



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Inspection of the HSE Louth Local Health Area Fostering Service in the HSE Dublin North East Region

**Inspection Report ID Number: 570
Inspection Fieldwork: 23 July-3 August 2012
Issue Date: 11 February 2013**

Service information[†]

Name of HSE local health Area:	Louth		
Name of Integrated Service Area:	Louth Meath		
Type of HSE service:	Foster Care		
Report ID number:	570		
Announced or Unannounced	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced		
Type of inspection:	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Triggered <input type="checkbox"/> Targeted <input type="checkbox"/> Follow-up		
Legal authority to inspect:	Section 69(2) Child Care Act 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011		
Regulations governing HSE Foster Care Services	Child Care (Placement of Children in Foster Care) 1995 Child Care (Placement of Children with Relatives) 1995		
Relevant Standards	National Foster Care Standards Department of Health 2003		
Other key National Guidance	<i>Children First National Guidance for the Protection and Welfare of Children 2011</i>		
Governance structure:	<input checked="" type="checkbox"/> Statutory reporting structure		
Number of children in foster care in the LHA	Relative: 51	General foster care: 145	Total: 196
Number of children with allocated social worker	Relative: 51	General foster care: 145	Total: 196
Number of carer households	Relative: 34	General foster care: 104	Total: 138
Number of households with assigned link worker	Relative: 20	General foster care: 87	Total: 107
Dates of inspection fieldwork:	23 July to 3 August 2012		
Lead HIQA inspector:	Bronagh Gibson		

[†] 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.

HIQA support inspector(s):	Maeve O'Sullivan
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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. This type of placement 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. These regulations are referred to 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 (who are not related to the children).

The Health Information and Quality Authority (the Authority or HIQA) 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 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.

Acknowledgements

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

2. Profile of HSE Louth Local Health Area

Louth Local Health Area (LHA) covers the main communities of Dundalk, Drogheda, Dunleer, Castlebellingham, Ardee, Collon, Carlingford, Omeath and Greenore. It provides a wide range of services through the Local Health Office.

The National Deprivation Index for Health and Health Services Research (Small Area Health Research Unit) states that, "Dublin city has the highest number of persons living in the most deprived Electoral Districts. This is followed by Cork City, South Dublin and Co Louth." In Louth there are 20 Delivering Equality of Opportunity in Schools (DEIS) schools (five post-primary and 15 national schools), indicating a significant level of deprivation particularly in the urban centres Dundalk and Drogheda. According to the *HSE Review of Adequacy Report 2008*[±], Louth had a child population of 29,233 and had 178 children in care which was the twelfth highest number of children in care out of 32 local health areas in Ireland.

At the time of this inspection the LHA had 215 children in care. There were 196 children living in foster care being cared for by 193 general foster carers and 53 relative foster carers in 138 households. All of the 196 children had an allocated social worker. Thirty-one (23%) of the foster care households did not have an allocated link social worker (link social workers support carers in caring for children).

Description of the organisational structure in Louth

Each HSE local health area throughout the country has a social work department. In the LHA, the social work service was provided by seven social work teams and one aftercare team. The LHA employed four agency social workers at the time of the inspection. Social workers reported to social work team leaders who in turn reported to principal social workers. The principal social workers were line managed by the Area Manager who reported to the Service Director. The child protection and welfare service was provided by the following teams:

- duty-intake (two teams)
- long-term (two teams).

Children in care, foster care and aftercare services were provided by the following teams:

- children in long-term care (one team)
- fostering (one team)
- aftercare (one team).

[±] This is the most recently published child population data broken down by LHA. Subsequent HSE adequacy reports publish data by region.

The child protection and welfare teams had responsibility for the management of immediate and longer term children and family cases, both in the community and for children in care. These teams reported to the Principal Social Worker responsible for this service.

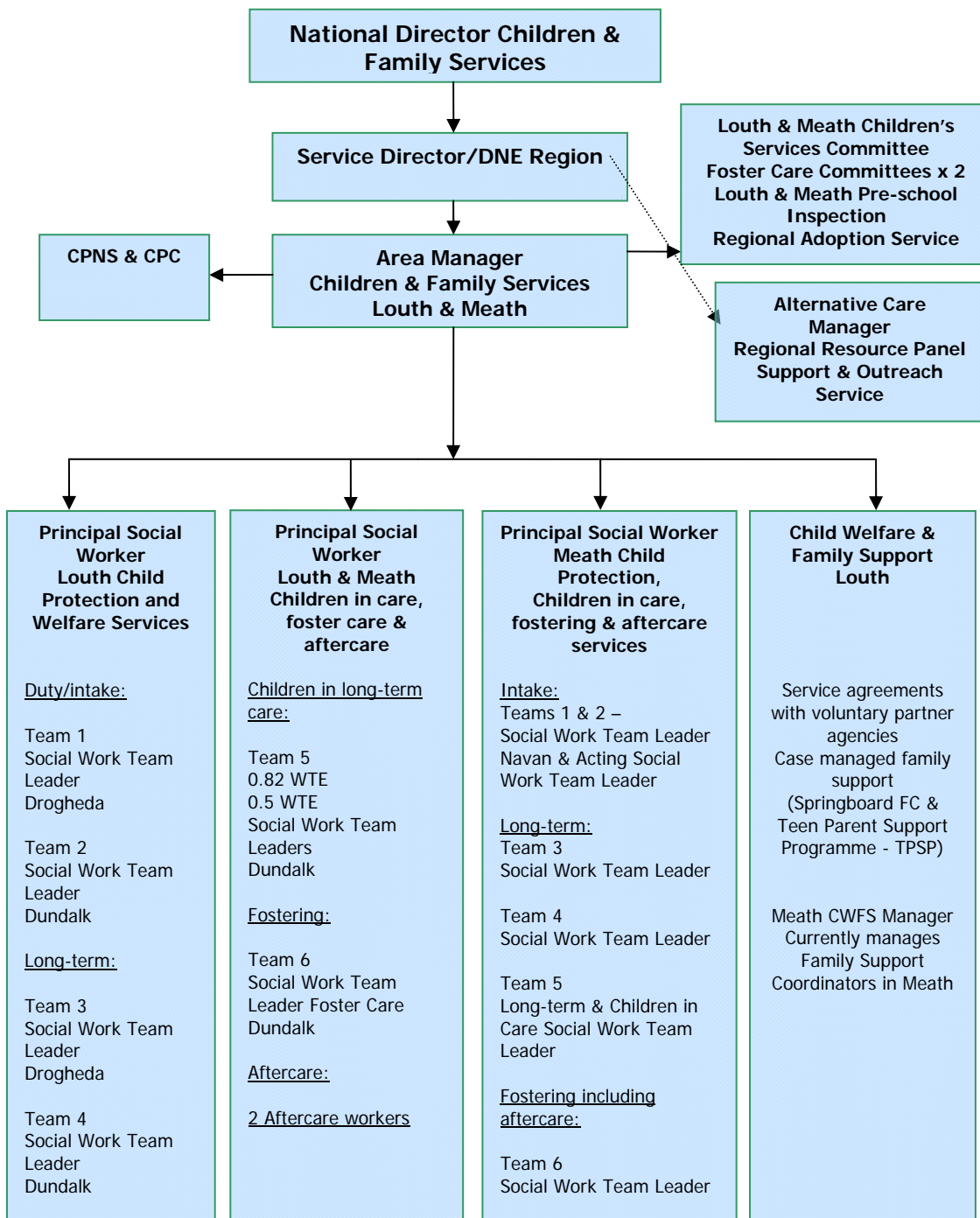
The children in care team was responsible for children in long-term care. The fostering team recruited, assessed and trained for new applicants and existing foster carers, in addition to providing support and supervision to foster and relative carers in the LHA.

The aftercare team was responsible for supporting children, by way of advice on finances and providing emotional and practical support, in their transition out of care and after they had left care. These teams reported to the Principal Social Worker responsible for the children in care service.

The principal social workers reported to the Area Manager who in turn reported to the Service Director (Dublin North East region). The Area Manager had also assumed responsibility for the Meath Local Health Area. Management structures for the area were being reviewed at the time of the inspection.

Six of the social work teams were managed by social work team leaders. The aftercare team reported to the Principal Social Worker for the children in care service. There were 41 social workers in the LHA including social work team leaders and principal social workers. There were 1.63 vacant posts on the fostering team. This information is outlined in Figure 1 on the next page.

Figure 1. Organisational structure of the Social Work Department, HSE Louth Local Health Area *



* Source: HSE Louth 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.

Outcomes for children in the LHA foster care service were mixed. The majority of children received and experienced a foster care and social work service that was coordinated, child-centred and based on their best interests and their assessed needs. The rights of children were promoted and children were able to maintain their relationships with birth families. Education and preparation for leaving care were prioritised. Children were valued, respected, and included in decisions made about their lives and they understood why they were in foster care. However, positive outcomes for some children were compromised as they were not always placed with foster carers who had the capacity and or skills to meet their needs. Not all children preparing to leave care had been assessed and aftercare services were not readily available to them at a particularly vulnerable time in their lives.

Overall, inspectors found that children were placed with foster carers who were caring and mindful of their needs. Children interviewed by inspectors said that they liked their foster carers and were happy in the homes they provided. They said that they were included in everyday family life, were supported emotionally and felt safe in their placements. The foster carers interviewed said that they received valuable support from the social work department which enabled them to provide the best level of care they could. However, not all children received care from foster carers who were assessed and approved to meet their needs on an ongoing basis. Some children were placed with foster carers that were not assessed and or approved to meet their needs effectively.

Overall, children were safe. They lived in homes in which health and safety assessments had been carried out. Social workers identified and managed child protection and welfare risks to children in an effective way. However, the Authority found that foster care households were not vetted in a timely manner. The Foster Care Committee[±] did not always operate as a safeguarding mechanism and recording systems needed improvement.

There was a good quality social work service in place to support both children and foster carers. The managers and social workers were found to be committed, motivated and dedicated professionals who had an adequate awareness of the risks associated with the delivery of the service. They demonstrated an understanding of many of the individual needs of children in foster care in the LHA and the children and foster carers interviewed by inspectors were generally happy with the service they received.

[±] This is a Committee that makes recommendations to the HSE on the suitability or otherwise of foster carers.

The service was well managed with clear reporting relationships and good communication. Adequate policies were in place but not always implemented in full. There was little analysis of the outcomes for children using the service and the service was not fully informed by an assessment of current and possible future needs.

Some key areas of practice could, when improved, enhance the delivery of a safe, effective foster care service to children in the LHA. These included: robust vetting of adults in foster care households, a better resourced service that could meet the needs of all children, full implementation of all national and local policies and training of foster carers particularly in *Children First: National Guidance for the Protection and Welfare of Children* (2011).

The action plan at the end of the report provides a summary of non-compliances and the actions which the action which the LHA propose to take to address 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 interviewed a birth parent.

Inspectors selected and met with a number of children (10) and foster carers (7), to elicit their experiences of the service. The Authority also reviewed 65 case files of both children and foster carers 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 were invited to give their views through an online questionnaire.

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

The majority of children in the LHA received a foster care service that recognised their rights and responsibilities and acknowledged their age and level of understanding during their time in foster care.

Standard 3: Children's rights

This standard was met.

Inspectors found good practice regarding the recognition and promotion of children's rights in the LHA. There was a satisfactory standard of literature developed for children in foster care that included a comprehensive and age appropriate suite of documents in the form of booklets, pamphlets and fliers. An examination of this literature by inspectors showed that it provided information to children in foster care on their rights in relation to making complaints and keeping in contact with their families. It also gave children an overview of what they should expect in terms of receiving a standard of care that was safe, respectful and consultative and what to do if this was not the case. This literature was found to extend to children leaving foster care and also to the children of foster carers.

The children interviewed by inspectors said that they were provided with a pack containing this literature and that it was of assistance to them. An examination of case files showed that the receipt of this pack was recorded on individual files by allocated social workers. There was documentary evidence, such as guidance notes and handbooks specifically for social workers and foster carers, on how to promote children's rights.

Foster carers and social workers interviewed by inspectors said they found this information helpful and informative and they confirmed receiving copies of these documents.

Included in the literature for children was information on how and why decisions were made about their lives. This gave guidance to them on participating in decision making at their child-in-care review meetings. Guidance on how to write a report for their review was given to children and age appropriate templates were provided to them. The children interviewed who had attended their reviews, said they felt listened to and consulted.

Inspectors found that children's dignity was maintained and their right to choice and privacy whilst in foster care was promoted. A sample of children's case files was examined by inspectors. These files contained care plans, placement plans and social worker case notes which showed evidence that efforts were made to ensure children in foster care received a standard of care that maintained their dignity and afforded them privacy and the right to choose.

Some examples of these practices included children who requested a new foster care placement being provided with one, children choosing the school they attended and the right of children to choose not to partake in life story work when they found this an untimely piece of work for them to carry out. There was also evidence in the case files examined, of foster carers providing older children with bigger bedrooms so they could have more privacy. This was confirmed by children interviewed by inspectors. Social workers interviewed said that they met with individual children in order to allow them speak freely about the level of consultation, privacy and choice they perceived they had in their foster homes.

Children interviewed by inspectors confirmed that they had a choice in the clothes they wore, how their bedroom was decorated, what food they ate and the activities they took part in. This was of value to them. Foster carers interviewed by inspectors confirmed receiving placement plans for the children in their care and copies of these were also found on foster carers' case files. For those foster carers interviewed, placement plans provided them with guidance and understanding of the child's circumstances and family background that in turn, assisted them in the promotion of their wellbeing and rights on an individual level.

The right of children to complain was also recognised and upheld. An examination of children's case files and data and documentation provided to inspectors showed that there was an adequate standard of policies and procedures in relation to complaints by children that were child centred and accessible to them.

Case notes and some case supervision notes read by inspectors indicated that children did complain about issues related to for example, their care, school, and access with their families. A sample of complaints examined by inspectors showed evidence that they were dealt with appropriately and assessed and investigated by the child's allocated social worker. In some cases, the link social worker for the foster carer was also part of the investigation process, when the complaint was in relation to dissatisfaction with a foster care placement. Child-in-care review minutes also showed that complaints by children in relation to aspects of their care, or for example, the school they attended, were discussed openly and remedies were found in a collective and consultative manner.

