Inspection of the HSE Fostering Service

in

Meath Local Health Area

INSPECTION REPORT ID NUMBER: 4

Publication Date: 12th October 2007.
SSI Inspection Period: 9

ADDRESS: Health Information & Quality Authority, Social Services Inspectorate,
3rd Floor, Morrison Chambers,
32 Nassau Street, Dublin 2
PHONE: 01-604 1780 FAX: 01-604 1799
WEB: www.hiqa.ie/functions_ssi.asp

Contents

1. Executive Summary

The Health Information and Quality Authority, Social Services Inspectorate (HIQA SSI) carried out an announced inspection of the Health Service Executive (HSE) foster care service in the Meath Local Health Area (MLHA) under Section 69(2) of the Child Care Act 1991. The inspection fieldwork took place between June and July 2007. This was the first SSI inspection of an HSE foster care service. While the majority of the recommendations from this inspection are directed to local MLHA managers a number are also relevant for HSE foster care services nationally. At the time of the inspection there were 115 children placed with 93 carers in the area, and twenty-five were placed with relative carers. As it was not possible to meet with all 115 children, inspectors carried out a sampling process and met with 15 children and examined the management and standard of their care. Where appropriate and relevant the report makes reference to the total group.

The inspection was against the following seven standards:

Standard 1: positive sense of identity,
Standard 2: family and friends,
Standard 3: children's rights,
Standard 5: the child and family social worker,
Standard 10: safeguarding and child protection,
Standard 14: assessment and approval of foster carers,
Standard 15: supervision and support.

Inspectors found evidence of good practice in many aspects of the foster service provided by MLHA. While some requirements of the seven standards were not met, the social work teams were aware of the deficits in the service, and inspectors were impressed by the care the children were receiving from their foster carers. Overall, the 15 children seen by inspectors during the inspection received a high standard of care from dedicated and committed foster carers who felt well supported by the HSE. In the main, fostering was a positive experience for the foster carers we interviewed. The majority of children inspectors met felt well cared for and were happy in their placements. All of them were in education and were involved in local community activities and sports; and their health needs were well met. They had friends in the locality and felt close to their foster carers and foster siblings. There was a good standard of social work practice by child and family social workers and link workers, and good leadership from the social work team leaders and the principal social worker. The community teams and fostering team worked well together in seeking placements for children. This was the first inspection of a statutory fostering service, and the social work teams and local managers welcomed and engaged extremely well with the inspection process.

Inspectors were extremely concerned that a third of the 115 children fostered in the MLHA did not have designated social workers. This had significant consequences as the standards for the assessment of needs and care planning were not met. Firstly, a key aspect of care planning, contact with birth families, was inconsistently managed. Some children seen during the inspection saw birth families regularly, while two had not seen their birth families in over a year. This should be addressed through more rigorous care planning. Secondly, further consequence was that the on safeguarding role of the child and family social worker could not be fulfilled for those children who were unallocated to a social worker.

While all of the social workers felt that the children were being cared for safely in their placements and that safeguarding practices were generally good, inspectors had a number of concerns about the child protection system. These related to procedures for the management of allegations against foster carers, the assessment of disclosures made by children, in particular children with disabilities, the process by which complaints with child protection concerns are assessed, internal monitoring of child protection procedures, the frequency of social work visits, and the role of the local monitoring officer. Inspectors wrote to the local

health manager about the safety and welfare of twelve individual children requesting the MLHA to examine outstanding concerns.

Some changes were needed in the following safeguarding practices: complaints, notification of significant events, maintenance and monitoring of records, annual reviews of foster carers, approval of all placements by the foster care committee, and training for foster carers in responding appropriately to disclosures.

The majority of foster carers had been appropriately assessed and vetted. Generally, foster carers had experienced the assessment process as positive and respectful. However, there was a waiting list of 12-18 months for responding to applications by fostering candidates, and the process of assessment took between six and nine months, significantly longer than the 16 weeks required under the standards. Link social workers were held in high regard by the foster carers and community social work team. Foster carers had access to monthly support meetings, regular training, counselling support services and good telephone communication. However, they did not receive regular supervision in accordance with criterion 15.3 of the standards. To meet the standard the HSE needs to develop: a protocol for managing placements at risk of breaking down, an emergency out-of-hours support service, and placement plans to progress actions necessary to implement care plans.

