prior to their reviews and this gave children the opportunity to contribute meaningfully to the care planning process. Records of the consultations were found in all of the files reviewed by inspectors. Foster carers that spoke to inspectors all confirmed that they were consulted and involved in care planning and the reviews for children who were placed with them. Minutes of care plan reviews and care plans viewed by inspectors confirmed this. Children's case files also contained consultation documents completed by foster carers.

Inspectors found evidence of a good standard of consultation with birth families prior to care plan reviews, and some birth families had completed consultation documents. Inspectors found that this was not evident in all cases, and inspectors raised this with senior managers at the time of the inspection as an issue that required to be addressed.

The high standard of care planning in the LHA ensured that children's needs were met, and ongoing progress was achieved in children's health, education, family contact, wellbeing and placements.

### **Outcome 6 – Each child receives high quality care from carers that have been appropriately assessed and approved.**

Under this outcome measure, children live with carers that value, accept and support them. The HSE ensure that carers are suitable to provide this type of high quality care through their assessment and approval process. Assessments are comprehensive and all carers are approved by the Foster Care Committee.

Related reference:

- Standard 14: Assessment and Approval of Foster Carers
- Child Care (Placement of Children in Foster Care) Regulation 5, 9
- Child Care (Placement of Children in Relative Care) Regulation 5, 6, 9.

### **Summary of Outcomes**

Children were valued and well cared for, and they felt supported and protected. General foster carers were assessed and approved before children were placed with them. However, several relative carers were not fully approved.

### **Standard 14 (a): Assessment and approval of non-relative foster carers**

*This standard was met in part.*

The quality of assessments and approvals of foster carers was generally found by inspectors to be of a good standard. All general foster carers that had children placed with them had been approved. Inspectors found that the LHA had clear written policies, procedures and documents which were used to guide the assessment and approval of foster carers. These procedures included an application form to be completed by potential foster carers and a fostering assessment using a format which was in keeping with the Standards.

Guidance regarding the completion of the assessment was also in place. A range of checks with GPs, Garda Síochána and HSE local health areas were also completed to ensure the applicants were suitable to become foster carers and these complied with the Regulations. Nine general foster carers' files were examined by inspectors and interviews were carried out with foster carers and fostering link social workers. In addition, two supported lodgings carer's files were examined. All of the foster carers visited by inspectors presented as committed to the children they cared for and provided them with stable and positive placements.

The completed assessments reviewed by inspectors were found to be of a good standard. Inspectors interviewed the chair of the Foster Care Committee who described the assessment process which was comprehensive. Foster carers interviewed said that they were provided with clear information on the

assessment and approval process and they saw a copy of their assessment report once it was completed.

All general foster carers reported the approval process as taking between 8 to 10 months from their initial enquiry to becoming approved foster carers. This was confirmed by social workers and in the files reviewed. Due to an absence of a clearly defined chronology of the assessment process in the files reviewed, it was not possible to determine if all of the assessments had met the Regulatory requirement of being concluded within a 16 week timeframe.

Information provided to the Authority showed that all general foster carers who had children placed with them were assessed and approved. All of these carers had contracts with the HSE. Figures provided to inspectors prior to the inspection showed that there were five new assessments of general foster carers in the preceding year. Inspectors found that all of these assessments were still in progress. These foster carers did not have any children placed with them while undergoing the assessment process. The assessment and approval of general foster carers complied with the National Standards and Regulations.

The individual matching of children to foster carers was presented to the Foster Care Committee and was clearly recorded on files by link social workers where this had occurred. These files also held reports by link workers, which included any recommendations from the Foster Care Committee following a presentation of the proposed matching.

The assessment and use of supported lodgings foster carers was examined by inspectors through a review of a sample of supported lodging foster carers' files. Traditionally, supported lodgings provide placements to young people aged 16 years and over who require some adult support and guidance, yet who are also able to be independent in many regards and are preparing for adulthood.

In Dublin South East, inspectors found a number of children under 15 years old living in supported lodgings placements. Inspectors found through reviewing a sample of children's and supported lodgings carers' files and from visits to some of these carers that it was an inaccurate representation of the level of service provided. Inspectors found that the lodgings placements operated as foster care placements and children and young people were fully integrated into the family and were fully cared for by the carers. Supported lodging assessments were examined and found to be detailed and all Garda Síochána vetting, relevant checks, references and medical assessments had been carried out.

Children's needs were met in these placements and inspectors found that while these placements provided a high standard of care, the carers' contracts and the in depth initial training and assessments were different to that of a foster care placement. Originally these carers were recruited with a view to providing a very different service to that of a foster care placement and this posed a risk when children were placed there.

In addition, the use of these placements for children aged 16 and under was contrary to HSE policy. In one case, where carers were supervised by another service, inspectors found significant gaps in case notes and contact on the carer's files by link workers from that service and this posed a risk to the child as foster carers were not effectively supervised.

#### **Standard 14 (b): Assessment and approval of relative foster carers**

The assessment and approval of relative foster carers was generally found to be of a good standard where it had been completed. However, a number of relative foster carers had not been fully assessed and approved.

The policy on the assessment of relative foster carers was reviewed by inspectors. The placement of children with relative foster carers was carried out by child protection social workers who, with the fostering link worker, undertook a basic initial assessment at the time of placing a child with relatives. This initial assessment comprised of an assessment of the accommodation, Garda Síochána vetting, a medical assessment and local area checks. This initial assessment was followed by a referral to the fostering team to undertake a formal assessment of the relative foster carers.

Inspectors found that there was increased social work contact with these relative foster carers in the early part of the child's placement with them, providing a high level of support and supervision.

Inspectors examined six relative foster carers' files as part of this inspection. Figures provided by the LHA to the Authority showed that of the 24 relative carer households in the LHA, 14 remained unapproved. The assessments of relative foster carers that were approved were found to be comprehensive and detailed.