Children interviewed by inspectors who had made a complaint said that they knew how to make a complaint and who to make it to. They also said that they were satisfied with the outcome of the social work investigation of their complaints.

Foster carers interviewed told inspectors that they encouraged the children they cared for to make a complaint about anything they were not happy about. In some of the case notes read by inspectors, there was evidence of foster carers raising issues on behalf of the children they cared for, particularly when the child was very young. These examples were mostly found to be related to poor experiences of children when on access visits with their birth family.

Standard 4: Valuing diversity

This standard was met in part.

The diverse needs of all children in the LHA were not always met. Overall, inspectors found that social workers ensured that every effort was made by foster carers to bring children up in the religion of their parents' choosing. However, the majority of children from a range of ethnic and cultural backgrounds were not placed with carers from a similar cultural or ethnic background to their own.

Nonetheless, through interviews with, and observation of a sample of children and foster carers in their foster homes, inspectors found that meeting the needs of children from a range of cultural and ethnic backgrounds was a priority for the foster carers. Children were found to have experienced the type of care that reflected these needs.

Foster carers interviewed told inspectors that they researched and cooked food that was typical of the children's culture and made every effort to find and include children in cultural groups in their local community. Care plans developed for these children and read by inspectors showed that birth parents were consulted about aspects of their culture that would assist foster carers to provide culturally sensitive care.

The LHA provided specialist and cultural support and specific training for some foster carers. This included developing links between social workers, foster carers and various local cultural support groups and agencies. Some foster carers interviewed told inspectors that they received additional social work support and a good standard of information on the culture of the children they fostered. However, others said that they received little information on the cultural, religious or dietary needs of some of the children in their care at the time of their admission to the foster placement.

Children with disabilities were found to have their needs met through specialist supports provided to both themselves and their carers. Case files showed that these needs were identified through various medical and psychological assessments requested by the Social Work Department for individual children.

Care plans and child-in-care review records examined by inspectors showed that ensuring the needs of these individual children were met was central to the care planning and review process. This was confirmed by foster carers during interviews. During these visits inspectors observed foster carers interacting with children with disabilities in a calm and

attentive manner and the foster carers said that the supports and information they received from specialists had helped them to learn how to do so.

The LHA was compliant with the Child Care (Placement of Children in Relative Care) and Child Care (Placement of Children in Foster Care) Regulations 8(1) Religion. Inspectors found overall good practice in relation to the religious upbringing of children. The foster carers interviewed by inspectors were found to be pro-active in ensuring the children in their care continued to be brought up in the religion of their parents' choosing.

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 Outcome 2

The majority of children in the LHA foster care service were able to maintain positive relationships with their birth parents, siblings and other significant family members and friends. Most were confident of making new friends in their local communities in a way that was similar to their peers.

Standard 1: Positive sense of identity

This standard was met.

The practice of maintaining individual children's identity was of a satisfactory standard in the LHA. Documentation provided to the Authority by the LHA showed that guidance for social workers on meeting the Standards generally was developed and provided by the LHA. This included measures for social workers to take to ensure children maintained a positive sense of identity such as, placing children with siblings and family members when appropriate, ensuring foster carers promote the wishes of birth parents and that life story and individual direct work should be carried out with children about their family background and social history.

Case files examined by inspectors showed that first consideration was given to placing children with family members. They also showed that every effort was made to ensure birth parents were involved in their children's lives. However, placing children with members of their family or other significant people in their lives was found to be balanced with the need to keep children safe in their placements. As a result, some children were not placed with relatives.

An examination of the child-in-care register maintained by the LHA showed that the identity of 29 children's fathers and one child's mother were unknown to the LHA Social Work Department. The whereabouts of 22 children's mothers and 64 children's fathers were also unknown. Eight children's mothers and 21 children's fathers were deceased. The task of ensuring all children maintained a sense of their own identity and maintained their

heritage presented a challenge for the social work department in these circumstances. This was compounded by records that showed some children preferred to be called by their foster parents' surname and the incorrect recording of some children's and their birth parents' names on social work records.

In an effort to ensure children did maintain their identity, the LHA developed a 'Family Album' and carried out 'Life Story' work with children. These were sometimes completed with the children by their foster carers and those carers interviewed said they had received guidance and training from the Social Work Department to carry out this work. Foster carers said they found this training comprehensive, useful and informative. Case records examined by inspectors showed that social workers monitored this work and were satisfied that it was carried out to an adequate standard.

Importantly, social work case notes read by inspectors recorded the views of some social workers on how beneficial this work was for the children involved. This was based on social worker assessments of the child's understanding of their placement in foster care and the children's assessed knowledge of their family background following this work being carried out with them. Children interviewed by inspectors confirmed that they had been involved in writing and keeping this album and life story work. Some liked it and some did not.

Standard 2: Family and Friends

This standard was met in part.

Maintaining contact with birth family members and other significant people in children's lives was found to be of importance to the LHA social workers. Foster care placements were sought for children that kept them as close to their family, friends and schools as was possible. Data and information provided by the LHA to the Authority showed that there were 33 sibling groups (75 children) placed together in foster care placements. The placement of each child with their siblings was reviewed regularly by allocated social workers in order to ensure that it remained in each child's best interest.

Data and information examined also showed that a slightly lower number of children (64) from 22 sibling groups were separated and in different foster care placements. Some of these children were not placed with their siblings due to assessed behavioural difficulties or relationship issues, and these decisions were made as part of a child-centred care planning process. Where sibling groups were not placed together, the information provided by the LHA showed that this was not always a welfare based decision, but due to the unavailability of placements for larger sibling groups (in excess of three children) on a long-term basis. As such, inspectors found that the LHA was not sufficiently resourced to ensure that all siblings could be placed together if this was assessed as appropriate for them.

The children interviewed as part of this inspection said they had sufficient contact with their families and that their foster carers and social workers made every effort to ensure this access took place. Where it did not, social workers recorded why this was the case and detailed measures taken by them to address any difficulties arising.

Children interviewed by inspectors said they had developed and maintained long-term friendships with children in their communities and schools. This was a positive finding of the inspection as it showed that some children in foster care had the confidence, stability and ability to form positive relationships with other children, similar to their peers who were not in foster care.

Children's care files recorded appropriate consultation with birth parents on decisions about their children's lives. Case records showed that the attendance rate of birth parents at meetings where decisions were made about children varied. Some attended and some did not. These records showed that when birth parents did attend, their expressed wishes and views were respected and assessed in order to make decisions that were in the best interest of the child.

When social workers found it difficult to locate birth parents, case records showed that allocated social workers made efforts to find them and include them in decisions about their children.

Day-to-day practice in relation to maintaining family relationships was good. However, it was seriously undermined by the standard of accommodation provided in social work offices to children and their families for the purpose of access. Inspectors visited social work offices during the inspection fieldwork and observed how inadequate the furnishings were, particularly for young children and babies. The rooms viewed had limited natural light and were small, cramped areas in which children and their families spent several hours visiting each other. In some cases they were accompanied by supervising LHA workers. This was of concern to all social workers, social work team leaders and principal social workers interviewed by inspectors. A new building for the Social Work Department was planned and funding was approved. However, building works had not commenced at the time of the inspection.

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, 13(2)a, 16(d)
- Child Care (Placement of Children in Relative Care) Regulation 7(1), 13(2)(a), 16(d).

Summary of Outcome 3

The inspectors found that outcomes for children in relation to their health and development, education and transitioning into adulthood in the LHA varied. Many of the children experienced stability in their lives through foster placements that met their immediate and ongoing needs. However, some children did not.

Outcome 3 – Standard 8: Matching children with carers

This standard was not met.

The standard of practice related to matching children with foster carers who could meet their needs was not met and practice breached the regulatory requirements of the Child Care (Placement of Children in Foster Care) Regulation 6, 7, 16(d) and the Child Care (Placement of Children in Relative Care) Regulation 7(1), 16(d).

The LHA provided the Authority with a copy of its 'Policy and Procedure for Matching'. This was found to be based on the National Standards for Foster Care. According to this policy, all children should be placed with foster carers following a matching process that ensured the foster carer(s) had the capacity and skills to meet their needs. Practice was not found to be in accordance with this policy. Placements for some children were found to be based mostly on the availability of foster carer(s) rather than their ability to meet the needs of the children placed with them. Inspectors found that the LHA did not ensure all children were placed with foster carers who had the capacity to meet their needs.

Social workers interviewed told inspectors that there was a formal process carried out by the children's social workers and the fostering team when a foster care placement was required for a child. This was reflected on children's and carers' case files.

The purpose of this process was to inform the fostering team of the needs of individual children so they could match the child with carer(s) best suited to meeting those needs. It was the task of the fostering team to find such foster carers.

An examination of case files and information provided to the Authority by the LHA showed that the foster care service did not have the number of foster carers required to deliver this service in accordance with the Standards or Regulations in relation to matching. As a result, some foster carers were caring for more children than they were approved for. Some were caring for children outside of the age group recommended in their approval documentation by the Foster Care Committee. Therefore their foster carers were not chosen based on their capacity to meet the children's needs, but on their capacity to provide a placement.

The impact on some children, whose foster care homes were visited and whose case files were examined by inspectors, was placement breakdown and in some cases, multiple short-term placements over a short period of time. This deficiency in the service was acknowledged by the managers interviewed.

Inspectors were told by social workers that every effort was made to find the best placement possible for a child. Part of this process included discussions between the fostering team and the child's allocated social worker about the child's needs and the availability of foster carers to actually provide a placement. However, there was no written evidence of this part of the process on any file or information examined by inspectors.

All grades of social workers interviewed acknowledged that there were risks to some placements when matching did not occur. However, there was no written assessment made of these risks and any actions taken to mitigate them. The decision to work outside of the Standards and Regulations was not made obvious or proactively managed. The requirement for a more transparent process and adequate recording of practice in this area was acknowledged by principal social workers during the inspection fieldwork.

Children's case files showed that some children experienced stable, successful long-term foster placements. The children visited by inspectors in long-term placements told inspectors at interview that they liked their placement and considered it their home. While some of the children said that they considered their foster parents their 'parents', they also said that they knew and had contact with their birth parents.

However, there was evidence that there were some children who experienced multiple foster care placements due to the mismanagement of their behaviour through a poor standard of matching. This did not provide them with long-term stability in their lives.

Data and information provided to the Authority showed that nine children's placements had ended in an unplanned manner in the year prior to inspection. Inspectors read a sample of these children's case files and spoke to a sample of foster carers. Inspectors found that the reasons for these unplanned endings varied. Some were related to the inadequate care of children by foster carers and others were due to the foster carers' incapacity to manage specific behaviours.

Case files showed that where placements ended in an unplanned way, the social work

department provided additional supports and training, where necessary, in order to minimise future placement breakdowns.

In cases where children remained with their foster carers, case records showed that link social workers monitored foster carers through increased visits to the foster care home. These visits were recorded as specific to measuring progress by the foster carers involved and assessing whether the foster carers could maintain the placement and were coping to a satisfactory standard. In circumstances where children were removed from the foster care home, link social workers (whose role is to support carers in caring for children through regular supervision and advice) monitored future placements to ensure any difficulties arising were identified in a timely manner and suitable actions were taken.

Case records showed that where this direct and increased monitoring of foster carers took place, it was mostly successful. Link social workers interviewed told inspectors that they increased contact with foster carers who were experiencing difficult placements in order to ensure they were supportive and provided direction and advice when required. Social work team leaders interviewed said that they maintained increased contact with link social workers in these circumstances as an additional safeguard to effectively maintain placements and ensure foster carers had the skills and experience to effectively care for the children that they were matched with.

A minority of children in foster care in the LHA at the time of the inspection were placed in supported lodgings following unplanned placement breakdowns. Case records showed that these placements had broken down due to behavioural difficulties and or foster carers' inability or incapacity to manage these behaviours. There was evidence that this was found to be a direct consequence of a poor standard of matching in some circumstances. In these cases, inspectors found evidence of social workers and other specialists working directly with the children on issues such as self-care, anger management and developing social networks to provide additional support to the young person. These were found to be positive placements for the children in supported lodgings at the time of the inspection.

Inspectors did not find evidence of how unplanned placement breakdowns were monitored and or responded to from a LHA-wide perspective.

Standard 9: A safe and positive environment

This standard was met.

Children were placed in safe and positive environments. The LHA policies and foster carer files read by inspectors showed that each foster care household had a health and safety assessment in place before children were placed there. This was confirmed by both foster carers and link social workers. The majority of the foster care households that inspectors visited were found to be spacious, clean, well decorated and furnished, and safety concerns, such as stairs for young children, had been dealt with appropriately. Case records showed that in cases where there was an assessed need to improve the physical surroundings for children in their foster care home this was being addressed by the social workers involved.

The children in the sample interviewed by inspectors were found to be well clothed, in a similar way to their peers. Those of an age to receive pocket money said that they had enough money for anything they required and could attend sports, games and clubs paid for by their foster carers.

The children interviewed also told inspectors that they were well cared for and treated well by their foster carers. Some said they enjoyed family holidays and activities as one would expect in any typical family. Some of the foster care homes were decorated with photographs of the children during various activities and family occasions.

Standard 11: Health and Development

This standard was met in part.

Providing a good standard of primary care was found to be a priority to the foster care service in the LHA. However, there were some practices that required improvement.

A sample of children's care plans showed that meeting their health and medical needs were central to the planning process. Placement plans developed from these care plans also reflected this. Case records provided examples of effective partnerships between the public health nurses and the Social Work Department. Foster carers said that they found public health nurses and social workers to be a good source of support and guidance to them when fostering young children.

The children interviewed by inspectors said that they had their health and dental needs attended to. Medical consent forms were signed by the children's birth parents (where appropriate) and placed on children's case files. Interviews with foster carers showed that they had copies of this consent and understood the extent of their duties in regard to requesting and ensuring children received a good standard of medical attention. Some foster carers told inspectors that when they were unsure they sought advice from the child's allocated social worker or their link social worker. The LHA was found to be compliant with Child Care (Placement of Children in Foster Care) Regulation 16(d) in this regard.