Information, policies and practice on children rights needed to improve significantly. Inspectors found that MLHA had no formal complaints procedure, and no process for facilitating children in accessing information held on case files; nor were children aware of organisations which promoted their rights.

2. Introduction

The Health Information and Quality Authority, Social Services Inspectorate (HIQA SSI) carried out an announced inspection of the HSE foster care service in the Meath Local Health Area (MLHA) under Section 69(2) of the Child Care Act 1991. The inspection fieldwork took place between June and July 2007 and was carried out by Nuala Ward (Lead Inspector) and Michael McNamara (Support Inspector). This was the first inspection of an HSE foster care service.

The majority of children in care live in foster placements provided by the HSE. It is regulated by the *Child Care Act 1991,* the *Child Care (Placement of Children in Foster Care) Regulations 1995,* the *Child Care (Placement of Children with Relatives) Regulations 1995,* the *Children Act 2001* and the *National Standards for Foster Care 2003.* At the time of the inspection there were 115 children living in foster care in MLHA being cared for by 93 foster carers, 25 of whom were relative carers. As it was not practicable to look at the care of all 115 children, inspectors completed a sampling process and identified 15 children, eight of whom were siblings. In examining the care of these fifteen children inspectors were able to look at both their individual care and the HSE system which supports the service. Five of these children were being cared for by relatives and the remaining ten children were in non-relative foster placements. Similarly, a sample of the 25 standards for foster care was chosen, as shown below.

2.1 Inspection process

The inspection was against seven standards:

Standard 1: positive sense of identity,
Standard 2: family and friends,
Standard 3: children's rights,
Standard 5: the child and family social worker,
Standard 10: safeguarding and child protection,

Standard 14: assessment and approval of foster carers,
Standard 15: supervision and support.

The findings of this inspection are based on evidence gathered through examination of records and documentation as detailed below, observation in foster homes, and interviews with children, HSE social workers and managers, foster carers, and parents as detailed below.

Inspectors reviewed the following documents and information during inspection:

1. Data on children in foster care in MLHA,
2. Census forms on foster carers,
3. Census data on 115 children,
4. Census information on 15 individual children,
5. Samples of children and foster carers files,
6. HSE policies and procedures,
7. Social workers' questionnaires,
9. Parents' questionnaires,
10. Information on allegations against foster carers (6), and complaints (5) by the children in the previous twelve months.

The inspection fieldwork took place over three weeks and included interviews with:

fifteen children,
six parents,
twenty foster carers,
all of the social workers assigned to children in the sample (five),
five link workers,
three social work team leaders,
the monitoring officer for fostering,
the principal social worker,
the child care manager,
the general manager, and
the local health office manager.

Inspectors also saw the children's accommodation.

2.2 Acknowledgements

Inspectors wish to thank the foster carers and children for the openness in which they embraced the inspection process and welcomed inspectors into their homes, and also acknowledge the co-operation of social workers and senior managers in the MLHA area. The level of co-operation with the inspection process is to be commended, and is indicative of a social work department committed to improving their service.

2.3 Data on children

Data on children in foster care in MLHA during the inspection

At the time of the inspection, there were 115 children, (52 boys and 63 girls) cared for within the MLHA fostering service. Sixty-eight of the children were under twelve. Of these, 78 were in statutory care, 29 were in voluntary care, five were under interim care orders and three were under UK full care orders. Inspectors found that 23 children out of the 115 in foster care in the area had been living in their foster placements for over 10 years. Ninety children

were living with foster carers and 25 were in relative care. Details of the 15 children seen during the inspection are in the table below.