Efforts had been made to address deficits in the assessment of relative foster carers. None of the three relative carers visited by inspectors had been approved. However, they were in the process of assessment or being presented to the foster care committee.

Through interviews with senior managers and social workers and an examination of case files it was clear that the area had identified the deficiencies in the assessment of relative foster carers in 2009 and 2010 and more detailed, interim assessments had been undertaken at that time which included an assessment of identified risks. Inspectors viewed some of these assessments on the relative foster carers' files and found these to address the requirements of the foster carers role and detailed actions to mitigate risk. These actions had been implemented.

Inspectors were told by senior managers that all 14 of the outstanding assessments were in various stages of progress or completion and some were awaiting a hearing at the Foster Care Committee. Inspectors noted that all the relative carer files reviewed held interim assessments that had been undertaken in 2010 for relative

carers and as such, no foster carers were without some form of assessment.

However, the assessment of relative carers did not fully meet the National Standards and Regulations as not all were approved and children were living in unapproved placements. The formal interim assessment carried out on all foster carers went some way to minimising risks to children.

### **Outcomes 7 – Carers are supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.**

Carers regularly participate in training that provides them with the skills and knowledge to provide high quality care to children. Each foster care household has an allocated link worker. Link workers support carers in caring for children through regular supervision and advice. Foster carers participate in regular reviews of their continuing capacity to provide high quality care.

Related reference:

- Standard 15: Supervision and Support
- Standard 16: Training
- Standard 17: Reviews of Foster Carers
- Child Care (Placement of Children in Foster Care) Regulation 15, 16
- Child Care (Placement of Children in Relative Care) Regulation 15, 16.

### **Summary of Outcomes**

Training was provided by the service but the attendance by carers was poor. Not all foster carers were assigned a link worker, but carers were, overall, well supervised and supported. Reviews of foster carers' ability to provide high quality care did not take place.

### **Standard 15: Supervision and Support**

*This standard was met in part.*

Overall the provision of supervision and support to foster carers was of a good standard, and the majority of foster carers had been assigned a link social worker. Inspectors found that link social workers provided supervision to foster carers on an ongoing basis prior to, during and after the placement of a child. However, some foster carers had not been assigned a link social worker.

Case notes that were examined in foster carers files' showed that link social workers prepared foster carers for the placement of a child and assessed the foster carers' ability to meet the child's needs. Case notes also demonstrated good work by link social workers in addressing any issues within the placement and working in partnership with the child's social worker to ensure a consistent approach to support the placement.

Most foster carers visited by inspectors confirmed that they were visited regularly by link social workers and there was good evidence of frequent telephone contact between social workers and foster carers. Foster carers were also actively involved in care planning for the children that were placed with them.

Five foster carers did not have an assigned link social worker as required by the

National Standards for Foster Care (2003). Inspectors were advised that due to staff shortages the managers of the social work service struggled to assign all cases. Inspectors found that the LHA ensured that where a link social worker was not assigned to foster carers, the social worker assigned to the child offered support to the foster carers and this support was evident in the foster carers and children's files that were reviewed.

During placements, the supervision of foster carers ensured that they had access to any information they required and support through regular visits, advice, training and the sharing of HSE policies. Inspectors found that in the cases reviewed, foster carers complied with the duties required under the Regulations.

Link social workers told inspectors they received formal supervision from the fostering team leader and the records of the supervision of individual foster carers in their caseload were located in foster carer's files. These reflected the work undertaken with foster carers and actions to address any issues that arose.

In a minority of foster carers' files, inspectors found there was insufficient supervision and case notes when there were difficulties in placements. This meant that timely interventions were not always put in place to support placements. These cases were raised with senior managers at the time of the inspection.

Foster carers visited by inspectors stated that social workers were responsive and supportive, and despite there being no out of hours social work service in Dublin South East, many took telephone calls outside of office hours.

### **Standard 16: Training**

*This standard was met in part.*

Inspectors found that a range of training was provided to support foster carers. However, despite the training being held at accessible times such as evenings and weekends, the uptake by foster carers was poor. Attendance at training was not a requirement of carers' contracts with the LHA.

Training records were held in individual foster carer's files, which were held by the fostering team. The majority of general and relative foster carers had attended their initial mandatory courses (Fostering Relations or Foundations in Fostering). However, some relative foster carers had not yet attended this training. Attendance at ongoing training was low and senior managers acknowledged an ongoing difficulty with foster carers' failure to participate in ongoing training. Inspectors discussed the provision of training with staff and managers.

They also reviewed training records and found the following training was provided in the preceding year:

- Triple P (parenting course)

- Incredible Years
- play
- safe care
- speech and language development.

Attendance records provided to inspectors showed that 44% of general carers and only 5% of relative foster carers had attended these training sessions. The foster carers interviewed as part of this inspection said they attended the initial training courses provided by the LHA when they became foster carers, and had attended some additional training. However, the low take up on training meant that many foster carers were not developing their knowledge and skills in specific areas and this could place future placements in jeopardy.

Inspectors noted that LHA contracts with foster carers did not include a requirement to attend ongoing training. No overall training needs analysis had been undertaken which took account of children's needs and gaps in foster carers' skills and as a result training was not planned to meet the needs of the children placed in the foster care.

### Standard 17: Reviews of Foster Carers

*This standard was not met.*

The LHA did not undertake regular reviews of foster carers to assess their continuing capacity to provide high quality care as required by the Standards. Regulations require that the first review should be held one year after the first placement and subsequent reviews should take place at three yearly intervals. Inspectors were informed by senior managers and the Chair of the Foster Care Committee that no foster carers had been reviewed. Consequently the committee did not have an oversight of foster carers' ongoing ability to continue to provide good quality care or to identify any poor practices by foster carers, placement difficulties or training needs of foster carers.