Inspectors found that the LHA did not ensure all children coming in to foster care were medically assessed. Children's case files and interviews with social workers and foster carers showed that medical assessments on admission to care were not routine practice. Social workers interviewed told inspectors that it was difficult to find a doctor to carry out these assessments and that it was more usual to send a child to the emergency department of a hospital for medical attention, particularly when a child was admitted to care on an emergency basis. The LHA did not comply with Child Care (Placement of Children in Foster Care) Regulation 6(1).

Social workers needed to improve the recording of children's medical histories including immunisations from birth and also recording of all medical attention that the children received whilst in foster care. The Social Work Department provided foster carers with a handbook outlining what they should record in relation to the medical attention the children received. Foster carers interviewed confirmed that they completed diaries in this regard. The children's case files examined by inspectors showed that health and

immunisation records varied. In some cases, inspectors found that foster carers held records of immunisations that were not reflected on the children's case files. This was a breach of Child Care (Placement of Children in Foster Care) Regulation 13(2)(a) and Child Care (Placement of Children in Relative Care) Regulation 13(2)(a).

Standard 12: Education

This standard was met in part

The potential for children to achieve a good standard of education whilst in foster care in the LHA was emphasised by social workers through the care planning process. Care plans sampled by inspectors reflected this. Care plans and records of child-in-care reviews sampled showed that the educational needs of children were addressed on an individual basis and where necessary, specialist supports were put in place to support the child to achieve their potential.

Education welfare officers were found to have worked in partnership with allocated social workers to make every effort to maintain a child in a school placement. Educational psychological reports were found on individual child's files, and of those sampled, recommendations were found to be addressed through the care planning process. Case files examined by inspectors held numerous records of school attendance, educational achievements by and educational awards to individual children in foster care.

The children of school going age interviewed by inspectors said that they enjoyed school, were doing well and had intentions of going on to further education. One young person expressed a wish for assistance from their aftercare worker in relation to further education and this request was relayed by inspectors to a principal social worker for their attention.

Although school attendance was an area of concern for particular children whose case files were sampled, it was the overall view of inspectors that practice in this area was good.

The Dublin North East Regional Service Plan (2012) was examined by inspectors and showed that the LHA had a target of ensuring all (100%) children in care (including children in foster care) between six and 16 years of age would be in full-time education. Figures provided by the LHA to the Authority showed that 126 out of 128 children in foster care, aged between six and 16 years of age, were in full-time education. Eleven children aged five years and under were also in education. Twenty eight children who had left foster care remained in education.

This data was collected by the LHA to ensure these children received financial assistance as part of their aftercare support. The aftercare worker for the LHA recorded the number of children who had left foster care and progressed to third-level education. However, this data was not recorded centrally by the LHA.

There was no evidence of a systematic way of gathering and recording the educational achievements of all children in foster care by the LHA. Due to this lack of data, the LHA could not fully assess and evaluate educational outcomes for children in foster care and ensure that appropriate services and interventions were available to every child requiring additional support. Considering the value and benefits of education to children in their

future lives, this was an area of practice that required attention by the LHA senior managers. This deficiency in information gathering was acknowledged by the LHA.

Standard 13: Preparation for leaving care and adult life

This standard was met in part.

Inspectors found that the LHA did not always ensure children were adequately prepared for leaving care and for transitioning into young adulthood. This was an area of practice that required improvement.

The LHA routinely collected data on children in aftercare and provided this to the Authority. On examination, this data showed that 67 young people over 18 years of age were receiving an aftercare service from the LHA. Thirty-two of these young people continued to live with their carers, 28 of whom were receiving an aftercare allowance as the young people had remained in education. Thirty-five young people were living independently, eight of whom were being supported financially by the LHA to do so.

The LHA aftercare service and practices related to preparing children for leaving care were informed by the 'Leaving and Aftercare Services: National Policy and Procedures Document'. The LHA had two aftercare workers whose role was specific to supporting children when they were leaving and had left care. According to the national policy on aftercare, children should be referred to this service at 16 years of age so that positive and supportive relationships can be developed with aftercare workers. Inspectors found, through an examination of a sample of case files, that not all children in foster care were referred to the aftercare service at the age of 16 years.

The Standards and HSE national policy state that all children should have an aftercare service that is based on needs assessments. Case files examined by inspectors showed that although leaving care needs assessments were carried out for some young people, they were not undertaken for all. These deficiencies in practice were confirmed by a member of the aftercare team interviewed by inspectors. As such, inspectors found that practice was not in accordance with the Standards or national policy. More importantly, all children in foster care were not given the opportunity to develop the type of relationship required with an aftercare worker that would support them into young adulthood and through a time when other supports and services would be withdrawn.

Inspectors interviewed a sample of young people who were over 17 years of age. They said that they had an aftercare worker and were satisfied with the type of service they received. They also told inspectors that they were encouraged by their foster carers and social workers to be more independent by making decisions about their lives, planning their futures and cooking family meals. Foster carers interviewed told inspectors that they gave children more independence, choice and responsibilities that increased according to the children's age. These small but important aspects of children's foster care placements were found by inspectors to go some way towards preparing children for independent or semi-independent living after they left their foster care placements.

Outcome 4 – Children are safe and services comply with *Children First: National Guidance for the Protection and Welfare 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 Protection and Welfare of Children 2011*.

Summary of Outcome 4

The majority of children in foster care in the LHA had experienced a foster care service that promoted their ongoing safety and protection through safe care practices and the full implementation of *Children First: National Guidance for the Protection and Welfare of Children (2011)*. Children interviewed by inspectors said they felt safe and protected in their placements. However, the inspectors found that the safety and protection of all children in foster care in the LHA was not guaranteed.

Standard 10: Safeguarding and Child Protection

This standard was met in part.

The provision of safe services to children in foster care required improvement by the LHA. Information on the social work teams and their functions provided to the Authority showed that the LHA Social Work Department was structured in a way that reflected the key activities of *Children First (2011)*. This included a duty and intake team and a long-term child protection team. There was also a child-in-care team for children who were deemed at such risk as to require being placed in the care of the State on a long-term basis. For the majority of children this was up to the age of 18 years.

Inspectors found that there were good systems of communication, responsibility and accountability between the teams. There were regular meetings between and within teams about child protection and welfare cases and practices and a good standard of inter-agency and inter-disciplinary working. This was evident from case files and documentation reviewed, and from social worker interviews. It was a clear function of the child protection team to investigate any concern and or allegation that met the threshold of abuse according to *Children First (2011)*.

A review of a sample of case files showed that there was a robust system in place for routinely reporting concerns and allegations by the child-in-care team – who were responsible for most of the children in foster care in the LHA – to the child protection team for investigation. Standardised report templates developed nationally and piloted in this LHA were embedded in daily practice. These reports complied with *Children First (2011)*.

Processes such as 'intake assessment' and 'initial assessment' of a concern, and or allegation, were carried out by social workers.

Inspectors were told that 'strategy meetings', as defined by Children First (2011), were held in relation to all child protection and welfare concerns and or allegations. This was found to be the case for some specific concerns reviewed by inspectors. However, evidence of strategy meetings being held in relation to all child protection and welfare concerns for every child about whom a concern was reported was not evident on all case files examined by inspectors.

This was particularly the case when there was more than one concern or allegation in relation to a child reported by different people over a short period of time. The potential risk to children was that child protection and welfare concerns would go unaddressed. It was acknowledged by the principal social workers during the inspection fieldwork that children's case files would benefit from a chronology sheet that would record the key activities of Children First (2011) in relation to all child protection and welfare concerns.

The effectiveness of responses to child protection and welfare concerns was monitored by the LHA child care management team in order to ensure resources met the needs of the service and that the LHA was meeting regional targets of service delivery. This was evidenced through minutes of these meetings examined by inspectors that referred to performance indicators routinely collected by the Social Work Department.

Through a review of a sample of case files and an interview with a principal social worker, inspectors found that the LHA had dealt with retrospective allegations of abuse by foster carers in accordance with Children First (2011).

Inspectors found from interviews and documentation provided by the LHA that there was a comprehensive suite of policies and literature on safeguarding and protecting children. The literature examined included the LHA policy on bullying of foster children and what to do if a child was missing from care. An examination of the literature provided by the LHA showed that guidance notes for social workers on the investigation of concerns required updating to reflect Children First (2011).

Social workers interviewed were aware of these policies, and their practices were found to be in accordance with them. These policies and literature were also found to have formed the basis of both compulsory and ongoing training for foster carers. All of the foster carers interviewed by inspectors confirmed having received this training. Foster carers interviewed by inspectors were aware of their roles and responsibilities in relation to safeguarding. However, training records and interviews with social workers and managers showed that none of the foster carers in the LHA had received training in *Children First: National Guidelines for the Protection and Welfare of Children* (2011).

All social workers in the LHA were Garda Síochána vetted and inspectors examined Garda Síochána vetting for a sample of social workers. These were found to be satisfactory. Managers of the service told inspectors that all social workers had received full training in Children First (1999) and confirmed that they had received briefing sessions on Children First (2011) following its full implementation nationally. This was confirmed by social workers interviewed and training records provided to inspectors.

Foster carers' files examined by inspectors showed that safe care practices, such as managing at risk behaviour, were a standing item at every visit to foster carers by link social workers. The issues discussed were found by inspectors to be appropriate and well recorded. Where children displayed challenging behaviours inspectors found, through a sample of foster carer's case files and training records, that individual training was provided to foster carers that enabled them to address the behaviours appropriately as a safeguarding measure. It was also central to assisting them to meet the child's needs.

Social workers interviewed told inspectors of several cases where children were removed from foster homes when carers were assessed as not having the experience or capacity to manage specific behaviours and more appropriate placements were found for these children. This was also evident from case files read by inspectors and interviews with some foster carers. In such cases, inspectors found that the approval for these foster carers was reviewed by the Social Work Department and amended by the Foster Care Committee to better reflect their experience and skills. There was evidence that the inability and or incapacity of some foster carers to manage specific behaviours displayed by some children was found, in some cases, to be a direct consequence of poor matching by the Social Work Department.

Practice related to the management and recording of child protection concerns and their findings and outcomes by the LHA required improvement. Inspectors examined the LHA central register of all allegations and concerns, made by children in foster care and others, relating to child protection. This showed that in total, there were 38 concerns, complaints and or allegations recorded between 1 July 2011 and 1 July 2012. Three were undated. Twenty-nine were defined as child protection and or welfare concerns in line with definitions provided by Children First (2011).

A review of a sample of the cases recorded on the register showed that they were dealt with in accordance with Children First (2011) and where appropriate they were notified to an Garda Síochána for investigation. Nine cases were recorded as ongoing due to Garda Síochána investigations. Through a review of specific case files and interviews with social workers and principal social workers, inspectors found evidence of:

- good inter-disciplinary and inter-agency working
- safety plans being developed for children
- children being moved from their placement where serious concerns existed
- child protection case conferences being held for children and reviews of the implementation of recommendations of these conferences in accordance with *Children First* (2011).

Although inspectors found that the sample of child protection concerns reviewed were dealt with appropriately, they were not always adequately and or correctly recorded, classified or categorised on the central register held by principal social workers. Four were found to be wrongly classified and categorised as complaints.

Others were not recorded individually but were found within the description of an overarching complaint. Whilst this did not pose a direct risk to children, it did not facilitate effective managerial oversight of child protection and welfare concerns. Findings and outcomes of all child protection and welfare investigations were not clearly recorded on

this register. As such, there was no indication that children or other complainants were satisfied with the outcomes of an investigation. Overall, inspectors found that the register:

- did not adequately and or correctly record, classify and categorise all child protection concerns including the LHA investigation, findings and outcomes
- did not differentiate between child protection concerns and other complaints and allegations that were not of a child protection nature
- did not record all child protection concerns or allegations individually
- did not indicate the status of all child protection concerns
- did not clearly indicate whether the Foster Care Committee was informed of all child protection concerns/allegations and or complaints against foster carers and whether these carers had been subject to review by the Committee
- did not record the outcome (where appropriate) being advised to those who reported the concern or indicate whether they were satisfied with it.

The LHA had a child protection notification system on which children identified as being at high risk were placed. Through interviews and observation during on-site visits, inspectors found that this was held securely and that access to this sensitive information was limited to specific LHA personnel. When a child was placed on this system, their allocated social worker and their team leader were aware of this.

However, inspectors found from case files and interviews that the social workers did not have access to the notification systems across all local health areas. This meant that unless directly informed by another local health area, the LHA social work department could not know the level of risk facing some children who had moved from another LHA and vice versa. This was a serious deficiency in the child protection system nationally.

Data provided by the LHA showed that there were some alleged and confirmed incidents of slapping of children in foster care by foster carers. This required serious attention by the social work department as it is not acceptable practice and is potentially harmful to children. Inspectors found that the Social Work Department did not inform the Foster Care Committee of all confirmed incidents of foster carers slapping children in its care. An examination of a sample of incidents of slapping by foster carers showed that they were appropriately investigated and addressed by both link workers and individual children's social workers.

These case files also showed that additional supports and training were provided to foster carers following such incidents. However, not all foster carers were re-presented to the Foster Care Committee after such incidents. Performance indicators for the LHA* and interviews showed that there was a delay in reviewing some foster carers following such incidents. This did not ensure that the safeguarding role of the Foster Care Committee was fully functioning.

Although inspectors were told that all children who had made an allegation of a child protection nature were told of its outcome and were satisfied, this was not reflected on the case files examined. Again, it was not always apparent from the children's or foster

* Health Service Executive, Dublin North East Regional Service Plan (2012)

carers' case files that concerns and allegations resulted in the foster carers being subject to a review, a notification made to the Foster Care Committee, and removed or not from the Local Health Area's foster carer panel if required. This did not ensure that potential risk to other children could be avoided.