Data on sample of children seen during the inspection, in order of length of placement

Young Person	***Age***	***Legal Status***	***Length of Placement***	***Type of placement***	***No. of previous placements***
# 1 girl	16	Voluntary Care	15 years 10 months	General Foster care	0
# 2 boy	16	Voluntary Care	15 years 10 months	General Foster care	0
# 3 boy	16	Voluntary Care	13 years	Relative placement	0
# 4 girl	13	Full care order	12 years 3 months	General Foster care	0
# 5 girl	11	Full care Order	10 years 11 months	Relative placement	0
# 6 boy	6	Full care order	5 years 6 months	Relative placement	0
# 7 girl	5	Full care order	4 years 11 months	General Foster care	0
# 8 boy	11	Full care order	4 years 6 months	General Foster care	1 residential placement
# 9 girl *	15	Full care order	3 years	Relative Placement	0
# 10 boy	3	Voluntary care	1 year 6 months	Relative placement	0
# 11 boy	6	Interim Care Order	7 months	Relative placement	1 foster placement
# 12 boy	5	Interim Care Order	7 months	Relative placement	1 foster placement
# 13 girl	11	Voluntary	6 months	General Foster care	0
# 14 girl	7	Voluntary	6 months	General Foster care	0
# 15 girl	9	Interim Care Order	3 months	General Foster care	3 foster placements

****** Between the announcement and the fieldwork of the inspection this placement had ended and the child transferred to a shared care arrangement with a residential service and parent.*

2.4 Background of the fostering service in MLHA

The social work service in MLHA was provided by four separate teams: a community intake team which had responsibility for the management of immediate and short-term cases, two long-term community teams that had responsibility for the majority of children in care, and a fostering team. The four teams were managed by a principal social worker who in turn reported to the general manager, who reported to the local health manager, who had overall responsibility for services in the area. Historically, this HSE area had operated with

insufficient social work staff to fulfil its function and had struggled to recruit and retain staff members. Since 2005 the staff teams have stabilised, and at the time of inspection only one social work post was vacant.

The long-term teams were managed by two team leaders, and between them they had one senior social worker practitioner, nine social workers, two child care leaders and one project officer. They had responsibility for children at risk in the community, children in care, the provision of family support services, and aftercare. Under the standards they have responsibility for care planning, supervision of placements, ensuring the safety and welfare of children in foster care, and monitoring of standards. At the time of the inspection, 77 children had an assigned social worker from the ten social workers available. The cases of two were in transition to the long-term community team. The remaining 38 did not have a social worker as required under the standards.

Until 2004 the fostering team had only one team leader and one part-time social worker. At the time of the inspection, there was a team leader, four social workers, one fostering development officer and one aftercare worker. Their role was to recruit, assess, train and support the 93 foster carers in MLHA. The role of the aftercare worker was to prepare young people for leaving and support them after they leave care.

The principal social worker presented an analysis of the social work services to senior managers in February 2007, highlighting potential risks associated with the staff deficits including the high number of children in care without social workers. There were no children in the community awaiting placement with foster carers, but there were some in need of respite and others in residential care awaiting foster placement. The national census of 2006 showed that the population of Co. Meath had increased twenty one percent since 2002. The principal social worker had requested 21 staff posts, additional to the current 33 posts, to help meet the demands from the area and reduce the level of potential risk to children. At the time of the inspection, four social work posts had been approved with the possibility of two further posts in 2008.

3. Findings

3.1 Positive sense of identity

Standard 1
Children and children are provided with foster care services that promote a positive sense of identity for them.

The standards require that where possible, and in the best interests of children, the HSE seeks to identify possible relative carers for children in need of care and that priority is given to the placement of children in their own locality, including maintaining them in their own schools. Twenty-five of the 115 children were living in relative care.

Four out of the sample group of 15 children were living with relatives at the time of the inspection. Between the announcement and fieldwork of the inspection the placement of one child from the sample had ended and the child transferred to a shared care arrangement with a residential service and parent. Seven of the children lived near their community of origin. Two children had parents living in another country. Four children recently taken into care had their original school placements maintained. One child had to move schools as a result of the placement. Six children, (four of whom were two groups of siblings living together) had siblings living in other foster placements. Social workers told inspectors of difficulties in securing foster placements for more than two siblings.

Inspectors found that these children received a high standard of primary care. The majority referred to their carers with affection, warmth and humour, and talked of daily routines, activities, friendships, and holidays with their foster carers. Inspectors were impressed by the foster carers' affection for and commitment to the children in their care. For the most part, the children saw themselves as being significant members of their foster carers' families. All of the children interviewed told inspectors that they were happy living with their foster carers.