**Table 2. Allocation of link worker to carers**

	Number	%
<b>Foster carers households</b>		
<b>All foster carers</b>	<b>68</b>	<b>100%</b>
Assigned a link worker	63	93%
Not assigned a link worker	5	7%
<b>General (non-relative) foster carers</b>	<b>44</b>	<b>100%</b>
Assigned a link worker	41	93%
Not assigned a link worker	3	7%
<b>Relative foster carers</b>	<b>24</b>	<b>100%</b>
Assigned link worker	22	92%
Not assigned a link worker	2	8%

**Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.**

Under this outcome measure, services are effectively managed with clear lines of accountability for the management of services to children in foster care. Services have effective systems in place to continuously assess the quality of care to children in foster care. Management demonstrate leadership and a commitment to continuous improvements in the outcomes for children in foster care.

Related reference:

- Standard 18: Effective policies
- Standard 19: Management and Monitoring of Foster Care Services
- Standard 21: Recruitment and retention of an appropriate range of Foster Carers
- Standard 22: Special Foster Care
- Standard 23: The Foster Care Committee
- Standard 24: Placement of Children through non-statutory agencies
- Standard 25: Representation and complaints
- Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12
- Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12.

**Summary of Outcomes**

Management structures, accountability and communication were all clear within the service and staff felt informed and consulted. Staff resources were stretched due to vacancies and leave which impacted on service provision. The monitoring of quality and gathering of outcomes in key areas required attention.

**Standard 18: Effective policies**

*This standard was met in part.*

The LHA was found to have a good standard of local and national policies which were up to date and disseminated to staff. Staff demonstrated a good knowledge of these policies and procedures. However, they were not all implemented effectively.

The Authority was provided with a suite of policies, procedures and guidance notes that had been developed both nationally and locally. These included the training and support of foster carers, the management of allegations against foster carers, recruitment of foster carers, vetting, the inter-area transfer of cases, safe care practices and care planning and reviews. Staff confirmed they had been provided with briefings and training to support the implementation of national policies and procedures.

Social workers all reported that they used the “National Child Protection Handbook” in their day-to-day duties. All of these documents were available to social workers in individual social work offices and inspectors found that staff in the service were clearly aware of key policies and procedures in the area and used them to inform their practice. However, inspectors found that the HSE policy on the use of supported lodgings, aftercare and child protection were not fully implemented in the LHA, and this is discussed in more detail elsewhere in this report.

The LHA followed the HSE national policy regarding the transfer of cases from one area to another. They accepted the transfer of cases, and approached other LHAs when a transfer of a case from the LHA was appropriate. The need to transfer cases arose when a child from one LHA had lived in another LHA for a significant period of time.

Inspectors found this policy was successfully implemented in some cases, particularly when transferring a case to a neighbouring LHA. However, inspectors were informed of some difficulties in transferring cases to some areas and resources were cited as a key issue. This meant that the transfer policy was not implemented in all cases nationally which meant some children’s social work service was not local and therefore less accessible to them.

## **Standard 19: Management and Monitoring of Foster Care Services**

*This standard was met in part.*

The governance and management of this foster care service was found to be of a good standard in some areas. However, improvements were required in relation to staff vacancies, administrative support, and quality assurance systems to monitor the quality of the service.

There was a clear management structure where roles and functions were clearly defined and understood. At the time of this inspection, the LHA foster care service was managed by an area manager and an acting principal social worker. The area manager also had responsibility for two other areas, Dublin South and Wicklow. The Acting Principal Social Worker reported to the Area Manager who in turn reported to the Regional Director of Operations, HSE Dublin Mid-Leinster Region. The Acting Principal Social Worker was supported by 5.5 social work team leaders.

Inspectors found that there had been significant changes to the regional and local management structure in the year prior to inspection. This was part of the wider restructuring of the HSE nationally. The changes were found to have been managed well locally and had contributed to the development of clear lines of accountability, responsibility and communication across the social work department generally. Staff told inspectors that the changes had been communicated effectively to them and they felt they had been consulted in how this impacted upon their roles.

There were appropriate communication systems in place to support sharing of information and the implementation of decisions between national, regional and local level. Inspectors found through interviews with all personnel and by examining team schedules that senior managers and social work teams met frequently both as peer groups and as a wider service group. These meetings consisted of an integrated service area management meeting, an LHA management meeting, regional principal social worker meetings and LHA team meetings.

At a local level, regular meetings took place between the Acting Principal Social Worker and social work team leaders and also between social work team leaders and social workers and social care workers. All meetings resulted in proposed actions and those interviewed said these actions were implemented. All of the social workers and social care workers interviewed said that they found members of the management team to be accessible, and felt that both formal and informal communication was strength for the area.

The area held a register of all children in care in the area for children in foster care. This was found to be in accordance with the Standards and compliant with the Regulations. It was accurate, complete and up to date. In addition, the register recorded if children were in education. The LHA also held an up-to-date panel of foster carers as required by Regulations.

The LHA was identified as having a number of unfilled social worker posts and inspectors found that this was having a negative impact on the service and outcomes to children. There was a significant of social work positions left unfilled and the LHA did not have a sufficient number of social workers employed to undertake the duties of the child and family social worker and link social worker. Contingency plans were not adequate to meet service requirements at the time of inspection or for future needs.

There were 12 social work vacancies in the service including a team leader vacancy. At the time of this inspection, there were an additional four social workers and one team leader on long term leave and although staff worked across teams to support colleagues and were responsive to children and foster carers, it was clear that they felt they had little or no capacity to undertake additional work should it arise. The absence of the team leaders who had operated the aftercare service created a significant gap in service provision for this group.

Inspectors found that social workers felt that their ability to develop lasting and trusted relationships at times with children in care was affected by the need to prioritise the most urgent work. They met their statutory responsibilities well, but as previously cited, some children had several changes of social worker, and this is discussed further under Outcome 5 in this report.