Inspectors also found through case file reviews and interviews with social workers and other professionals that although HSE policy states that foster care committees should always be informed of all serious concerns about foster carers, that this was not always the case. This was particularly so in cases where slapping of children by foster carers had occurred and it was the view of all interviewed that this was a risk threshold issue that required revisiting by both the Foster Care Committee and the Social Work Department. The requirement for improvement in this area of practice was acknowledged by principal social workers interviewed as part of this inspection.

All of the foster carers interviewed as part of this inspection confirmed receiving adequate information on the background of the children they were fostering both on their admission to their placement and on an ongoing basis. This supported them to better understand the needs of the children and ensure their safety was paramount.

Data provided by the LHA and foster carer case files examined by inspectors showed that all foster carers in the LHA were Garda Síochána vetted. The LHA provided inspectors with draft guidance for the Social Work Department on existing foster and relative carers with criminal convictions. The LHA began a campaign in 2010 to re-vet all foster carers and to carry out formal reviews that had not been carried out in accordance with the Standards or Regulations.

Information and files reviewed showed that not all adults living in foster care homes were vetted appropriately. This included children who had been in foster care and who remained in their placement after their 18th birthday. These deficiencies in vetting and practice were acknowledged by the LHA during the inspection fieldwork and the process of addressing them had begun.

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 Outcome 5

The majority of children received a good quality social work service that was effectively planned and managed by a designated social worker. However, this was not possible for children when they were not assigned a social worker.

Standard 5: The Child and Family Social Worker

This standard was met in part.

All children were assigned a social worker at the time of the inspection that effectively planned and managed their care whilst they were in foster care placements. At the time of the inspection fieldwork, the LHA was compliant with Child Care (Placement of Children in Foster Care) Regulations 4, 11, 13, 17(1), 18, 19 and Child Care (Placement of Children in Relative Care) Regulations 4, 7(1), 11, 13, 17(1), 18, 19. However, information provided to the Authority showed that in the months prior to inspection, five children did not have an allocated social worker for a period of up to one month. On examination, case files for these children examined by inspectors did not indicate there was a negative impact on the safety of these children during that period of time.

Managers of the service who were interviewed told inspectors that although they were committed to ensuring all children in care were assigned a social worker, there were occasions in the year prior to the inspection when this was not possible. In these circumstances, the LHA had developed a risk matrix that graded the potential risk to children and assisted the Social Work Department to allocate cases of high risk. It was acknowledged by managers interviewed that there were times when some children may not have received an adequate social work service due to not being assigned a social worker.

All case files examined by inspectors recorded visits by social workers to children in foster care that were within the regulatory timeframes. An examination of a sample of these showed that visits to children in foster care often exceeded the number stated in the Standards and Regulations and took place both inside and outside of the foster care homes and family access.

In some cases, social workers had visited children in excess of eight times during a one-month period. Regular visits to children by social workers were confirmed by the children interviewed and their foster carers. This was effective practice in relation to promoting the safety and wellbeing of children in their placements and provided each child with the opportunity to tell their social worker if this was not the case. It also provided social workers with regular opportunities to see the children, assess their presentation, and respond to any immediate needs.

All of the children interviewed who were old enough to comment on this aspect of their care said they met with their social workers regularly and in private. They also told inspectors that they trusted their social workers and would confide in them if they needed to do so.

Inspectors also found that all children in foster care in the LHA had an up-to-date care plan and child in care review. Together, they provided direction to children's lives and ensured actions identified to meet their needs were taken. This was practice that ensured the effective coordination of care to children in foster care in the LHA. Social work records showed that each child in the LHA had an individual case file, as required by regulation that was maintained by their allocated social worker. In the sample of case files examined, inspectors found that most of the key information required by the Regulations was recorded on these files.

However, it was difficult to find in some cases. The LHA had implemented a case file management system in 2010 in order to ensure all required information was present and make information easier to find; this had been reviewed and changed just prior to the inspection fieldwork. As such, inspectors found that some case files were better organised than others.

Each file audited by a social work team leader contained a completed written audit tool that contained comments on what was missing or needed to be corrected. It also contained a checklist of regulatory information being present or not. The aim of this practice was to bring each child's case file up to an acceptable standard. Inspectors found that the deficiencies in the files that were audited just prior to the inspection had been addressed. This was found by inspectors to be an effective method of quality assurance as there was an improvement in the quality of case files that had been audited. This was happening at a rate of 10% of each social worker's caseload per quarter.

Foster carers were requested to keep records related to each child's placement such as when a significant event or incident occurred. The LHA provided all foster carers with a handbook that gave guidance on this activity and also a diary for foster carers to complete. All of the foster carers interviewed by inspectors said they maintained these records and that these formed the basis of their verbal contributions to the children's child in care reviews.

However, inspectors found through various interviews and children and foster carers' case files, that neither originals nor copies of these records were maintained on individual children's case files. As a result, case files did not always hold written up-to-date information on children recorded by foster carers. As this was information recorded in relation to a child in the care of the State, these records were subject to the same policies and legislation as all other records or reports written about children in care.

Through observation during on-site visits to social work offices in the LHA and interviews with social work team leaders, inspectors found that some children's case records were held in parts of social work offices that were main thoroughfares and were not kept safe and secure. During on-site visits to these offices, inspectors saw filing cabinets that held case files left unlocked or had keys in their locks. External doors leading outside of the building were unlocked and held open. This gave unauthorised persons access to these files. This was an area of practice that inspectors were of the view required immediate attention by the Social Work Department and this was relayed to the LHA managers at the time of the inspection fieldwork.

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

Children in foster care	Total children in foster care 196	%
Number of children with an assigned social worker	196	100
<i>Regulation Article 17</i> Number of children who had been visited in the past six months by a child and family social worker	195	99.5
<i>Regulation Article 11</i> Number of children with a written care plan on file	196	100

Standard 6: Assessment of Children and Young People

This standard was met.

Inspectors found that there was a good standard of practice on the assessment of children's needs by the LHA. This practice complied with Child Care (Placement of Children in Foster Care) Regulation 6 (1). Case files examined provided evidence that the assessment of children's needs began before they were brought in to foster care and continued throughout their placement(s).

The needs assessments read by inspectors included educational, medical and psychological assessments. Care plans examined by inspectors were found to have a dedicated section on the needs of children. Those examined were found to contain a summary of all assessments carried out on children by external professionals and social work assessments. Case files examined by inspectors held standardised forms in which the children's needs were recorded and communicated to the fostering team when a placement was being requested for a child. This was confirmed at interview by social workers.

Overall, practice in relation to the assessment of the needs of individual children was of an acceptable standard.

Standard 7: Care Planning and Review

This standard was met.

Care planning for children in foster care in the LHA was found to be of a good standard and compliant with Child Care (Placement of Children in Foster Care) Regulation 11 and Child Care (Placement of Children in Relative Care) Regulation 11. Care plans examined by inspectors were of an acceptable quality as they were up to date, contained detailed family backgrounds and family make-up, comprehensive needs assessments of children, the objectives and aims of the current foster care placements, and identified actions to be taken and who was responsible for these actions.

Care planning is a process that requires consultation with children, their families and their carers. Case files sampled by inspectors showed that consultation with children, birth parents and foster carers and others, such as external professionals, was of an acceptable standard. This was confirmed by birth parents and carers interviewed. Unless there was a valid reason for children not attending their child in care review, records showed that most children did attend.

Records showed that the children who attended contributed verbally and in written reports to the decisions made about them and that their views were recorded and taken into account when decisions were made. Foster carers interviewed said that they attended all meetings they were required to attend and that their views were respected and considered by the Social Work Department. Non-attendance by children or others was recorded in children's care plans and also in social work case notes. The children interviewed, who were old enough to attend these reviews, told inspectors that they did attend, that they were listened to, and that decisions made were explained to them afterwards.

To support and assist children of all ages, the LHA had developed templates for the child-in-care reviews and these were found to be child friendly. This gave children the opportunity to contribute through several mediums to the care planning process which included the use of art and play. The LHA also had good guidance for social workers on the care planning process and how to develop an acceptable standard of care plan. This was provided to and reviewed by inspectors.

Each child whose case file was examined by inspectors had a child-in-care review in accordance with the Standards and Regulations. The child-in-care reviews updated the original care plan and generally they were of an acceptable standard, although some were found to be brief. This suite of documents (original care plan and child-in-care review outcomes) had to be read in conjunction with each other and a sample examined by inspectors provided a comprehensive and adequate picture of the type and nature of planning for children by the LHA.

Recommendations from child-in-care reviews in this sample were found by inspectors to have been implemented and that the actions and those responsible for taking the actions

were well documented. This ensured care planning was a process that contributed to the effective delivery of appropriate services to individual children that met their assessed needs. Placement plans were developed for each child following a child-in-care review and copies of these were found by inspectors on both the children's and the foster carers' files that were examined. Foster carers interviewed said they were provided with copies of placement plans and that they were helpful in meeting expectations in the delivery of care to the children placed with them.

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 Outcome 6

There was evidence that not all children in foster care in the LHA received high quality care from foster carers who were appropriately assessed and approved to meet their needs on an ongoing basis.

Standard 14 Assessment and approval of foster carers

This standard was met in part.

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

All non-relative foster carers were assessed and approved before the first child was placed with them. However, this did not occur for all subsequent children placed with them. Therefore, some foster carers were acting outside of their approval and assessment status.

Documentation and information provided to the Authority showed that there were clear written policies, procedures and standardised documents on the assessment and approval of foster carers. These included a comprehensive application form to be completed by potential foster carers and a fostering assessment report template that was in keeping with the Standards and Regulations. Samples of written assessments carried out by link social workers and reviewed by inspectors were found to be of an acceptable standard and this was confirmed by the chair of the Foster Care Committee. Written assessments examined by inspectors were found to be comprehensive, detailed and accompanied by required reports such as medical reports on the health of foster carers, family composition and background and Garda Síochána vetting forms.

The roles and responsibilities of the link social worker in the assessment and approval process were clearly defined in the 'Fostering Link Social Work Role' document provided to inspectors. Link social workers interviewed knew their roles and responsibilities as outlined in this document. Case records showed that responsibilities were carried out by link social

workers such as carrying out foster care assessments, providing support to foster carers and providing reports on the assessment of foster carers to the Foster Care Committee.

Foster carers interviewed as part of this inspection said that they were provided with good information on the assessment and approval process. They had viewed a copy of their assessment report and knew they could comment on it if they so wished. They all reported that the assessment and approval process had taken between eight and 10 months from the time they made their initial enquiry about becoming foster carers to becoming foster carers. The LHA could not provide evidence that the detailed timeframes for all assessments and approvals met the Standards and Regulations.

The process of ensuring foster carers cared for children that met the recommendations of the Foster Care Committee required attention by the LHA. Some foster carers were found to be caring for children who fell outside the terms of their approval in regard to the length of placement, numbers being cared for, age and or gender and most importantly, needs (such as displaying challenging behaviours).

Information provided by the LHA showed that the Foster Care Committee were not always informed of this and therefore could not make a recommendation in respect of all placements of more than two children placed in foster care homes. This was confirmed during various interviews with LHA staff. As a result, some foster carers were found to be acting outside of their approval status. This was not in accordance with the Standards and HSE policy.

Figures provided by the LHA showed that there were 20 applications in the year prior to inspection by prospective foster carers. According to these figures, 10 applications were approved and five were being processed at the time of the inspection. Managers interviewed said that the process of assessing and approving the remaining five applications had not begun at the time of the inspection. This showed that there was a delay in the processing of all new foster carer applications.

Contracts between foster carers and the LHA were found on each of the sample of foster carer case file examined by inspectors. Foster carers interviewed said they understood the contracts and the expectations of them by the LHA Social Work Department once they had signed the contract. Some contracts read by inspectors were found to be incomplete in that they were not appropriately signed or dated.

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

The LHA had adequately assessed and or approved all relative foster carers at the time of the inspection. The assessment and approval process and policies associated with relative carers met the stipulations of the Standards and Regulations.

Case records examined by inspectors and interviews with social workers showed that an initial assessment was carried out by child protection social workers at the time of placing a child with relatives in an emergency. The placement of children with relative carers was mainly a task initiated by child protection social workers as they were usually the team that had first contact with children and their families at the time of their admission to care following a substantiation of a serious child protection and or welfare concern. This

assessment included initial Garda Síochána vetting and was followed by a referral to the fostering team for a comprehensive assessment of the carers to be completed. Figures provided by the LHA to the Authority showed that 32 out of 34 relative foster carer households were approved appropriately. Information provided by the LHA showed that two were yet to be presented to the Foster Care Committee for recommendation of approval as their assessment was ongoing at the time of the inspection.

According to the Standards and Regulations, relative foster carer assessment and approval should be completed within a 12-week period. The LHA could not provide evidence that these timeframes were being adhered to. Case files examined by inspectors did not clearly record whether the 12-week assessment and approval timeframe was adhered to or not.

Seventeen new relative care households were approved in the year prior to inspection. Social workers told inspectors that there was an increase in the number of assessments of relative carers carried out in partnership between the child protection and fostering teams and this was reflected in case records. It was the view of inspectors that this was a sensible approach to the use of local resources, time and expertise. It engaged the fostering team with the relative foster family at an early stage and potentially made for a better approach to ensuring a continuum of care for a child. The fostering team link social workers had recently introduced a duty system whereby they could be contacted in cases of emergency placements. The effectiveness of this had not been evaluated by the LHA at the time of the inspection fieldwork.

Inspectors found contracts on the sample of relative foster carer files examined. Relative carers who met with inspectors said that they understood the contract and the expectations of them by the Social Work Department once they had signed this.

Outcome 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 Outcome 7

The LHA did not support all foster carers to provide high quality care through ongoing relevant training, supervision and reviews.

Standard 15: Supervision and Support

This standard was met in part.

The LHA did not assign all foster carers a link social worker. LHA figures provided to the Authority showed that 31 out of a total of 138 foster care households were not assigned a link social worker. This represented 20 out of 107 (19%) general foster care households and 14 out of 34 (41%) of relative care households. This did not comply with Child Care (Placement of Children in Foster Care) Regulation 15 or Child Care (Placement of Children in Relative Care) Regulation 15.