The children's experience of day-to-day life was similar to that of their peers. They attended school, had friends in the local area, were involved in community life; and individual interests were encouraged and facilitated. Several children were involved in a wide range of activities from being members of local football teams to being accomplished horse-riders. The carers' approach to behaviour management was well-considered and age-appropriate, and the use of sanctions was minimal.

Inspectors found examples of excellent work carried out by community child care workers and social workers to help children understand both families they had links with, their foster family and birth family. In one case, the foster carer had completed this work with the child. A number of foster carers told inspectors that they talk openly with the children about their birth families and about being fostered. This direct work was not consistently done or completed with all of the children.

While the majority of children either had their own rooms or shared with siblings, inspectors noted that two young teenagers were sharing bedrooms with much younger children. Social workers should check the sleeping arrangements for children on visits to ensure they are appropriate to the age and needs of the children.

Practice needed to improve in relation to cultural awareness for carers looking after children with specific cultural backgrounds. Inspectors found that one relative of a child did not speak English and did not have access to an interpreter to facilitate communication with the child during visits. The MLHA had provided training in working with children from traveller backgrounds and had plans to source training in caring for children from different ethnic backgrounds. The MLHA should ensure that it includes anti-discriminatory practice and

monitor how the training impacts on direct practice with the children.

The MLHA also took part in a pilot project to provide multi-disciplinary training in working with people from different cultural backgrounds. Inspectors urge that this area of development is strategically managed and supported by senior management.

Recommendation:

1. **Nationally, the HSE should meet the needs of children from different ethnic and cultural backgrounds through training of foster carers and social workers and through the recruitment of foster carers from diverse cultural backgrounds.**

3.2 Family and friends

Standard 2
Children and children in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.

There was evidence of some excellent practice in contact between foster carers and birth families, and in one case a shared care arrangement between the families was regarded as a very positive experience by everyone involved, especially the children. Some foster families managed the emotional impact of access for the children extremely well. Following a request by two individual children, the social work department traced and re-established contact with the children's birth fathers. This was viewed as a positive and helpful intervention by the children, and consistent with the requirements of the standard. However, inspectors noted that it was the request of the children rather than a pro-active policy that prompted the action. Inspectors also found that one foster carer had developed a good relationship with a sibling's foster carer to ensure frequent and regular contact for the children. This was commendable.

Inspectors were concerned about practice in maintaining links with birth families varied significantly. According to the care plans, four children had visits on a weekly basis, two had visits three times a month, and three once a month. For two other children the original thrice yearly visits had not changed for a number of years. Inspectors noted that for seven children, visits had significantly decreased since they came into care, and two children had no contact with their birth family in the year prior to the inspection. This raises concerns about the children's sense of identity and understanding of their personal history, and should be addressed by the MLHA. In order to meet the standard, within the care planning process and giving due consideration to the wishes of the child, the MLHA should review arrangements for contact with birth families for all children in foster care in the area in order to ensure it is at the optimal level.

Several birth parents told inspectors that they found visiting arrangements formally arranged by social workers inflexible. They had difficulty in seeking more regular contact, or having contact in venues other than the local health centres. Two of the foster carers had informal phone contact and flexible access arrangements with birth families and in one, family contact occurred in a relative carer's home. Two birth parents told inspectors they would like to receive copies of their children's school reports and visit their children in the foster home. Frequency of contact in relative care was dependent on the quality of the relationship between the relatives and the birth parent. For four children deterioration in the relationship between the carers and parent had adversely affected contact. One child cited the acrimonious relationship between her carer and birth parent as the reason she abruptly left her relative placement.
Visits between siblings also varied. One child met with siblings on a fortnightly basis, four children met their siblings at family access every three weeks, and another child met with

their siblings on a monthly basis. One child had not seen her siblings in over a year.

Nationally, the HSE should develop procedures for ensuring that care plans set out how arrangements for contact between children in foster care and their birth family and friends are established, maintained, monitored and reviewed. Where it is appropriate, birth families should be encouraged to be actively involved in the care of their children and participate in key events. Family and child social workers should re-establish family contact for children when it has lapsed; and the link worker and child and family social worker should collaborate in order to address any factors that inhibit family contact.