Social workers also reported a significant amount of time was spent undertaking administrative tasks such as compiling and copying reports and documents, correspondence and telephone calls. The LHA's administrative staff numbers had

been depleted and at the time of the inspection, the five teams and Acting Principal Social Worker had access to two administrative posts in total, one of which was covering Child Protection Notification and Child Protection Committee procedures. These issues were raised with senior managers during this inspection. The outcome for children was that some children were not assigned a social worker, some were not visited as frequently as they or their social workers would have liked. As social workers were stretched to capacity, there was little room for them to respond to new referrals or crises in existing placements. Inspectors also observed that the reception area was left unattended for periods. This meant that there was no one to co-ordinate and to prioritise calls to social workers, and to manage visitors sensitively.

Quality improvement systems were in the early stages of development. The LHA's quality assurance systems included the collation of monthly key performance indicators, an internal audit report and staff supervision. Key performance indicators provided to the National Office of the Child and Family Services informed both the regional plan and the annual adequacy reports issued by the HSE.

An internal audit was carried out in the year prior to this inspection. This audit examined areas such as the register of children in foster care, payments to foster carers, foster carers files, monitoring of the service and vetting of foster carers. Good practices and areas that required improvement were identified, and recommendations made were responded to by senior managers. Inspectors found that some of these recommendations were in progress at the time of the inspection, such as the re-vetting of foster carers.

Inspectors found that no satisfaction surveys had been undertaken by the LHA to determine the quality of the service that children and families received. There was no monitoring process of the fostering service in operation in the LHA as described in the standards and this should be addressed.

## **Standard 21: Recruitment and retention of an appropriate range of Foster Carers**

*This standard was met in part.*

Annual recruitment produced a limited number of foster carers for the service and there was little capacity in the number of foster carers to deal with the need for a sufficient range of placements. Retention of foster carers in the area was high.

Inspectors found evidence that the LHA did not have the number of foster carers required to deliver this service completely in accordance with the Standards or Regulations. Placement services in the area included foster care, supported lodgings and one residential care unit (providing five places at any one time).

Through a review of data and information provided by the LHA and interviews with

social workers, inspectors found that three children were awaiting suitable placements, two of whom had waited for over three months. Nine children were placed in private foster care placements outside the LHA and five foster carers were going through the assessment process.

The duty social work team had a significant waiting list of children living in the community, some of whom may require a care placement. This resulted in the service not having the capacity to provide placements at the rate they were required.

There were four emergency care placements which provided very short term places for children while a more suitable placement was identified or until they could return home. Inspectors examined the case files of some emergency foster carers and found these placements were used appropriately with children staying from one night to eight weeks.

### **Standard 22: Special Foster Care**

There were no special foster care placements in the Dublin South East area and no children were identified as needing this service.

### **Standard 23: The Foster Care Committee**

*This standard was met in part.*

The Foster Care Committee was found to have carried out its locally agreed functions to a good standard. However, the HSE national guidelines for committees, published in 2012, had not been fully implemented and this required attention by the LHA. The Foster Care Committee serviced the three areas under the Integrated Service Area. These areas were Dublin South East, Dublin South and Wicklow. Overall 38 foster carers were approved by the Foster Care Committee for the three areas inside the integrated service area in the year prior to the inspection and six of these were the LHA's foster carers.

Prior to this inspection, the foster care committee only held responsibility for the approval of foster carers and, since early 2012, approved supported lodgings carers and long term placements. Through interviews with the chair of the Foster Care Committee, inspectors found that the committee convened on a monthly basis. Membership of the committee included people with expertise in child care and included a foster carer.

The tenure of many members was found to be lengthy and the chair of the Committee acknowledged this was an issue and an area which was being addressed. Committee members were appropriately vetted and operated in compliance with the Regulations. A number of potential candidates had been identified to replace committee members.

Inspectors found that at the time of this inspection the Foster Care Committee did not have sufficient oversight or information regarding the services that they were partly responsible for approving, which was a deficit in safeguarding for children in the LHA. It also affected the committee's capacity to engage in aspects of service planning because they were not aware of the ongoing suitability of foster carers or placements.

The Foster Care Committee was not informed of issues such as placement breakdowns, allegations or complaints as a matter of routine. However, inspectors were advised that this was in the process of changing and the national guidance for foster care committees was due to be implemented in the LHA.

In interviews with social workers and social work team leaders, inspectors were advised that delays in some approvals by the Foster Care Committee could be frustrating. Similarly, the chair of the committee described difficulties where some assessments were presented without all of the required documents in order to make a decision on approval. The Foster Care Committee had moved to address this by screening assessments submitted to them prior to being heard and requesting any outstanding information in advance of the meeting. Inspectors found that the foster care committee contributed to the adequacy reports required in legislation by the HSE and to the regional plan.

#### **Standard 24: Placement of Children through non-statutory agencies**

*This standard was met in part.*

Data provided to inspectors by the LHA showed that nine children were placed with non-statutory agencies outside of Dublin South East. Senior managers and social work staff interviewed told inspectors that the reasons for this was both an insufficient number of foster carers in the locality with available placements and the unavailability of foster carers with the ability to manage the assessed complex needs of some children who needed care.

Inspectors were informed by the senior managers of the service that service level agreements were not in place with the agencies used and therefore the quality of the direct service provision to children by these external providers could not be assured. Inspectors did find examples in children's case files where the non-statutory agencies had put contracts in place regarding individual children. The children placed in non-statutory agencies were visited frequently by their social workers and working relationships between social work teams and providers were positive.

Non-statutory agencies supervised and supported their foster carers directly. Link social workers from the non statutory agency worked closely with the children's social workers to ensure the quality of the placement and its progress were monitored. Social workers received supervision from team leaders on each case which were seen by inspectors and retained on children's case files. Inspectors also viewed progress reports to the HSE in case files.

## Standard 25: Representation and complaints

*This standard was not met.*

Inspectors found that the communication of the HSE formal complaints procedure to foster carers, children and birth parents required improvement. All of the foster carers and children visited knew that they could raise concerns directly with their social workers. However, they were unable to describe how to do this if they did not have a social worker or if, for example, they wanted to raise concerns about their social worker.