According to these figures, there was an increased risk of children being placed with unsupported relative foster carers and generally, of children not receiving a foster care service that was adequately monitored to ensure their ongoing safety and that all of their needs were being met.

Inspectors found, through a review of LHA documents, that it was the duty of link social workers to provide supervision to foster carers under three categories. These were pre-placement supervision, placement supervision, and post-placement supervision. Pre-placement supervision included informing foster carers of their right to refuse requests to take a child, sharing information for matching purposes and sharing outcomes of children's needs assessments and care plans with foster carers.

During placements, supervision included ensuring carers had access to information they required and support through visits, advice, the provision of HSE policies and procedures and telephone contact from link social workers. The LHA also had guidance for link social workers on supervision meetings with foster carers. Inspectors found that that practices adhered to these. However, inspectors found that LHA guidance on supervision of foster carers did not stipulate how often this should take place.

Through a review of a sample (25) of foster care household case files and interviews with foster carers, inspectors found evidence that supervision happened. However, it was not always recorded in the case file as supervision. Foster carer case files read by inspectors recorded regular visits by link social workers to foster carers in their homes.

Key issues and topics discussed with foster carers during these visits were recorded in case notes. It was during these visits that link social workers assessed whether foster carers were aware of and carrying out their duties as was expected of them for individual children. This included, for example, ensuring that children attended access visits with their birth family members and or hospital and general practitioner (GP) visits. Link social workers recorded advice and assistance provided to foster carers on issues such as managing allegations and reporting concerns about children in their care.

Case notes also showed that foster carers had unlimited access to their link social worker by telephone. The foster carers interviewed by inspectors said that they received a support service that was invaluable to them and that they had very positive experiences of support particularly when placements were challenging or they needed specific advice. However, supervision sessions were not always differentiated from routine visits by link social workers and recorded in that manner.

Some files examined contained supervision templates that recorded these sessions and others did not. When they were recorded, inspectors found a good level of supervision was provided and that foster carers' performance was monitored and additional advice and support was provided when necessary. Recording of this key task was an area that required improvement by the Social Work Department.

Table 2. Allocation of link worker to carers

	Number	
Allocation of link worker to carers		%
All foster carers	138	100%
Assigned a link worker	107	77%
Not assigned a link worker	31	23%
General (non-relative) foster carers	107	100%
Assigned a link worker	87	81%
Not assigned a link worker	20	19%
Relative foster carers	34	100%
Assigned link worker	20	59%
Not assigned a link worker	14	41%

Standard 16: Training

This standard was met in part.

The provision and recording of all training to foster carers required some improvement by the LHA, as training was not provided based on the needs of the population of children in foster care in the LHA. Information and documentation provided to the Authority prior to inspection showed that the task of arranging and ensuring foster carers were appropriately trained was the responsibility of the fostering team. Case files showed that all foster carers received compulsory training called 'Foundations for Fostering'. This was provided to foster carers prior to a child being placed with them.

This training included areas such as safeguarding and child protection, HSE structure, link social work role, access, aftercare and managing difficult behaviour. Additionally, the LHA provided compulsory training in life story work and maintaining children's identity whilst in foster care. Foster carers interviewed said they found this training essential to understanding children in foster care and the expectations of the HSE of them as carers.

Nationally, the HSE had recently introduced revised contracts between the HSE and foster carers. These stated that when requested, foster carers should attend additional training provided by the LHA. However, an examination of a sample of foster carer case files showed that recording of the provision and receipt of this training required improvement.

Each foster carer file examined by inspectors held a note explaining that records of training for foster carers was not held on individual foster carer files, but in a central file held by a social work team leader. An examination of the central file by inspectors showed that in the year prior to inspection, training was provided to foster carers on how complaints and allegations are managed by the LHA, the law regarding foster care, parenting skills and building appropriate and meaningful attachments with children in foster care. The aim of this training was to provide a good standard of information to foster carers on HSE policy and practice and to enhance foster carer skills when caring for children.

However, training records examined by inspectors did not clearly record which foster carers had and had not attended training which had been deemed mandatory for them. Documentation on case files read by inspectors showed that in some cases the Foster Care Committee had made recommendations for further training for some carers. This was usually in relation to managing challenging behaviour and or parenting skills.

However, it was unclear from the records kept by the LHA that all individual carers had received this training. Overall, inspectors found that it was not possible for the LHA to satisfy itself that foster carers were adequately trained to meet the needs of children they cared for.

The LHA had not carried out a training needs analysis for foster carers based on the population of children in foster care and the experience of the foster carers that would inform the 2012/2013 training programme for foster carers. As such, there was no way for the LHA to assess if additional training of foster carers was required to provide an effective needs-based service to children.

Training records did show that in the year prior to inspection, 24 foster carers received 'foundations for fostering' training, 11 attended Irish Foster Care Association training, 13 attended training on attachment and 60 attended training on dealing with allegations and complaints.

The foster carers interviewed as part of this inspection said they attended various training courses provided by the LHA in the year prior to the inspection. All of them commented on how useful they found this training, particularly when dealing with specific behaviours by children and safeguarding their interests. They all expressed a wish for more training, in particular, managing challenging behaviour.

Standard 17: Reviews of Foster Carers

This standard was met in part.

The Regulations and Standards state that foster carers should be reviewed by the social work department after the first year of fostering and every three years after that. This was not happening routinely in the LHA as was evident from case files examined and social workers and managers interviewed by inspectors as part of the inspection. Inspectors found that not reviewing foster carers periodically presented a potential risk to some children of remaining with foster carers that may not be best suited to meeting their long-term needs and in a safe way.

Inspectors were informed by managers of the foster care service, and found in an examination of a sample of case files that the LHA had started the process of reviewing all foster carers since the beginning of 2011. This had commenced with a review of carers providing foster care from 1995 onwards. This was ongoing at the time of the inspection.

Case files examined by inspectors showed that when foster carers were reviewed by the Social Work Department, their findings were presented to the Foster Care Committee for recommendation of approval or otherwise.

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 Outcome 8

There was evidence that the wide range of needs of all children in foster care in the LHA could not be met, as effective systems of gathering and analysing information were not in place to support the development and delivery of a service that was based on children’s needs.

Standard 18: Effective policies

This standard met in part.

Inspectors found that the LHA had sufficient policies in place. They were clearly written and easy to follow. However, the full implementation of all policies required attention by the foster care service. The Authority was provided with a comprehensive suite of policies, procedures and guidance notes from the LHA that had been developed both nationally and locally. These included an inter-area case transfer policy, management of allegations against foster carers, recruitment, assessment, and training and support of foster carers, bullying of children in foster care, transfer of cases and care planning and reviews. These documents were available to social workers in individual social work offices.

Inspectors were provided with a copy of an induction pack for social workers and it was found to provide all relevant information such as local and national policies and procedures, report templates, protocols for dealing with referrals of physical and sexual abuse, guidance on court work and dealing with allegations made whilst a child is on care.

The main policies and procedures were condensed into a handbook for foster carers that included providing safe care. All of the foster carers in the sample interviewed by inspectors confirmed that they had received a copy. A handbook for children also contained key policies and procedures such as making complaints. Social workers interviewed were aware of policies such as the inter-area transfer policy and those policies related to care planning and reviews. However, not all policies were fully implemented by the LHA. For example, case files and interviews with children, social workers and an aftercare worker showed that not all children were routinely referred to the aftercare service at 16 years of age.

Case files examined and social work interviews showed that matching did not happen for all foster carers and that foster carers were not reviewed within the statutory timescales. These sources of evidence also showed that the role of the Foster Care Committee, in relation to the management of allegations against foster carers, was not fully implemented. As such, it was a finding of this inspection that although policies within which practice operated were sufficient, they were not implemented in a way that ensured all children received a safe and effective foster care service.

Standard 19: Management and Monitoring of Foster Care Services

This standard was met in part.

The standard of management of this foster care service was found to be of an adequate standard on a day-to-day basis that was supported through a clear management structure that was effective in ensuring accountability, responsibility and accessibility. This was evidenced through clear role definitions and managerial structures that facilitated good communication, accountability and leadership across the Social Work Department.

However, improvements were required at a strategic level. Inspectors found that there was a need to improve the full implementation of all policies and processes, a requirement for a better resourced foster care panel and information and data collection methods, and a strategic approach to analysing information and data gathered for the purpose of providing a regional service that met the needs of the children in receipt of it.

At the time of this inspection, the LHA foster care service was managed by an area manager and two principal social workers. The Area Manager was line managed by the service director, Dublin North East Region. Principal social workers line managed seven social work team leaders, who in turn, supervised all social workers. A national and regional re-organisation programme had resulted in changes to the LHA management structure and personnel in the year prior to inspection. This was found to have been well coordinated and received and had contributed to the development of clear and better lines of accountability, responsibility and communication across the Social Work Department management team.

Managers interviewed told inspectors that there were clear expectations set out for them by their line manager and they understood each other's role. Each principal social worker had specific functions to their job. These include for example, managing a specific social work team such as children in care, providing supervision to social work team leaders and collecting specific data and information on how the element of the service they managed

was performing. Lines of responsibility were evident from information provided by the LHA to the Authority both prior to and during the inspection fieldwork.

Social workers interviewed by inspectors said managers had defined roles, were approachable and provided them with good guidance, support and leadership. Foster carers interviewed also told inspectors that they knew and had met the managers of the social workers allocated to the children and themselves. They said they found them to be supportive and helpful when approached. They described approaching social work managers about placements in difficulty and also in relation to discretionary payments. They said they found managers to be responsive to their queries and difficulties.

Further changes were also imminent for this LHA, including some reconfiguration of the social work services. The Area Manager had assumed responsibility for Meath Local Health Area and as such, local management structures were under review at the time of the inspection. The proposed structure was provided to inspectors and additional requirements of managers were clearly indicated. Managers interviewed were aware of the proposal and of any additional responsibilities they would be expected to take.

The LHA held a register of all children in its care. However, an examination of the register showed that it was not up to date. It did not record the dates of admissions to foster care prior to 2010. This was a breach of Child Care (Placement of Children in Foster Care) Regulation 12(2)d and Child Care (Placement of Children in Relative Care) Regulation 12(2)d. Information provided to the Authority on request showed that there were 76 approved long-term foster care places, 73 of which were filled. Because this register was incomplete, it was not possible for inspectors or the LHA to determine how many children were in long-term foster care placements at the time of the inspection. The register was being updated by the LHA at the time of the inspection fieldwork.

The LHA had a panel of foster carers in the LHA that met the regulatory requirements. This panel was examined by inspectors. It was found to record details such as the name and address of all foster carers. It also reflected when foster carers were removed from this panel. It was found by inspectors to meet the Standards and Regulation.

Communication across and external to the Social Work Department was found by inspectors to be of an adequate standard. The LHA had a child care management team that met on a monthly basis. Attendees at these meetings included the Area Manager, principal social workers and the Child Welfare Family Support Manager.

Meeting minutes reviewed by inspectors showed that serious incidents, risk escalations, complaints and day-to-day practices such as filing were discussed by this team. Other issues discussed included statistics in relation to foster care, managing referrals to the foster care and child protection social work services generally, staffing, quality assurance, adoption services and costs. Minutes contained updates on actions to be taken from the previous meeting and actions to be taken before the next meeting.

Information provided to the Authority prior to inspection by the LHA and interviews with managers showed that management meetings at other levels also took place. These included national area managers meetings, regional management meetings and children's and families strategic board meetings.

At a local level, regular team meetings took place between principal social workers and social work team leaders and also between social work team leaders and social workers. All of the social workers interviewed said that they found the management team to be accessible and that communication was clear.

The Area Manager submitted quarterly performance indicators to the regional service director. These were gathered by principal social workers from social work team leaders on a monthly basis, collated and submitted in one report. These performance indicators were central to determining whether foster care services were performing to an expected standard and informed changes required in the LHA.

All risks identified at a local level, such as children missing from care, serious incidents, data protection issues and complaints about the service generally were reported directly to the Area Manager for the purpose of quality assuring practice and responding appropriately to the risks identified. This practice was confirmed by managers at all levels during interviews with inspectors. The LHA had a central risk register. However, training on its use had only been completed by managers in the month prior to the inspection fieldwork.

The LHA had several methods of monitoring and quality assuring the service. Performance indicators and reporting mechanisms as stated earlier in this report were ways in which high level quality assurance and monitoring happened. Each manager in the LHA had a clearly defined role as part of the monitoring and quality assurance process. Social work team leaders gathered monthly statistics and these were reviewed at principal social worker level.

There were two HSE monitoring officers for the LHA whose duties included monitoring the foster care service. The HSE monitoring officers had reported on the provision and delivery of individual social worker supervision in the year prior to inspection. Inspectors found that this had improved since the monitoring officer's report and recommendations. The HSE monitoring officers had begun an assessment of the LHA implementation of several of the National Standards. This was ongoing at the time of the inspection and as such findings or recommendations had not been submitted to the LHA.

The delivery of services in the LHA was determined by a National Service Plan that was based on the Programme for Government. In turn, the National Service Plan determined the Regional Service Plan (2012) that set out clear regional service objectives and aims. However, there was no local service plan. The Area Manager provided inspectors, on request, with a written overview of the actions the LHA needed to take to deliver a quality service.

Figures and information provided to the Authority prior to the inspection showed that there were children in the LHA with a range of complex needs. Although this information was provided for the purpose of the inspection, there was no routine or systematic way in the LHA of gathering and recording the numbers of all children with complex needs or children from different cultural or ethnic backgrounds who were placed in foster care. This was confirmed through on-site visits by inspectors to social work offices and interviews with social workers and managers.

This deficiency in information gathering was acknowledged at principal and social work team leader levels to inspectors during the inspection fieldwork.

In terms of the service, this did not ensure that it was planned in a way to ensure that the LHA had the capacity and resources to meet the current and prospective needs of all children placed in foster care in the LHA.