Children were supported in having friends visit and were involved in different social events. Some foster children were unhappy about the HSE requiring a Garda clearance for parents if they wished to sleep over in a friend's house. They found this practice intrusive and embarrassing. In accordance with standard 2.14, the HSE should produce guidance for foster carers on this, and ensure that policy and procedures are clear and well understood.

Recommendations:

2. The MLHA should review arrangements for contact with birth families for all children in foster care in the area to ensure it is at the optimal level.

3. Nationally, the HSE should ensure that there is a clear and consistent policy for children in care staying over with friends, in accordance with the standard.

3.3 Children's Rights

Standard 3
Children and children are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.

Foster carers respected the children's rights and advocated on their behalf with external agencies. The majority of children spoke of their foster carers, parents or social workers as adults they would talk to if they had any difficulties. The foster carers worked closely with schools and accessed other services, such as speech and language therapy, to ensure children were empowered to achieve their full potential.

The HSE did not have policies to promote or procedures to facilitate children in exercising their rights. While the MLHA had an information booklet for children in foster care, the majority of children interviewed did not know about their rights. Some children told inspectors that the first time they were aware of their rights was on receipt of the notification of the inspection with the accompanying copy of the children's version of the National Standards for Foster Care. They did not how to make a formal complaint, how to access information held on their files or have knowledge about organisations which promote the rights of children. Social workers told inspectors that this had been recognised as an area of practice requiring significant development. Inspectors recommend that the MLHA ensures that all children in foster care are aware of their rights, and that these rights are understood and supported by social workers and foster carers. All children in foster care should have a copy of the children's version of the standards.

Complaints
Records showed that there were five complaints made by children in the year prior to the

inspection and all had been appropriately resolved through the social work department.

Foster carers were not aware of their responsibility to notify the HSE of complaints made by the children, although in practice foster carers had contacted social workers on behalf of the children if they were unhappy. Inspectors also found that social workers were confused about the distinction between complaints and allegations. This is referred to in this report under *Standard 10: Safeguarding and Child Protection*. One child, whose placement had broken down, told inspectors that she wished she had known about a complaints process as it was only after her placement broke down that she felt comfortable telling people about her unhappiness living with her foster carers.

A responsive complaints process, which is embedded within the culture of rights of children, empowers children to make complaints comfortably without fear of retribution and can help the HSE and foster carers address issues which may otherwise spiral into a placement breakdown. Children living in relative placements may find it particularly difficult to make complaints against relations. The MLHA should develop a complaints process for children which includes a procedure for recording and appealing outcome of decisions and that is clear to carers and children.

Access to information
Children were not aware of their right to access information held on their case files and the MLHA does not have a policy for promoting and facilitating the exercise of this right. The MLHA should adequately plan for sharing of sensitive information with children at an appropriate time with adequate support whilst they are still in care.

Consultation
The children felt listened to by their carers and were enabled to be independent and make decisions about daily life in accordance with their age and ability. Generally, children told inspectors that their views were listened to and respected by their foster carers and social workers.

Recommendation:

4. The MLHA should ensure that all children in foster care are given age-appropriate information on their rights and foster care standards.

3.4 The child and family social worker

Standard 5
There is a designated social worker for each child and young person in foster care.

Inspectors were seriously concerned that only 77 of the total of 115, (and eight out of the sample of 15) children had a designated social worker from the ten social workers available. Two social work team leaders held 35 of the unallocated cases. Sixteen children without assigned social workers had community child care leaders involved in their case management. Inspectors were told that 'holding' a case meant a reactive rather than a pro-active service, since team leaders would only respond to any concerns as they arose about the children. Three children's cases were unallocated. In spite of these deficits and associated pressures, social workers presented as resilient and committed to the children, and they spoke highly of the strong leadership and support they received from team leaders and the principal social worker.