Inspectors were provided with national policies in relation to dealing with complaints and representations. Inspectors found evidence on case files of complaints being investigated, recorded and the outcomes communicated to children.

Not all foster carers who met with inspectors were aware of the HSE complaints procedure and four birth parents told inspectors that they did not know about it. Thus the complaints procedure could not be described as robust, although many parents and carers said that they felt they could approach the service. Equally, stakeholders were not aware of a suite of leaflets and forms that gave information on service satisfaction.

Inspectors found no evidence that complaints were utilised to inform overall quality improvements to the service. However, children spoken to who had made a complaint reported that its resolution had improved their lives. Up to the point of this inspection, the Foster Care Committee had no oversight of complaints.

**Outcome 9 – Children are supported by staff members that have appropriate qualifications, supervision and training.**

This outcome measure means staff members have the skills, knowledge, qualifications and experience to support children and deliver a high quality foster care service. Staff members participate in regular supervision and ongoing training.

Related reference:

- Standard 20: Training and qualifications.

**Summary of Outcomes**

Children were supported by highly skilled and suitably qualified staff. Staff values and practice were child centred and this ensured that children received a high quality service overall. Staff were supported and supervised by their line management and identified training needs were addressed.

**Standard 20: Training and qualifications**

*This standard was met.*

Staff in the LHA were found to be appropriately qualified and vetted. They attended training for ongoing professional development and were formally supervised by senior staff.

Inspectors found from an examination of seven personnel records that staff were appropriately vetted and qualified for the positions they held. Staff interviewed by inspectors presented as experienced, enthusiastic and committed social care professionals and several foster carers informed inspectors that these staff provided informed and effective support to them and the children placed with them.

The area had a total of 30 members of staff across five different teams and all staff received formal supervision on a monthly basis. Sections of supervision records were viewed by inspectors and staff interviewed all confirmed that they received regular supervision. Formal supervision records were recorded in two parts: one part dealt with supervision of children's cases and the second part dealt with personal and occupational issues.

Inspectors examined the case supervision on the case files and it was found to be frequent, relevant and recorded all actions required in relation to the child concerned which meant that social workers and team leaders were accountable for the progress of children on their caseloads.

Newly qualified social workers received an induction into the role and team, which

included familiarising themselves with local and national policies, procedures and guidance and shadowing established colleagues in their day-to-day practices. They also held a reduced caseload and received more frequent supervision (fortnightly) to ensure they had sufficient time and support to develop their skills and knowledge in practice. Social workers that had experienced this process informed inspectors that this was an area that Dublin South East managed extremely well.

Cases were supervised monthly by team leaders and inspectors saw these records on all of the case files reviewed. The case supervision was carried out to a high standard and was linked to the child's care plan and their placement. Case notes were frequent, detailed and concise, and this provided a chronology of care and significant events in each child's file.

Inspectors also found evidence of file audits on all foster carers' files sampled and on some children's case files. This meant that all files had the necessary statutory documents, in addition to case notes on all of the work undertaken on their case, which provided children with a robust and detailed record of their lives while in care. File audits were discussed with individual social workers by team leaders and any deficiencies were addressed.

Inspectors found that the training needs of all teams had been assessed and identified on an individual basis through supervision and their needs were highlighted to the Acting Principal Social Worker. The Acting Principal Social Worker and team leaders examined the cumulative training needs and training requests were then forwarded to the relevant department in the Executive to request action. Some training had been provided and some was provided to the teams and other training was planned.

## **6. Children and young people comments**

Inspectors visited 12 children in seven households as part of this inspection which included some sibling groups living in the same placement. These households comprised of relative foster carers, general foster carers and supported lodgings. All of the children agreed to meet with inspectors and inspectors met them in private.

All of the children presented as well cared for and valued in their homes. All of the children said they were happy in their placements and felt secure. They all spoke affectionately of their foster carers, foster siblings and extended families.

Inspectors saw evidence in foster carers' homes of children being valued members of the foster families such as photographs of celebrations and holidays on display, family portraits and evidence of achievements such as trophies. All of the children either had their own bedroom or shared with siblings; inspectors viewed the bedrooms of the children which were personalised and comfortable.

All of the children felt part of the foster family and all identified their foster carers as people they trusted and could tell them any worries or concerns they may have. Several children also identified their social worker as a trusted adult and some descriptions of social workers included, '*She's nice; she plays games with us.*' '*I like it when she visits,*' '*lovely*' and '*kind.*' All of the children knew who their social worker was.

The majority of children of school going age were attending schools in their local community and they identified with school positively, citing it as the place where their friends were and that they enjoyed their subjects and extra-curricular activities. Some of the children had diagnosed disabilities and foster carers confirmed that all necessary services were in place for them.

Social workers spoke positively and respectfully to inspectors about birth families and the majority of parents interviewed by inspectors stated that social workers treated them sensitively and with respect.

### Closing the fieldwork

At the final day of the fieldwork a feedback meeting was held to report on the inspectors' preliminary findings, which highlighted both good practice and where improvements were needed. In addition, further issues raised during telephone interviews following fieldwork were communicated to the Acting Principal Social Worker for attention.