Information provided by the LHA to the Authority prior to inspection and interviews with principal social workers and managers during the inspection fieldwork showed that the LHA had a total of 31.2 members of staff across six different teams. This figure included principal social workers. The information provided prior to inspection showed that there were 1.63 social work posts vacant.

During the inspection fieldwork, inspectors were told that a moratorium on recruiting for vacant posts was in place. Considering that vacancies existed on the fostering team and that 41% of relative foster carers were not assigned a link social worker, there was a requirement for the LHA to assess whether it could provide an effective and safe service with the social work positions it had filled at the time of the inspection.

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

This standard was met in part.

The foster care service in the LHA was under-resourced, as foster carers were not recruited based on an analysis of the current and prospective needs of children requiring the service. The type and number of foster care placements in the LHA required improvement. The number of foster cares in the LHA was found by inspectors to be limited and this in turn limited the options available to children, and did not ensure all were cared for by foster carers who could meet their needs. Case files examined and interviews with social workers identified that this was particularly so for children with complex and or diverse needs.

The LHA had held several campaigns to recruit foster carers up to 2010. Inspectors were told that it received a steady number of expressions of interest by people who wished to foster on a yearly basis, outside of specific campaigns. The LHA did not plan to hold any additional campaign to recruit foster carers in 2012. Considering the LHA could not place all children with foster carers who could meet their complex and diverse needs, the decision not to hold an additional campaign for more foster carers required evaluating by senior managers.

Services in the LHA included foster care, residential care and supported lodgings. Ensuring that there were enough resources to meet the needs of children and deliver a foster care service that was not overburdened required attention.

Inspectors found through a review of data provided by the LHA to the Authority and interviews with social workers and managers that there were a low number of emergency foster care placements for the LHA. Combined with a reported lack of emergency residential care beds in the LHA, this raised a concern for inspectors about the possible

overburdening of some foster carers who provided such placements, numbers of children in placements that exceed those stated in the Standards, and the ability of the LHA to provide stable placements for some children.

Standard 22: Special Foster Care

This standard was not met.

Special foster care placements are provided to children with serious behavioural difficulties. The LHA did not have special foster care placements at the time of the inspection nor did it have policies on this area of practice in accordance with the Standards.

Inspectors were told by some managers of the service that there was no immediate plan to establish such placements. Case files showed that when children did display behavioural difficulties and were over 15 years of age, the LHA usually placed them in supported lodgings or with experienced foster carers and provided support packages, based on the needs of the child. This was confirmed by managers of the service.

Inspectors found through interviews with social workers and principal social workers that when children began displaying challenging behaviour in their long-term foster placements, allocated social workers and link social workers made efforts to maintain them in placement by working closely with children and foster carers and helping them deal with these behaviours. This was effective for some of the children whose cases were examined by inspectors.

However, it did not work for all. Alternatively, some children were placed in supported lodgings and responded well to these placements when additional supports were provided. Inspectors also found that when this was the case, the Social Work Department encouraged carers who provided supported lodgings to become a long-term foster carer.

Inspectors found, through case file reviews, that some children had multiple placements when their complex needs were not met and as such, had not benefited from the experience of a stable long-term placement. It was acknowledged by managers of the foster care service that there was a gap in service provision with regard to special foster placements.

Standard 23: The Foster Care Committee

This standard was met in part.

The LHA had a Foster Care Committee which was found not to be carrying out all of its functions in accordance with the Standards and national policy. The make-up of the committee was not compliant with Child Care (Placement of Children in Foster Care) Regulation, 5(3)(4) and the LHA did not have Garda Síochána vetting for four out of the nine members of this Committee.

The LHA Foster Care Committee convened on a monthly basis. The Committee Chair was also available to the Social Work Department to approve, on an interim basis, the

placement of a sibling in foster care with other siblings. The duties of this Committee were clearly outlined in the national guidance document provided to the Authority by the LHA.

Inspectors found that the Foster Care Committee was unable to fulfil all of its duties in line with these national guidelines due to the unavailability of key data and information from the Social Work Department. For example, inspectors found that the Committee was not always made aware of all additional placements in foster care households. Additionally, as stated under the section in this report on Safeguarding and Child Protection, there was a requirement for the Social Work Department to notify all concerns about foster carers to the Foster Care Committee in order to ensure the safeguard mechanism they provided for the provision of a safe and effective foster care service was fully utilised.

Inspectors found that this did not always occur. Case records examined and interviews with social workers showed that most, but not all, approvals of foster care placements by the Social Work Department were made following a recommendation by the Foster Care Committee.

Through interviews and documentation reviewed, inspectors found that the Committee contributed to the LHA statistics that formed the basis of annual performance reports published by the region. This ensured their contribution to overall service planning.

Standard 24: Placement of Children through non-statutory agencies

This standard was not met.

According to the Standards, the HSE should satisfy itself that all foster care placements provided to children through a non-statutory agency comply with Regulations and are of a high quality. There was one child from the LHA in a private foster care placement according to figures provided by the LHA. This service was monitored by the HSE monitoring officers to ensure practices were in accordance with regulations and the Standards.

The HSE monitoring officers reported directly to the LHA on practices within this service. The Area Manager informed inspectors that the agency that provided this placement had a national service level agreement with the HSE. However, on receipt of a copy of the service level agreement it was found not to be valid at the time of the inspection as it was only signed in September 2012.

Standard 25: Representation and complaints

This standard was met in part.

The LHA recording of complaints did not facilitate managerial oversight of the handling of complaints within acceptable timeframes. This was an area of practice that required improvement. The LHA and the HSE nationally had an adequate standard of various policies and guidelines for dealing with complaints and representations that were accessible to families, carers and children. However, there were no clear timeframes identified in local guidelines within which a complaint should be brought to a satisfactory conclusion.

The complaints register recorded nine complaints made in the year prior to inspection. The length of time it took to bring these to a resolution ranged from one week to four months. Children, a birth parent and foster carers interviewed during this inspection confirmed to inspectors that they knew how to make a complaint, to whom they should make it and the procedure involved. Some had made complaints and said they were happy with the outcome. They did identify that the process had taken a long time.

Considering the varied timeframes in relation to investigating complaints and the lack of guidance in this area of practice, inspectors found that the LHA could not ensure that all complaints were brought to a satisfactory conclusion within an acceptable timeframe for children and others.

Inspectors found that there was no systematic or clear way of recording all complaints about the foster care service made by children and others. There was no clear record of how complaints were addressed and the outcome of each investigation. Details of one complaint recorded on the central register could not be found by inspectors on the case file involved.

Although inspectors were told by social workers and principal social workers interviewed that all children were informed of the outcomes of their complaints and were satisfied with these outcomes, this was not recorded in any of the children's case files or on the central register. As such, the LHA had no data on the nature and number of all complaints made to the LHA and no systematic way of ensuring all complaints were brought to a satisfactory conclusion for the complainant.

The requirement for improvement in practice in this area was acknowledged by social workers across all grades who were interviewed by inspectors as part of the inspection fieldwork. It was also acknowledged at the child care management meetings that complaints needed to be dealt with within acceptable timeframes.

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 Outcome 9

The delivery of a foster care service to children by appropriately qualified, supervised and trained staff was difficult to assess due to personnel files not being available to inspectors. However, managers provided support to social workers through case and individual supervision and this had a positive impact on children in terms of the level of direct service and interventions they received from their assigned social workers.

Standard 20: Training and qualifications

This standard was met in part.

Inspectors could not fully assess whether the LHA met this standard or not as personnel records for social workers were not held locally by the Area Manager. They were held by the HSE Human Resources Department and were not available to inspectors as they had been sent to an external company for digitalisation.

Supervision by line managers was found by inspectors to provide accountability, guidance and direction on day-to-day practice through effective supervision, case supervision and case tracking. Records showed that individual social worker supervision was well recorded. Through a review of a sample of personnel files and interviews, inspectors found that all social workers received formal supervision in keeping with HSE policy. Supervision was divided into two areas.

The first was related to the performance of individual social workers and the second was in relation to management and coordination of the cases they were allocated. Evidence of case supervision was recorded in personnel files and also on children's case files examined by inspectors. Social workers interviewed said that supervision was valuable to them and that they found it beneficial to their everyday practice, particularly in the direct work they carried out with children.

There were some gaps in the timeframe of this supervision but there were good improvements in practice since the implementation of recommendations made by the HSE monitoring officers on the provision of supervision to social workers. Line manager's quality assured day-to-day practice such as maintaining a good standard of case records through case file audits (at a rate of 10% of each social worker's caseload per quarter) for which an audit tool was developed and provided to inspectors.

These systems allowed line managers to identify, for example, if children's views were being respected by social workers and the quality of written records. Social work team leaders also carried out case tracking to ensure social work tasks were undertaken and where issues had arisen. They were recorded on the audit tool and addressed with individual social workers in supervision.

The LHA had an induction process for all newly recruited social workers and an induction manual to assist them in the day-to-day practice. This held all local processes, procedures and policies. Newly appointed social workers were mentored through the supervision process by their social work team leaders. Social workers told inspectors that they had found the support of more experienced peers to be valuable during this period.

The LHA was unable to demonstrate how staff training had been influenced by the needs of the children in the service and the experience of the social workers and social care staff.

6. Children and young people comments

Throughout this report the views of children have been represented where appropriate. Inspectors met with 10 children of different ages during the inspection fieldwork. Overall, their comments were positive about the care and the social work service they received. They said they liked their carers and felt part of the family that they lived with. They said they had friends and could follow their interests just like other children. Some enjoyed family holidays with their carers and trips away with groups such as the scouts.

All of the children visited were found to be content in their placement and those who were older told inspectors about their wish to go on to further education and independent living. Those that were old enough to comment on the social work service they received said that they got on well with their social workers, felt able to talk to them and were able to contact them if they needed to.

Closing the fieldwork

On 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 required.

Report compiled by:

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Inspector

Health Information and Quality Authority

1 November 2012

7. Summary of Standards

	National Standards for Foster Care	Standard Met, Met in Part and Not met
Outcome 1	Standard 3: Children's rights	<i>Standard met</i>
	Standard 4: Valuing diversity	<i>Standard met in part</i>
Outcome 2	Standard 1: Positive sense of identity	<i>Standard met</i>
	Standard 2: Family and Friends	<i>Standard met in part</i>
Outcome 3	Standard 8: Matching children with carers	<i>Standard not met</i>
	Standard 9: A safe and positive environment	<i>Standard met</i>
	Standard 11: Health and Development	<i>Standard met in part</i>
	Standard 12: Education	<i>Standard met in part</i>
	Standard 13: Preparation for leaving care and adult life	<i>Standard met in part</i>
Outcome 4	Standard 10: Safeguarding and child protection including implementation of <i>Children First: National Guidance for Protection and Welfare of Children 1999</i>	<i>Standard met in part</i>
Outcome 5	Standard 5: The child and family social worker	<i>Standard met in part</i>
	Standard 6: Assessment of Children and Young People	<i>Standard met</i>
	Standard 7: Care Planning and Review	<i>Standard met</i>
Outcome 6	Standard 14: Assessment and Approval of Foster Carers	<i>Standard met in part</i>
Outcome 7	Standard 15: Supervision and Support	<i>Standard met in part</i>
	Standard 16: Training	<i>Standard met in part</i>
	Standard 17: Reviews of Foster Carers	<i>Standard met in part</i>

Outcome 8	Standard 18: Effective policies	<i>Standard met in part</i>
	Standard 19: Management and Monitoring of Foster Care Services	<i>Standard met in part</i>
	Standard 21: Recruitment and retention of an appropriate range of Foster Carers	<i>Standard met in part</i>
	Standard 22: Special Foster Care	<i>Standard not met</i>
	Standard 23: The Foster Care Committee	<i>Standard met in part</i>
	Standard 24: Placement of Children through non-statutory agencies	<i>Standard not met</i>
	Standard 25: Representation and complaints	<i>Standard met in part</i>
Outcome 9	Standard 20: Training and qualifications	<i>Standard met in part</i>

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.

Children First - National Guidance for the Protection and Welfare of Children

2011: Promotes the protection of children from abuse and neglect. It states what organisations need to do to keep children safe, and what different bodies, and the general public should do if they are concerned about a child's safety and welfare. It sets out specific protocols for HSE social workers, Gardaí and other front line staff in dealing with suspected abuse and neglect.

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

HSE response to report[†]

HSE LHA	Louth
Service ID as provided by the Authority:	570
Date of inspection: DAY/MONTH/YEAR	23 / 07 / 2012
Date of response: DAY/MONTH/YEAR	05 / 12 / 2012

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 1 - Each child receives a child centred service that respects their rights and responsibilities.

1. Action required:

The Louth LHA should ensure that every effort is made to place children with carers from their own cultural, ethnic and or religious group.