Inspectors were told that fostering cases were unallocated due to the deficit in social work posts. Ten social workers in the two community social work teams had responsibility for children in foster care alongside community child protection and children in residential care. All foster carers in MLHA had a link worker. In the fostering team, four social workers and

one fostering development officer provided support to all 93 foster carers in the area. Whilst it is clear that the role of the link worker is important in sustaining the fostering service, it is essential that priority is given to providing a basic level of safeguarding to the children, as social workers ensure they are safe and well cared for and manage all aspects of their care through care planning and liaison with their birth families, schools, health services and foster carers. Under this standard, all children should have a designated social worker. This is a statutory requirement and where there are to decisions to be made in allocating cases the entitlement of children care should be given priority. The shortfall in the allocation of cases meant that the statutory rights of 38 children were unmet.

Social work role

Both the foster carers and children spoke highly of the child and family social workers. Inspectors found that social workers worked closely with the foster carers and had a detailed knowledge of the children. They supported the carers in accessing specialist services and were responsive to any concerns or issues arising. They were very positive about the quality of care provided by foster carers and their commitment to the children in their care. There was a good sense of working in partnership with foster carers. However, a number of social workers were not confident that foster carers would notify them of significant events, and inspectors found that foster carers were unaware of their responsibility to do so. This should be addressed.

The social workers visited the children with varying degrees of frequency. Some visited fortnightly, and all visited within the minimum statutory time frame of three months. The majority of social work visits occurred in the foster home and the majority of social workers met with the children privately. For the seven children in the sample without a social worker, three had met a community child care worker on a regular basis in the previous year; three children had not been visited in nine months, and one child had not been visited in 14 months, which is unacceptable.

Needs assessment of children

The standards require an assessment of the children's welfare needs before or soon after the placement. In MLHA this tended to be done as part of the care planning process. Four children from the sample that had recently come into care had detailed, up-to-date care plans which included assessment of their immediate and long-term needs including medical, emotional and educational needs. However, not all children had care plans, and a number did not have their care plans reviewed for several years. Inspectors noted that foster carers themselves sought services to meet the needs of the children and were generally supported by the MLHA in doing so. The MLHA should introduce a model of needs assessment which directly impacts on the care planning process and conforms to the standard.

Care planning

It is a requirement of the *Child Care (Placement of Children in Foster Care) Regulations, 1995* that the first statutory review takes places two months after placement, followed by six monthly reviews during the first two years of placement, and thereafter annually. From the sample of 15 children, four of the children had up-to-date comprehensive care plans; seven had care plan review minutes on file that had the additional purpose of being their care plan, and four plans dated from the original placement in care. Three of the children in care for over 10 years had care plans prepared within the two years prior to the inspection, and three children who had been received into care within the last three years did not have care plans. Therefore, inconsistencies were not only attributable to the previous inadequacies in the service but also to current practice. The MLHA had recently introduced a new care planning template but at the time of the inspection it was under review.

Reviews of Care Plans

Only one of the 15 children had care plan reviews in the frequency required by the regulations during their time in care. A number of children in the sample had no review of

their care plan for several years until recently. Of the 38 children without an allocated social worker, five did not have care plan reviews within the year prior to the inspection. However, inspectors found that 13 of the 15 children in the sample had an up-to-date care plan review. Of the remaining two, one had a review in 2006 and the other was due to have one. Minutes of reviews were forwarded to foster carers and parents. Inspectors acknowledge the significant progress made by the social work department in having annual reviews for the majority of children in foster care.

The lack of care plan reviews can result in children drifting in care as options to return them to their birth families or to explore adoption are not given adequate consideration. Two foster carers had applied to adopt their foster children in 2004 and 2006 respectively, but no significant progress had been made at the time of the inspection. There was clear evidence that the social work department was not taking an active role in leading the process in either of these cases. In one case there had been no action since the review held in August 2006. In the other case, care plan minutes clearly showed that responsibility to commence the adoption process was given to the birth parent rather than the social work department. The MLHA should meet with the regional adoption team to strategically examine adoption options for children in long-term foster care with due regard to the wishes of the children, birth parents and foster carers.

Link workers worked with the carers in the preparation for reviews, and carers attended all review meetings. Both foster carers and birth parents received minutes of the meetings and told inspectors that generally they felt their views were listened to and respected. However, although all of the 15 children were aware that they could attend, only three did. Four did not attend due to their young age, and five of the remaining eight had their views sought prior to the meeting. The MLHA should examine the management of care plan reviews in order to make them more child-friendly.