#### **Report compiled by:**

Orla Murphy,  
Inspector,  
Health Information and Quality Authority

6 September 2012

## 7. Summary of Standards

	National Standards for Foster Care	Standard Met, Met in Part and Not met
<b>Outcome 1</b>	Standard 3: Children's rights	Standard Met
	Standard 4: Valuing diversity	Standard Met
<b>Outcome 2</b>	Standard 1: Positive sense of identity	Standard Met
	Standard 2: Family and Friends	Standard Met in Part
<b>Outcome 3</b>	Standard 8: Matching children with carers	Standard Met in Part
	Standard 9: A safe and positive environment	Standard Met
	Standard 11: Health and Development	Standard Met
	Standard 12: Education	Standard Met in Part
	Standard 13: Preparation for leaving care and adult life	Standard Met in Part
<b>Outcome 4</b>	Standard 10: Safeguarding and child protection including implementation of <i>Children First: National Guidance for the Welfare and Protection of Children 1999</i>	Standard Met in Part
<b>Outcome 5</b>	Standard 5: The child and family social worker	Standard Met in Part
	Standard 6: Assessment of Children and Young People	Standard Met in Part
	Standard 7: Care Planning and Review	Standard Met in Part
<b>Outcome 6</b>	Standard 14: Assessment and Approval of Foster Carers	Standard Met in Part
<b>Outcome 7</b>	Standard 15: Supervision and Support	Standard Met in Part
	Standard 16: Training	Standard Met in Part

	<b>National Standards for Foster Care</b>	<b>Standard Met, Met in Part and Not met</b>
	<b>Standard 17: Reviews of Foster Carers</b>	<b><i>Standard Not Met</i></b>
<b>Outcome 8</b>	Standard 18: Effective policies	Standard Met in Part
	Standard 19: Management and Monitoring of Foster Care Services	Standard Met in Part
	Standard 21: Recruitment and retention of an appropriate range of Foster Carers	Standard Met in Part
	Standard 22: Special Foster Care	Not applicable
	Standard 23: The Foster Care Committee	Standard Met in Part
	Standard 24: Placement of Children through non-statutory agencies	Standard Met in Part
	<b>Standard 25: Representation and complaints</b>	<b><i>Standard Not Met</i></b>
<b>Outcome 9</b>	Standard 20: Training and qualifications	Standard Met

## 8. 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.

## 9. Action Plan

Health Information and Quality Authority  
Social Services Inspectorate

ion Plan



### HSE response to report<sup>†</sup>

HSE LHA	Dublin South East
Service ID as provided by the Authority:	572
Date of inspection: DAY/MONTH/YEAR	20 / 08 / 2012
Date of response: DAY/MONTH/YEAR	04 / 01 / 2013

### Recommendations

These requirements set out the actions that should be taken to meet the identified child care regulations and *National Foster Care Standards 2003*.

#### Outcome 2 - Children are able to maintain positive relationships with their parents, siblings and other significant family and friends.

##### 1. Action required:

The Dublin South East LHA should ensure foster carers commit to facilitate access as part of their role.

##### Related reference:

Standard 2: Family and Friends  
Child Care (Placement of Children in Foster Care) Regulations 16 (2)(g)

<sup>†</sup> \* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>This issue is highlighted at Senior Management meetings to progress this matter. All new foster carers are being informed that the facilitation of access between children and their families is part of their role.</p> <p>As part of ongoing training this topic will be covered with all foster carers. At foster care reviews this will be addressed with all carers.</p>	<p>1st November 2012</p> <p>End of Q.1 2013</p>

<b>Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.</b>	
<p><b>2. Action required:</b></p> <p>The Dublin South East LHA should ensure that systems are in place to review the educational outcomes for children in foster care and any required actions are taken to improve these outcomes.</p>	
<p><b>Related reference:</b></p> <p>Standard 12: Education</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>Educational outcomes will continue to be reviewed as part of Child Care Planning at both a Regional and National level.</p> <p>This LHO is proposing that a staff member undertake a piece of research in 2012/2014 on this issue and propose methods to review outcomes for children</p>	<p>Late 2013/2014</p>

<b>Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.</b>	
<p><b>3. Action required:</b></p> <p>The Dublin South East LHA should ensure that young people in foster care are referred to the aftercare service in accordance with the Standards and HSE policy.</p>	
<p><b>4. Action required:</b></p> <p>The Dublin South East LHA should ensure that leaving care needs assessments are carried out for all young people in accordance with the Standards and HSE policy.</p>	

<b>Related reference:</b>	
Standard 13: Preparation for leaving care and adult life	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:  Young people will continue to be referred to After Care Services prior to their 16th Birthday. An aftercare worker attends the Child in Care review following a young person's 16th birthday. A formal assessment and ongoing planning follows from this at an appropriate time and at a young person's pace.	SW, SWTL, Aftercare Services - Ongoing

<b>Outcome 4 – Children are safe and services comply with <i>Children First: National Guidance for the Welfare and Protection of Children</i>.</b>	
<b>5. Action required:</b>	
The Dublin South East LHA should ensure that all foster carers and adults in households are re-vetted.	
<b>6. Action required:</b>	
The Dublin South East LHA should ensure that they are satisfied that all child protection concerns reported to the area about children in foster care have been, and will continue to be, dealt with in accordance with <i>Children First</i> (2011).	
<b>7. Action required:</b>	
The Dublin South East LHA should ensure that any and all child protection and welfare concerns about foster carers are reported and addressed in accordance with National policy.	
<b>8. Action required:</b>	
The Dublin South East LHA should ensure that all foster carers receive training and guidance in child protection including the newly revised <i>Children First: National Guidelines for the Protection and Welfare of Children</i> (2011) as a matter of priority.	
<b>Related reference:</b>	
Standard 10: Safeguarding and child protection <i>Children First: National Guidance for the Protection and Welfare of Children 2011</i>	

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>Foster carers and adults over 18 years are in the process of being re-vetted and this process will continue</p> <p>DSE will continue to ensure that all child protection concerns reported will be dealt with in accordance with Children First.</p> <p>DSE Social Work dept will continue to ensure that any and all child welfare protection concerns will be reported and addressed as per National Guidelines.</p> <p>Training for foster carers in relation to Children's First has commenced and there are further training sessions scheduled for December 2012 and January 2013.</p>	<p>All current foster carers needing to be re-vetted will be completed by end 2nd Quarter 2013. This process is ongoing. Fostering Team Leader and Principal Social Worker will be responsible for this.</p> <p>PSW and SWTL - as required</p> <p>PSW and SWTL - as required</p> <p>SWTL &amp; PSW 2nd Quarter 2013</p>