Related reference:

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

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

Timescale & Post holder responsible:

HSE response:

- The National and Regional Office has set up a national sub group to agree a policy and procedure for the recruitment of foster carers including running recruitment campaigns. A member of the Louth Fostering Team has been identified to sit on this group.
- Where children cannot be placed within their own culture social workers

National Office

[†] * The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<p>for the child and the link workers work with the foster carers to ensure the child's religious and cultural needs are met including dietary requirements, skin and hair care and information about country of origin. A protocol will be written to give guidelines to social workers when they have to place children outside their own cultural, ethnic or religious group. This protocol will be informed by the literature available from BAAF.</p> <p>Heidi Argent in her book <i>Placing Children</i> (2006): BAAF questions "how matched is matched, considering the wide diversity of African, Asian, African-Caribbean and mixed heritages? And if half siblings have different minority ethnic backgrounds, is it perhaps more important to find one family that can deal with diversity, rather than several "same race" families? If a deliberate decision is made to compromise then there must be a clear understanding of the qualities the family will need and the support they will be given".</p> <p>The Team Leader will meet with the cultural groups again (including a return visit to the One World Spirit Group). (Louth already have 6 assessed and approved foster carers from the Traveller community).</p>	<p>PSW for children in care and Team Leader, Fostering</p> <p>Timeframe: by end of January 2013</p> <p>Team Leader, Fostering by June 2013</p>
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<p>Outcome 2 - Children are able to maintain positive relationships with their parents, siblings and other significant family and friends.</p>	
<p>2. Action required: The Louth LHA should ensure that access is provided in child and family friendly premises.</p>	
<p>Related reference: Standard 2: Family and Friends</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response:</p> <p>The Social Work Department in Dundalk have been informed they will be moving from Wilton House, Dundalk in 2013. The proposed new building will have identified access rooms for children and families who need supervised access to meet.</p> <p>The access room in Wilton House, Dundalk, has been renovated. The room has been painted and new furniture has been bought.</p> <p>A new Regional service has been set up in a former residential centre in Drogheda run by residential care staff. Referrals are now being accepted for this service which will allow access in the Drogheda area to happen in child and family friendly premises. We are hopeful that this centre will be up and running by January 2013.</p>	<p>Area Manager Time Frame by end of June 2013</p> <p>Completed November 2012</p> <p>PSW to compile list of access visits to be requested. Social Workers to complete referral forms. To begin in January 2013.</p>

Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.	
3. Action required: The Louth LHA should ensure that children in foster care are placed with foster carers who are chosen for their capacity to meet the assessed needs of the children.	
4. Action required: The Louth LHA should ensure that transparent systems and processes are developed and implemented to identify and minimise risk when acting outside of the Standards and Regulations when placing children with foster carers.	
5. Action required: The Louth LHA should ensure that systems and processes are developed and implemented to monitor and respond to unplanned placement endings.	
Related reference: Standard 8: Matching children with carers 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)	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: 3. The Louth Fostering Team will link with the National Sub Group on the development of a recruitment policy. 3. Applicants to foster will continue to be prioritised for assessment by the Louth Fostering Team if they are expressing a willingness to take adolescent placements or have potential skills in working with challenging behaviours 3. The assessing social workers will use the checklist of children's needs (that is completed by the foster care applicants as part of the assessment) which outline their willingness and capacity to deal with children in care who have specific needs or identified difficulties. 4. The Louth Fostering Team will develop a Notification form for the Foster Care Committee which includes a risk assessment and supports	3. National Office The Louth Fostering Team Leader will link with this group. Ongoing in 2013 3. Team Leader Fostering At allocation meetings in 2013 3. Assessing Social Workers This has commenced and a retrospective review of all assessments will be done to ensure checklists are completed by all current carers. By end of March 2013. 4. Team Leader Fostering and PSW for

<p>agreed to mitigate risks identified when children are placed with foster carers outside the Standards and regulations.</p> <p>4. These Notification forms will be completed and copied to the Principal Social Worker and the Chair of the Foster Care Committee to maintain a yearly record of such placements in order to manage any placements made outside approval status in order to better plan the fostering service.</p> <p>5. In Dublin North East, through the DNE Foster Care Sub Group, a draft Disruptions Policy has been developed. This will be attached to the action plan. Foster Carers will be met as soon as possible after the ending of the placement in line with the Disruption policy.</p> <p>5. This policy will be circulated to all staff in Louth and internal training will be given by the PSW for children in care & fostering at Team Meetings to ensure all staff are aware of the protocol to be followed in the event of an unplanned ending for a child.</p> <p>5. All attempts to source alternative placements for the child will be entered on the child's file.</p>	<p>children in care and fostering. By end of 2012.</p> <p>4. To begin in December 2012 and ongoing by Fostering Team Leader</p> <p>5. Policy Completed. Implementation now beginning.</p> <p>5. Policy to be circulated to all staff in December 2012 by PSW for children in care and discussed at team meetings in 2013.</p> <p>5. The Fostering Duty Worker will give the information to the child's social worker. To begin in December 2012 and ongoing in 2013.</p>
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Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.	
6. Action required: The Louth LHA should ensure that all immunisation records, medical histories and reports and records of all medical care received are held in each child's case file.	
7. Action required: The Louth LHA should ensure that all children are medically assessed prior to their admission to foster care and during their foster care placement in an appropriate care setting.	
Related reference: Standard 11: Health and Development	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: 6. A memo will be sent to all social workers in Child Protection and Children in Care teams to direct them to ensure all immunisation records,	6.PSWs for children in care and child

<p>medical histories and reports and records of all medical care received are held on each child's file. In the event of records not being released to social workers or immunisation records not being available this should be recorded on file along with all attempts made to obtain the records. The checklist at the front of each child in care's file will be amended to include a record of immunisations and dates of all medical interventions including outcomes.</p> <p>7. The Area Manager will seek to reach agreement at senior management level for release of medical records to social work departments responsible for children in care</p> <p>7. The Area Manager will identify a medical practitioner north and south of the county to medically assess children who come into care in a planned way or in an emergency if the local GP will not agree to see the child prior to admission.</p> <p>7. The child's care plan will include all medical interventions and the child's health is reviewed at each Child in Care Review.</p>	<p>protection. By end of January 2013</p> <p>7. Area Manager. By March 2013</p> <p>7. Area Manager. By March 2013</p> <p>7. Team Leaders to ensure this happens. Ongoing at each child in care review.</p>
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Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.	
8. Action required: The Louth 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.	
Related reference: Standard 12: Education	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>8. The Quarterly Statistics collected by the HSE on a national basis contain a section on children in care and their education. The statistics gathered include how many children are in care between 6 and 16 years of age, how many of these children are in full time education and also ask the same question about 17 year olds. The Admin worker responsible for the upkeep of the Register will also collect and input educational outcomes for children in foster care on the Register manually. The PSW for children in care will oversee this.</p> <p>8. The Principal Social Worker for children in care and fostering will amend the format of the Children in Care Register to include a section on the current educational status of school age children and will review this on a quarterly basis.</p> <p>8. The number of 18 year olds who continue in second level or third level education is currently collected. The aftercare co-ordinator reviews financial payments to all young care leavers aged 18+ every month with</p>	<p>8. PSW for children in care and admin worker responsible for the Register. Ongoing</p> <p>8. PSW for children in care. To be updated by end of January 2013</p> <p>8. Aftercare Co-ordinator in Louth with the Payments officer in</p>

the Payments Officer and with the PSW at supervision. These figures have been submitted to the National Office for inclusion in national statistics.	Louth. Ongoing
8. All figures collected in this area are manually collected. The National Office is working on an IT system to collate data but that is not in place yet.	8. National Office

Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.	
9. Action required: The Louth LHA should ensure that young people in foster care are referred to the aftercare service and have their leaving care needs assessed in accordance with the Standards and HSE policy.	
Related reference: Standard 13: Preparation for leaving care and adult life	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: 9. All social work staff in Louth on the Child Protection and Children in Care teams have received a copy of the National Aftercare Policy. All staff will be formally notified that they must refer any young person on their caseload who is 16 years of age to the Aftercare Co-Ordinator. 9. An aftercare worker will attend the Child in Care Review when a young person in care reaches 16 and will undertake a Life Skills assessment (that has been developed in Louth) to see what areas the young person needs help to develop skills. This will be worked on by the foster carer and when the young person reaches 17 years of age the aftercare worker will attend the Child in Care Review to help with the Preparation for Leaving Care Plan that has also been developed in Louth. The social worker retains responsibility for the young person up until their 18th birthday and then transfers to the aftercare service.	9. PSWs for child protection and children in care to issue memo to all staff by end of December 2012. 9. To begin in January 2013. Aftercare workers to link with Team Leaders to request an invitation to relevant child in care reviews.

Outcome 4 – Children are safe and services comply with <i>Children First: National Guidance for the Protection and Welfare of Children</i>	
10. Action required: The Louth LHA should ensure that all foster carers and adults in households are vetted and or re-vetted, as appropriate, in a timely manner.	
11. Action required: The Louth LHA should ensure that they are satisfied that all child protection concerns reported to the area about children in foster care including slapping of children by foster carers, have been, and will continue to be, dealt with in accordance with <i>Children First</i> (2011).	
12. Action required:	

<p>The Louth LHA should ensure that any and all child protection and welfare concerns about foster carers are reported and addressed in accordance with National policy.</p>	
<p>13. Action required: The Louth LHA should ensure that there are robust and dependable systems in place to record and categorise all child protection concerns about or by children in foster care, including their investigation and outcomes and children's satisfaction or otherwise with these outcomes.</p>	
<p>14. Action required: The Louth LHA should ensure that all foster carers receive training and guidance in child protection including the newly revised <i>Children First: National Guidance for the Protection and Welfare of Children</i> (2011) as a matter of priority.</p>	
<p>15. Action required: The Louth LHA should ensure that local guidance notes for social workers are updated to reflect the <i>Children First: National Guidance for the Protection and Welfare of Children</i> (2011).</p>	
<p>16. Action required: The Louth LHA should ensure that a system is developed to record staff attendance at <i>Children First</i> training.</p>	
<p>17. Action required: The Louth LHA should ensure the LHA have secure access to a national child protection notification system.</p>	
<p>Related reference: Standard 10: Safeguarding and child protection <i>Children First: National Guidance for the Protection and Welfare of Children 1999</i></p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response:</p> <p>10. A review of all foster care families has been conducted to ensure all persons over 18 are Garda vetted or re-vetted in a timely manner. This includes young people who are in care in the placement who reach 18 years of age.</p> <p>10. The admin person who maintains the Children in Care Register will review the ages of all children in care on a monthly basis and will notify the Fostering Team Leader of all young people in foster placements who reach 18 each month.</p> <p>10. The Principal Social Worker has looked at projections for aftercare in 2012 and 2013 and has sent reports to the Regional Office</p>	<p>10. Link Workers to review all their files and complete Garda vetting forms for any outstanding vetting for persons aged 18+ By end of January 2013 and ongoing when young people in placements reach 18 years of age.</p> <p>10. Admin worker and Fostering Team Leader. From 1st January 2013</p> <p>10. PSW for children in care. Completed. Projections for 2014 to</p>

<p>11. The new National Handbook for Alternative Care (to be published early 2013) includes a section on dealing with complaints and allegations in relation to children in foster care and residential care. This chapter states that slapping or smacking a child will be investigated and assessed under Children First (2011) National Guidance for the Protection and Welfare of Children. The PSW in Louth was a member of the national sub group who worked on the Handbook which is currently being edited prior to publication.</p> <p>12. Child protection and welfare concerns about foster carers will be investigated under Children First (2011) National Guidance for the Protection and Welfare of Children. Initial assessments are completed in relation to all allegations of abuse or neglect by foster carers.</p> <p>13. It has been agreed by the PSWs for Child Protection and Welfare and the Children in Care and Fostering Teams in Louth that a notification form will be developed for all allegations / concerns / complaints / difficulties in placement to be completed by the Social Worker responsible for the child and sent to the relevant PSW and copied to the admin person responsible for updating the Complaints and Allegations register. The notification form will include the child's perspective on the outcome. This will allow an overview of all reports coming from children and foster carers to be reviewed on a regular basis by the PSWs to establish patterns of concern.</p> <p>14. The PSWs will write to the Dublin North East Training Unit Manager to request guidance on how best to deliver training on Children First for all foster carers. Once agreed, training will be offered to all foster carers in 2013. A 'Dealing with Allegations and Safe Care' Training programme is already running in Louth and 60 foster carers have attended this since it was first set up at the end of 2010. Further training sessions are planned for 2013. All foster carers were written to inform them this training is mandatory. A further letter will be sent to foster carers who have not yet completed this training to invite them to attend the mandatory training in 2013. A copy of this letter will be placed on each foster carer's file by the link worker allocated to the foster family as evidence of this.</p> <p>15. The local Guidance Notes for Dealing with Reports in relation to Children in Foster Care in Louth will be amended by the PSW for children in care and fostering to reflect the Children First National Guidance for the Protection and Welfare of Children 2011</p> <p>16. A manual register is being developed at present to record all training undertaken by staff in this area including Children First training. When completed this will form the basis for a central register in Louth and will be held by a designated admin person. All Children First training has been recorded and will continue to be recorded on this register.</p>	<p>be compiled by end of January 2014</p> <p>11. Due to be published in January 2013</p> <p>12. PSWs and Team Leaders to ensure all allegations against foster carers are investigated under Children First 2011 Guidance</p> <p>13. Notification Form to be developed by PSWs and circulated to all staff by end of December 2013.</p> <p>14. PSW for children in care and child protection. Team Leader for Fostering is running the Louth 'Dealing with Allegations and Safe Care' training which has run in 2010 / 2011 and will be run again in 2013. Link Workers will file letters to foster carers</p> <p>15. PSW for children in care will update the local Procedure for Dealing with Reports in relation to Children in Foster Care in Co. Louth January 2013</p> <p>16. This register will be completed by end of February 2013</p>
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17. A national CPN system is being developed by the National Office.	17. The National Office. Ongoing.
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Outcome 5 – Each child receives high quality care that is effectively planned and managed by a designated social worker.

18. Action required:
The Louth LHA should ensure that children in the foster care service have an allocated social worker at all times in keeping with the Regulations.

19. Action required:
The Louth LHA should ensure that all case records contain all regulatory information and any other information recorded related to the child.

20. Action required:
The Louth LHA should ensure that all case records are well maintained, accessible to key stakeholders and stored in a safe and secure manner.

Related reference:

Standard 5: The child and family social worker
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

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
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<p>HSE response:</p> <p>18. Statistical returns from Louth at 31st October 2012 recorded that all children in care had an allocated social worker. We will endeavour to ensure that all children in care have an allocated social worker. However, this cannot be guaranteed as it is dependent on the availability of resources.</p> <p>19. File reviews have begun in Louth and are carried out by the Team Leaders at supervision. Social Workers will be asked to check their files to ensure the checklist at the front of the file is accurately completed and that any outstanding documents required under the Regulations and Standards are located and placed on file under the relevant file section.</p> <p>20. A chronology sheet will be developed for each file listing all major events and placements in the child's life and kept at the front of the child's current file for easy reference.</p> <p>20. A placement sheet to record all placements in foster families will also be developed for foster carer's files to outline current and past placements of children for easy reference.</p>	<p>18. Management Team for Child Care in Louth. Ongoing</p> <p>19. Team Leaders and Social Workers to ensure all files are updated by end of March 2013.</p> <p>20. Team Leaders and Social Workers to ensure chronology sheets are on all files by end of June 2013.</p> <p>20. Team leader and social workers to complete by end of</p>
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<p>20. A directive will be issued to ensure that all areas in which files are contained are secure and not accessible to unauthorised personnel or members of the public and all filing cabinets will be kept locked.</p>	<p>June 2013.</p> <p>The Area Manager. By end of December 2012.</p>
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Outcome 6 – Each child receives high quality care from carers that have been appropriately assessed and approved.