Recommendations:

5. **Nationally, the HSE should examine the needs assessment process for children to ensure it is effective, informs the care planning, and conforms to the standard.**
6. **The MLHA should give priority to ensuring that all children in foster care have an allocated social worker.**
7. **The MLHA should ensure that all children in foster care have up-to-date and comprehensive care plans and that reviews occur at least within the minimum time frames required under legislation.**
8. **Nationally, the HSE should liaise with the Adoption Board to strategically examine adoption options for children in long-term foster care.**

3.5 Safeguarding and Child Protection

Standard 10
Children and children in foster care are protected from abuse and neglect.

Safeguarding

The standard on safeguarding was generally good. Foster carers had received training and gained an understanding of safe care practices, and it had been part of the induction of new carers, but several of them required updated training.

Safeguarding practices evidenced by inspectors included the support that foster carers received. All of the social workers considered that the children were cared for safely within

their foster care placements. This was based on their judgement that in the main children presented as happy and were making progress, and the carers showed commitment to the their wellbeing. There were areas of practice that required immediate attention. These were in relation to complaints, notification of significant events, maintenance and monitoring of records kept by carers, training in responding appropriately to disclosures, approval of all placements by the foster care committee and annual reviews of foster carers.

The MLHA had recently circulated a policy on appropriate ways to manage behaviour. Foster carers told inspectors that they managed behaviour through grounding, early bedtimes and general relationship-based approaches. They felt they received adequate information on the background of children they cared for.

A number of birth parents told inspectors they did not know the process for making a complaint but would contact the social worker if they had concerns. Inspectors found one complaint had been managed appropriately to the satisfaction of the birth parent. However, the MLHA did not have a written policy on complaints for parents and carers and this should be addressed as part of good safeguarding practice.

Generally, foster carers were not aware of the need to notify the HSE of significant events involving the young person although a number told inspectors they inform their link workers of any concerns they may have. The majority of foster carers did not maintain records. The MLHA should clarify with foster carers the requirement to maintain records of sanctions, complaints, accidents, incidents and unauthorised absences by the children; and the records should be regularly monitored.

Inspectors were concerned that there was also a lack of clarity for the foster carers on how to respond appropriately to disclosures of alleged abuse. One foster carer told inspectors that she notified the MLHA of a disclosure by a child but received no directions or support in caring for this child or safeguarding the other children in her care. On her own initiative she kept a record. Talking to a carer about abuse is an especially vulnerable and difficult time for a child and the MLHA should ensure that all foster carers are given clear guidance, adequately trained and supported in caring for all the children in their care when disclosures are made.

The MLHA did not have anti-bullying procedures in accordance with standard 10.3. This should be developed, and training should be provided to foster carers in this area.

In the sample group, there were two foster carers who cared for more than three foster children, and one of these also provided emergency care. Standard 10.6 states that no more than two children should be placed in the same foster home at any one time, except in the case of a sibling group, and these are not placed with other fostered children. The foster care committee in the MLHA did not have a role in approving placements of more than two children in care in a foster home, as required by the standard, and this raised concern for inspectors about ensuring that placements are suitable and meet the needs of the children. Inspectors found that foster carers who accepted children in emergencies had not been given specific guidance on caring for children about whom little was known. While inspectors appreciate that emergency placements by their nature are difficult to predict, the MLHA should establish whether there is a need to seek foster carers who will exclusively provide emergency placements. This could reduce the likelihood of disruptive placements and ensure that foster carers are not overburdened by being asked to care for too many children.

Annual reviews of foster carers as required by the standards were not carried out. This was a matter of concern for safeguarding as garda vetting was not updated through this process as required by the standards, even though all foster carers in the MLHA had link workers.

Recommendations:

9. Nationally, the HSE should ensure that all foster carers have adequate training in child protection and safeguarding practices.

