

## **NORTHERN AREA HEALTH BOARD**

### **Report No 43/2002**

#### ***Building Family Placements - An Evaluation of the Lisdeel Family Placement Initiative compiled by the Children's Research Centre, Trinity College.***

The Minister for Children Mr. Brian Lenihan, T.D. launched the "Building Family Placements" – an evaluation of the Lisdeel Family Placement Initiative" on 13<sup>th</sup> November, 2002 . The evaluation was conducted and prepared by The Children's Research Centre, Trinity College.

#### **Purpose**

The Lisdeel Family Initiative is a partnership which has been developed between the Daughters of Charity and the Northern Area Health Board, which seeks to facilitate and create new ways of advancing best practice in foster care.

#### **Background**

Lisdeel House was originally established in 1995 as a short stay residential facility for children and young people with referrals from the local Community Care Area 7.

The Lisdeel Fostering Initiative was set up in response to the gaps and shortcomings in the organisation of foster care. After discussions between the Daughters of Charity and the former Eastern Health Board, the fostering initiative commenced in 1999. An essential element of all new services is assessment and review of adequacy and the publication of this evaluation is timely in this regard.

#### **Methodology**

Data for the evaluation was gathered by conducting interviews with the key stakeholders involved:

Steering Committee Members  
Daughters of Charity and staff Lisdeel House  
Fostering Applicants and Carers  
Northern Area Health Board staff

#### **Aims**

The key aims of the Lisdeel Family Placement Initiative are:

- To provide foster care
- To provide all the necessary support to foster carers
- To prepare children to benefit from their placement
- To reduce the risk of placement breakdown
- To explore alternative models for delivering a fostering service

- To encourage a working partnership between the Northern Area Health Board and the Daughters of Charity in the promotion of a best practice in the delivery of foster service.

### **Differences to Mainstream Fostering**

The report refers to critical success factors in the model used in Lisdeel and these have been identified as

- Successful partnership and good working approach between NAHB & Daughters of Charity.
- The role and membership of steering committee which comprises representatives of all key stakeholders in the service.
- The preparation of children for fostering, and foster carers in Lisdeel House with involvement of child's birth and extended family.
- The use of friendship families who are used to introduce foster children to family life.
- Localised recruitment of foster families
- The intensive and individualised support provided to carers by Lisdeel Family Placement Initiative Social Workers.

### **Key Findings**

- 5 children have been placed with three foster families. A further 4 children have commenced the programme.
- The children placed have experienced smooth transitions to their foster placements with no need for crisis intervention or respite care.
- The earlier work of the Initiative consisted of policy and service development, in addition to recruitment and preparation of carers. The focus has now moved to assessment of applicant families.
- The report highlights two main hindrances to progress – lack of allocated social workers and difficulties regarding medical approval of applicant foster families. These have been addressed by the successful overseas recruitment of overseas social workers and an alternative process for medical approval being sought.

### **Model of Best Practice**

The report has also provided a learning experience for the staff of the Northern Area Health Board in the development of best practice in foster care. It also challenges staff at all levels in both partnership organisations in developing an alternative approach to the delivery of services.

**M. WINDLE**  
**CHIEF EXECUTIVE**

**21<sup>st</sup> November, 2002**