21. Action required:
The Louth LHA should ensure that the number of children in foster care households and the approval of all foster care placements and foster carers are in accordance with the Standards and Regulations.

22. Action required:
The Louth LHA should ensure that all contracts between the HSE and foster carers are completed, signed and dated appropriately.

23. Action required:
The Louth LHA should ensure that the initial and current approval status of each foster carer is clearly recorded on their files.

Related reference:

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

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
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<p>HSE response:</p> <p>21. We will review all foster care placements which are outside existing approval and take appropriate steps to amend approval where appropriate and, if not appropriate, we will seek alternative appropriate placements.</p> <p>21. A Notification Form will be developed in Louth to notify the Foster Care Committee of all children placed outside of approval status of the foster family. This notification will include a risk assessment and plans to support the foster carers to care for the children placed with them and a timescale for review of approval and presentation to the FCC. The FCC will be notified of all placements outside of approval.</p> <p>22. The Payments Officer in Louth and relevant social workers will review the contracts between the foster carers and the HSE to ensure all contracts are completed, signed and dated appropriately.</p> <p>23. Link Workers will be asked to record this information on the foster carer's file and to report any gaps to the Team Leader and admin person for the Fostering Team who will work together to ensure the initial and current approval status of each foster carer is on file. These will be reviewed to ensure they are in line with current approval status.</p>	<p>21. By end of December 2013. Team Leaders</p> <p>21. Notification form will be developed by end of December 2012 by PSWs.</p> <p>22. By end of March 2013. Payments Officer and relevant social workers.</p> <p>23. Link Workers and the admin person responsible for maintaining the Panel of Foster Carers.</p>
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Outcome 6 – Each child receives high quality care from carers that have been appropriately assessed and approved.	
24. Action required: The Louth LHA should ensure that applications to foster care are processed in a timely way and that timeframes for assessment and approval of potential foster carers are clearly recorded in their case files.	
25. Action required: The Louth LHA should ensure that it evaluates the effectiveness of the duty link social work system.	
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	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: 24. All fostering assessments will include the date the application form was received. The start date of the assessment will be recorded as well as the date of completion. This will also be recorded on the front sheet of each foster carer's file. 24. Within available resources we will endeavour to process all applications in a timely way and where this cannot be achieved to record on file the reasons why this was not possible. 25. The Fostering Team Link Social Work duty system for emergency and planned placements will be reviewed in 2013	24. Link Workers to do this supervised by Team Leader for Fostering 24. Team Leader. Ongoing 25. PSW for Children in care & Fostering. By end September 2013.

Outcome 7 – Carers are supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.	
26. Action required: The Louth LHA should ensure that all foster care households are assigned a link social worker.	
27. Action required: The Louth LHA should ensure that all foster carers are visited and supervised in line with the Regulations and that these sessions are recorded appropriately.	
Related reference: Standard 15: Supervision and Support Child Care (Placement of Children in Foster Care) Regulation 15, 16 Child Care (Placement of Children in Relative Care) Regulation 15, 16	

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>26 and 27. Within available resources we will endeavour to ensure all foster care households are assigned a link social work worker.</p> <p>27. Louth has a protocol outlining the Role of the Link Worker. At the back of this document there is a template for a supervision report to be completed by Link Workers with their allocated carers. This form will be used to record supervision sessions from January 2013.</p>	<p>26. The Management Team</p> <p>27. To begin in January 2013. Link Workers to complete supervision form.</p>

Outcome 7 – Carers are supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.	
<p>28. Action required: The Louth LHA should ensure that a needs analysis of training requirements for foster carers is carried out by the LHA to inform their training programme.</p>	
<p>29. Action required: The Louth LHA should ensure that a centralised record of foster carer training needs, training provision and attendance is maintained.</p>	
<p>30. Action required: The Louth LHA should ensure that foster carers attend training recommended by the Foster Care Committee.</p>	
<p>31. Action required: The Louth LHA should ensure that it evaluates all training provided to foster carers to ensure it is effective and meets their requirements.</p>	
<p>Related reference:</p> <p>Standard 16: Training Child Care (Placement of Children in Foster Care) Regulation 15, 16 Child Care (Placement of Children in Relative Care) Regulation 15, 16</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>28. We will carry out an interim needs analysis by writing to all foster carers asking them to identify their training needs.</p> <p>28. As part of the Foster Carer review process we will carry out a more in depth analysis of the training needs of each foster care family.</p> <p>29. A centralised record of foster carer training provision and attendance</p>	<p>28. By end of March 2013. Team Leader, PSW and admin.</p> <p>This is a phased process in line with statutory reviews.</p> <p>29. Fostering Team</p>

<p>is now being compiled. All training undertaken by foster carers will be added as a section to the Panel of Foster Carers in Louth and will be recorded on foster carers' files. A centralised list of all training provided in Louth will also be maintained by the Fostering Team Leader. This list will also include the findings from the analysis of training requirements when completed.</p> <p>30. All new foster care contracts contain a declaration of intent to attend training which are signed by foster carers. If training is recommended by the Foster Care Committee the foster carer will be informed they are required to attend and this will be recorded on their file. All foster carers have been informed of the requirement to attend training. Where a foster carer chooses not to attend this will be referred to the Foster Care Committee.</p> <p>31. We will seek the assistance of the Regional and National Training departments to evaluate the local provision of training.</p>	<p>Leader and Admin worker. To be completed by end of June 2013</p> <p>30. Assessing social worker will inform foster carers. New contracts introduced in 2012 by Area Director have been used in Louth and will continue to be used for every new placement. Ongoing</p> <p>By end of June 2013</p>
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Outcome 7 – Carers are supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.

32. Action required:
The Louth LHA should ensure that all foster carers are reviewed in accordance with the Standards and Regulations.

Related reference:

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

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>32. Within available resources we will endeavour to ensure that all foster carers are reviewed in accordance with the Standards and Regulations. With existing staffing resources this is not currently possible.</p>	<p>32. The Management Team. Ongoing</p>

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

33. Action required:
The Louth LHA should ensure that all national policies in relation to foster care are fully implemented and ongoing training is provided to support social work staff in implementing these policies.

Related reference:	
Standard 18: Effective policies 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	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: 33. The Principal Social Worker for children in care and fostering will circulate the list of National Policies to all teams again and will attend team meetings in Louth in 2013 to ensure all staff are aware of the national policies and the implementation plan in Louth in relation to the policies.	PSW for children in care and fostering. National documents have been circulated and will be discussed at team meetings in 2013.

Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.	
34. Action required: The Louth LHA should ensure that it keeps a register of all children in foster care that is complete, accurate and up-to-date, in keeping with the Regulations.	
35. Action required: The Louth LHA should ensure that it develops a local service plan to meet regional and national service requirements.	
36. Action required: The Louth 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.	
37. Action required: The Louth LHA should ensure it develops a system of gathering and recording relevant information to facilitate effective planning of the foster care services that meets the needs of children placed in foster care.	
Related reference:	
19 Management and Monitoring of Foster Care Services 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	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: 34. The Register for Children in Care is currently being updated to ensure all admission dates prior to 2010 are included in the Register. The PSW and the Admin person responsible for maintenance of the Register meet on a monthly basis to review the Register and compile the monthly and	34. PSW for children in care and Admin Worker will update the Register of Children in Care to

<p>quarterly statistics. This will continue as a means of quality assuring and monitoring compliance with the Regulations.</p> <p>35. A local service plan will be developed for 2013 and future years</p> <p>36. HSE Dublin North east will ensure that dependable systems are developed to ensure a safe and high quality service to children and young people in foster care</p> <p>37. The PSW will ensure that the Children in Care Register is maintained and up to date. The PSW will also ensure that the recording and management of complaints, concerns and allegations, maintaining a register of training of staff and foster carers (as all outlined in the sections above) are maintained and updated. These will now be co-ordinated by the PSWs and utilised in service planning, in particular the local service plans.</p>	<p>include admission dates. Time frame: by end of February 2013. Ongoing review of Register every month by PSW for statistical purposes.</p> <p>PSWs and Team Leaders</p> <p>36. The HSE National and Regional Management and Monitoring Teams. June 2013.</p> <p>37. PSWs. Ongoing</p>
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Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.

38. Action required:
The Louth LHA should ensure that there are sufficient foster carers in the service to meet the range of needs and numbers of children requiring foster care, including emergency placements.

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), 12
Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
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<p>HSE response:</p> <p>38. Louth will link in with the Regional and National Office who are currently working on a recruitment policy.</p> <p>38. The Louth Fostering team will request funding to run an awareness of fostering campaign again in Louth in 2013 with particular reference to recruiting carers for adolescents and children from ethnic minorities.</p>	<p>38. Meetings began in November 2012. Team Leader in Fostering (or designate) to attend from Louth.</p> <p>38. PSW to request finance for recruitment awareness of fostering campaign in January 2013.</p>
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Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.	
39. Action required: The Louth LHA should ensure that special foster carers are recruited, trained and supported in accordance with the Standards.	
40. Action required: The Louth LHA should ensure that children in foster care requiring a special foster care placement are identified in a timely manner and receive the level of care and support they require.	
41. Action required: The Louth LHA should ensure that it develops policies to support special foster care placements.	
Related reference: Standard 22: Special Foster Care 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	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: 39. Within available resources at present we are not able to progress recruitment of special foster carers and provide supports required for this service. We will however keep this under review and if the opportunity arises we will progress the matter. 40. Social Work teams will compile updated lists on children requiring special foster care for submission to the Area Manager with a view to accessing this service regionally. 41. A regional or national policy is required around all aspects of special care including policies to support special foster carers. For response by the National Office	 40. Team Leaders By January 2013 National Office
Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.	
42. Action required: The Louth LHA should ensure that the composition of the Foster Care Committee is in keeping with the Regulations and that all committee members are vetted appropriately.	
43. Action required: The Louth LHA should ensure that the Foster Care Committee is facilitated to carry out all of its functions in accordance with the Standards and HSE policies.	
Related reference: Standard 23: The Foster Care Committee	

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	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: 42 and 43. A review of the current structure of the Foster Care Committee will be completed and appropriate steps taken to ensure that the composition of the Committee is in keeping with the Regulations and that all Committee members are vetted appropriately.	42 and 43. The Chair of the Foster Care Committee by end February 2013.

Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.	
44. Action required: The Louth 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.	
Related reference: Standard 24: Placement of Children through non-statutory agencies 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	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: 44. We will review exiting arrangements with private foster carers to ensure that inbuilt quality assurance mechanisms are in place to ensure a high quality of service. No future placements in private foster care will commence unless said mechanisms are in place.	Area Manager and PSWs as required.

Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.	
45. Action required: The Louth LHA should ensure that a central record of all complaints is maintained that details the category, investigation and outcome of the complaint and whether or not the complainant was satisfied with the outcome.	
46. Action required: The Louth LHA should ensure that the local complaints policy has identified timeframes for handling complaints and that these timeframes are implemented.	
47. Action required: The Louth LHA should ensure that there is managerial oversight of all complaints to facilitate continuous quality improvement for the foster care service.	

Related reference:	
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	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response:	
45. The central record of complaints is being reviewed and amended to ensure the category, investigation and outcome of the complaint is recorded clearly on the Register and if the complainant was satisfied with the outcome.	45. PSW and Admin Worker have begun to update and review. To complete this task by end of March 2013.
46. The local policy will be amended to include timeframes and will include a requirement on social workers to record why timeframes have not been able to be met if applicable.	46. Timeframes to be included in the local policy by the PSW for children in care and fostering. By end of January 2013.
47. The PSW for children in care and fostering will review the Register on a monthly basis and will bring a report to the Senior Management meeting on a quarterly basis to ensure there is managerial oversight of all complaints by all managers in the LHA in order to promote discussion on quality improvement in the area.	47. PSW for children in care and fostering. All managers will review at Senior Management meetings in 2013 on a quarterly basis.

Outcome 9 - Children are supported by staff members that have appropriate qualifications, supervision and training.
48. Action required: The Louth LHA should ensure that a training needs analysis for staff is carried out by the area to inform their training programme.
49. Action required: The Louth LHA should ensure that a centralised record of training needs and training provision to staff is maintained.
50. Action required: The Louth LHA should ensure that systems are implemented to demonstrate that the LHA is satisfied that staff have the appropriate qualifications.
51. Action required: The Louth LHA should ensure that staff supervision occurs in keeping with HSE policy.
Related reference:
Standard 20: Training and qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>48. All managers will identify the training needs of the staff they supervise.</p> <p>49. A centralised record of training needs will be compiled following the needs analysis and on an ongoing basis.</p> <p>49. A centralised register of training provision will be compiled by the PSWs. A template has been circulated for all staff to complete and the centralised register will be held by an admin worker who will ensure the PSWs are kept informed.</p> <p>50. The Area Manager will ensure that systems are implemented to ensure that all staff have the appropriate qualifications for their positions.</p> <p>51. A Supervision Audit has been carried out by the Foster Care Monitors in Louth and their recommendations are being implemented. Supervision records are held by the Team leaders on all their staff and by PSWs on the Team Leaders. The Supervision Policy will be one of the National Policies discussed with the teams in 2013 to ensure compliance.</p>	<p>48. All Managers in the LHA. Ongoing</p> <p>49. When the training analysis has been completed and on an ongoing basis.</p> <p>49. PSWs for children in care and child protection. Register to be completed for all staff by end of March 2013.</p> <p>50. By end March 2013 and on an ongoing basis for new staff.</p> <p>51. Team Leaders and PSWs will implement recommendations from the Supervision Audit by Monitors. Ongoing in 2013.</p>

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