<b>Outcome 5 – Each child receives high quality care that is effectively planned and managed by a designated social worker.</b>
<p><b>9. Action required:</b></p> <p>The Dublin South East LHA should ensure that all children in foster care have an assigned social worker.</p>
<p><b>10. Action required:</b></p> <p>The Dublin South East LHA should ensure that all children are visited by a social worker in line the Regulations and children who have not been visited within the last six months are visited as a matter of urgency.</p>
<p><b>11. Action required:</b></p> <p>The Dublin South East LHA should ensure that changes to children's social workers are monitored and kept to a minimum to facilitate relationship building between the child and their social worker.</p>
<p><b>12. Action required:</b></p> <p>The Dublin South East LHA should ensure that the child's social worker makes arrangements to view the files of foster carers supervised by other services, from time to time, to assure themselves that</p>

the statutory obligations of the placement provider are being met.	
<b>Related reference:</b>	
Standard 5: The child and family social worker Child Care (Placement of Children in Foster Care) Regulations 4, 11 Child Care (Placement of Children in Relative Care) Regulations 4, 11	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:	
Social Work Dept DSE continues to prioritise the allocation of a social worker to children in care. The active recruitment of social workers is seen as a priority	PSW, C&F Manager, Regional Manager and National Director - Ongoing.
All children in care have been visited within the last six months by a social worker	SWTL & PSW.- Q. 1 2013
Changes in Social Workers is monitored by SWTL to ensure facilitate building a relationship between a child and their social worker	PSW & SWTL & C&F managers - Ongoing
Discussion will commence between Area C&F Managers with external and other HSE services regarding accessing foster carers information.	C&F Managers, Regional Managers, National Office.

<b>Outcome 5 – Each child receives high quality care that is effectively planned and managed by a designated social worker.</b>	
<b>13. Action required:</b>	
The Dublin South East LHA should ensure that children's assessments of need are located along with the statutory information in the child's current file.	
<b>Related reference:</b>	
Standard 6: Assessment of Children and Young People Child Care (Placement of Children in Foster Care) Regulations 13 Child Care (Placement of Children in Relative Care) Regulations 13	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:	
DSE Social Work Dept have new files on order which will facilitate a clear structured layout and access to information held on the child.	PSW, SWTL 1st Quarter 2013.

<b>Outcome 5 – Each child receives high quality care that is effectively planned and managed by a designated social worker.</b>	
<b>14. Action required:</b>	
The Dublin South East LHA should ensure that all care plans are reviewed in line with the Regulations and Standards.	
<b>15. Action required:</b>	
The Dublin South East LHA should ensure that birth parents are fully involved in reviews, as appropriate.	
<b>Related reference:</b>	
Standard 7: Care Planning and Review Child Care (Placement of Children in Foster Care) Regulations 13, 18 Child Care (Placement of Children in Relative Care) Regulations 13, 18	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:	
DSE Social Work Dept will continue to ensure that all care plans are reviewed in line with Regulations and Standards	Ongoing process. PSW & SWTL
Parents will continue to be fully involved in reviews as appropriate.	Ongoing process. PSW & SWTL

<b>Outcome 6 – Each child receives high quality care from carers that have been appropriately assessed and approved.</b>	
<b>16. Action required:</b>	
The Dublin South East LHA should ensure that all long term outstanding placements are processed for approval, as a matter of urgency.	
<b>17. Action required:</b>	
The Dublin South East LHA should ensure that all foster carer files clearly define the length of the assessment process.	
<b>18. Action required:</b>	
The Dublin South East LHA should ensure that all supported lodging carers that provide placements to children under 16 years undergo a foster care assessment as a matter of urgency.	

<b>Related reference:</b>	
Standard 14: Assessment and Approval of Foster Carers Child Care (Placement of Children in Foster Care) Regulation 5, 7, 9	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:	
DSE Social Work Dept are actively pursuing this and all cases are allocated	2nd Quarter 2013 SWTL & PSW
From 1st January 2013 all new fostering assessments will be clearly noted on files. The dates that applications were received for assessment and dates assessment commenced and dates assessments were completed will be clearly noted on the file.	Commence 01/01/2013 PSW And Fostering Team Leader will oversee and review this
Supported Lodging placements of young people under 16 years are being reviewed with a view to looking at potential of re-assessing as foster carers.	SWTL & PSW Completed by 3rd Quarter 2013.

<b>Outcome 6 – Each child receives high quality care from carers that have been appropriately assessed and approved.</b>	
<b>19. Action required:</b>	
The Dublin South East LHA should ensure that all outstanding assessments of relative carers are progressed and concluded as a matter of urgency.	
<b>Related reference:</b>	
Standard 14: Assessment and Approval of Foster Carers Child Care (Placement of Children in Relative Care) Regulation 5, 6, 9	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:	
This is an ongoing process and all relative carers undergoing assessment have been allocated.	2nd Quarter 2013 SWTL &PSW

<b>Outcome 7 – Carers is supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.</b>	
<b>20. Action required:</b>	
The Dublin South East LHA should ensure that all foster care households are assigned a link social worker.	
<b>21. Action required:</b>	
The Dublin South East LHA should ensure that all foster carers are visited and supervised in line with the Regulations and that these sessions are recorded appropriately.	
<b>22. Action required:</b>	
The Dublin South East LHA should ensure that increased supervision is provided to all foster carers where placements are under stress.	
<b>Related reference:</b>	
Standard 15: Supervision and Support Child Care (Placement of Children in Foster Care) Regulation 15 Child Care (Placement of Children in Relative Care) Regulation 15	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:	
DSE Social Work Dept continues to prioritise the allocation of a social worker to all foster carers. The active recruitment of social workers is seen as a priority.	Ongoing PSW, C&F Manager, Regional Manager, National Director. -
DSE Social Work Dept continues to strive to ensure all are visited and supported in line with Regulations and these sessions are recorded appropriately.	Ongoing. PSW & SWTL.
DSE Agree that all foster carers under stress should be offered increased supervision.	SWTL & PSW - as required.

<b>Outcome 7 – Carers is supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.</b>	
<b>23. Action required:</b>	
The Dublin South East LHA should ensure that a needs analysis of training for foster carers is carried out by the area to inform their training programme.	

<b>24. Action required:</b>	
The Dublin South East LHA should ensure that a centralised record of training needs and training provision to foster carers is maintained.	
<b>Related reference:</b>	
Standard 16: Training Child Care (Placement of Children in Foster Care) Regulation 15 Child Care (Placement of Children in Relative Care) Regulation 15	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:	
DSE will continue to identify and prioritise the training needs of foster carers and will liaise with carers, trainers and IFCA regarding ongoing training needs of foster carers	SWTL & PSW. HSE Training, Unit & National Training Office End of 2nd Quarter 2013
The provision of training is currently recorded on foster carers' files. Foster Carers ongoing training needs will be discussed at supervision and noted on files. This will be explored further with training unit and ISA fostering team leaders.	PSW. DML Training Unit, & National Training Service 2nd Quarter 2013

<b>Outcome 7 – Carers are supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.</b>	
<b>25. Action required:</b>	
The Dublin South East LHA should ensure that all foster carers are reviewed in accordance with the Standards and Regulations.	
<b>Related reference:</b>	
Standard 17: Reviews of Foster Carers Child Care (Placement of Children in Foster Care) Regulation 15 Child Care (Placement of Children in Relative Care) Regulation 15	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:	
The HSE National Office is currently looking at templates and standardising arrangements for the review of foster carers through the work of the National Standardisation Working Group.	1st Quarter 2013 National Office, Regional Manager, C&F Manager, PSW.

<b>Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.</b>	
<b>26. Action required:</b>	
The Dublin South East LHA should ensure that all national policies in relation to foster care are fully implemented and training is provided to support social work staff in implementing these policies.	
<b>Related reference:</b>	
Standard 18: Effective policies	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:  Social Work Dept will continue to update and train staff regarding the appropriate use and implementation of all agreed policies	PSW, Foster Care Committee, DML Training Unit. 3rd Quarter 2013.

<b>Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.</b>	
<b>27. Action required:</b>	
The Dublin South East LHA should ensure that dependable systems are developed to ensure the effective provision of a safe high quality service to children and young people in foster care.	
<b>28. Action required:</b>	
The Dublin South East LHA should ensure that identified risks, due to staff vacancies, are addressed to mitigate any potential risks to the outcomes for children.	
<b>Related reference:</b>	
Standard 19 Management and Monitoring of Foster Care Services Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4) Child Care (Placement of Children in Relative Care) Regulation 5(3)(4)	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:  Local C&F Services strive to deliver a safe high quality service through supervision, training, team meetings and in partnership with others.	PSW, SWTL DML Training Unit Ongoing

Risk Assessment forms completed and to be reviewed. Awaiting recruitment of staff to fill vacancies	Quarter 1 2013. National Office, Regional office. C&F Manager, PSW.
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

**Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.**

**29. Action required:**

The Dublin South East LHA should ensure that the service recruits sufficient numbers of foster carers to meet the needs of children on an ongoing basis.

**Related reference:**

Standard 21: Recruitment and retention of an appropriate range of Foster Carers  
Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4)  
Child Care (Placement of Children in Relative Care) Regulation 5(3)(4)

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale & Post holder responsible:**

HSE response:

C&F Services continues to strive to recruit additional foster carers. The recruitment of carers is receiving attention at a National & Regional level and a regional/campaign is being planned for.

Quarter 2 2013 and Ongoing

**Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.**

**30. Action required:**

The Dublin South East LHA should ensure that the Foster Care Committee receive the outcomes of foster carer’s reviews for their consideration, including the details of complaints, allegations and placement endings.

**Related reference:**

Standard 23: The Foster Care Committee  
Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4)  
Child Care (Placement of Children in Relative Care) Regulation 5(3)(4)

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale & Post holder responsible:**

HSE response:

DSE will ensure that FCC receives outcomes of Foster Carer's reviews.

Quarter 1 2013.  
PSW

<b>Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.</b>	
<b>31. Action required:</b>	
The Dublin South East LHA should ensure that service level agreements, with inbuilt quality assurance mechanisms, are in place with agencies providing non-statutory foster care services to ensure a safe high quality service to children.	
<b>Related reference:</b>	
Standard 24: Placement of Children through non-statutory agencies Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 24 Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 24	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
HSE response:  This is receiving attention at a National & Regional Level.	SWTLs, PSW, Area Manager Children & Family Services, Regional & National offices. End of Q. 1 2013

<b>Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.</b>	
<b>32. Action required:</b>	
The Dublin South East LHA should ensure that all stakeholders are made aware of the complaints process.	
<b>33. Action required:</b>	
The Dublin South East LHA should ensure that there is managerial oversight of all complaints to facilitate continuous quality improvement for the foster care service.	
<b>Related reference:</b>	
Standard 25: Representations and complaints Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12 Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12	

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale &amp; Post holder responsible:</b>
<p>HSE response:</p> <p>DSE Social Work Dept is compiling different leaflets and booklets to inform different stakeholders of appropriate means of making complaints. DSE Foster Carers have attended a training session where this topic was covered. This is ongoing process</p> <p>PSW &amp; Area Manager will liaise with FCC in relation to oversight of all complaints.</p>	<p>PSW &amp; C&amp;F Managers, Complaints Manager. Q. 2 2013 &amp; Ongoing</p> <p>PSW, C&amp;F Manager, FCC- as required.</p>



Published by the Health Information and Quality Authority.

For further information please contact:

Health Information and Quality Authority  
Dublin Regional Office  
George's Court  
George's Lane  
Smithfield  
Dublin 7

Phone: +353 (0) 1 814 7400

Email: [info@higa.ie](mailto:info@higa.ie)

URL: [www.higa.ie](http://www.higa.ie)

© Health Information and Quality Authority 2013