10. The MLHA should ensure that:
- **all foster carers are informed of records they are required to keep and that these records are monitored,**
- **all placements are approved by the foster care committee in accordance with the standards,**
- **there is a complaints process for parents and foster carers, and**
- **all foster carers have annual reviews in accordance with the standards.**

Child Protection

The standard on child protection was met in part. Inspectors found that practice needed to improve in the following areas:

1 The management of allegations against foster carers,
2 The assessment of disclosures made by children, in particular children with disabilities,
3 The processes by which complaints with child protection concerns are assessed,
4 Internal monitoring of child protection procedures,
5 Role of local monitoring officer

The management of allegations against foster carers
The standards require that when an allegation is made against foster carers and assessment or investigation is concluded, a review of the foster carers should be carried out. In the year prior to the inspection, allegations had been made against six foster carers in the MLHA area. Two of these had been concluded, and in one of those cases the foster carers were reviewed and re-approved. The other foster carer was not reviewed. Of the remaining four, one foster carer had not been informed an allegation had been made, in another case foster carers were waiting to be reviewed, and two others were in the process of assessment under *Children First: National Guidelines in Child Welfare and Protection*. Inspectors found some examples of good practice whereby the social workers completed the assessments in a timely manner. During the assessment, the MLHA provided support for foster carers through the link worker, and in some instances a representative of the local Irish Foster Care Association was involved. However, foster carers were not given written information on how allegations would be managed by the HSE. There were no clear time frames for the processing of allegations, and no guidance on strategies to protect the children during the assessment process.

Inspectors found two allegations against foster carers made in October and November 2006 that had not been assessed, nor the foster carers informed. Another assessment of an allegation against a foster carer made in August 2006 had been completed in October 2006 but following an appeal of the outcome, was yet to be completed at the time of the inspection. There was no written process for appealing the outcome of assessments. In interviews there were different views expressed by link workers and social workers as to what would trigger a review of foster carers. Policy and procedures on dealing with allegations against foster carers were in the process of development. They should be signed off and issued as soon as possible.

The HSE's responses to allegations should be timely since delayed processes are not in the best interests of children, the foster carers or their families. The MLHA should ensure foster carers' approval status is reviewed in a timely manner following allegations of abuse or neglect in accordance with the standards.

The assessment of disclosures by children

The MLHA had trained social workers who had expressed an interest in carrying out the assessments of child sexual abuse allegations. As a consequence, if a child made a disclosure of sexual abuse a referral for assessment was made to a specifically trained social worker. These social workers also carried their own case loads, and at the time of the inspection there was a minimum three-month waiting list for sexual abuse assessments, with one allegation made in February 2007 still awaiting a social work response. These are unacceptable delays.

Inspectors were also concerned that the MLHA did not have a system for the assessment of disclosures by children with disabilities. In the case of a child who had significant learning disabilities and made a disclosure of abuse in March 2007, the social worker spent significant time in actively sourcing a specialist professional to carry out the assessment. The appropriate person was not found until July 2007. The HSE should give priority to establishing an effective partnership between social work and disability services for dealing with child protection concerns and allegations of abuse concerning children with disabilities.

Inspectors were also told of some delays in accessing counselling services for children in care who were victims of abuse. The MLHA should ensure that local counselling services are adequately resourced to meet the needs of children in their area.

Processes by which complaints with child protection concerns are assessed

Two allegations by children which were presented to inspectors as complaints had been appropriately assessed by the social work department. However, inspectors found that social workers did not have a clear understanding that complaints can also be allegations and should be managed accordingly. Inspectors noted two complaints made by foster carers in the MLHA in the previous year, and found that neither of these complaints, which included allegations of poor and unsafe care practice, was assessed through the child protection system. In both cases, the foster carers had cared for the children concerned for a number of years, and maintained contact with them after they had been transferred to a non-statutory residential service following the breakdown of the foster placements. Both complaints related to concerns about the children's care in the residential service.

The first complaint, made in July 2006, detailed extremely serious concerns about the care of the child who had been placed in the non-statutory centre by an out of state social work department that had legal responsibility for their care. This out of state social work department had been previously working closely with the MLHA in caring for this child, who also had an MLHA social worker during their foster placement. Inspectors were informed by MLHA that it was the responsibility of the out of state social work department as the placing body to address this complaint.

Inspectors found that despite the number of professionals having knowledge of these concerns including the out of state social work department, MLHA social work department, the local monitoring officer and the relevant registration and inspection service, at the time of the inspection, a year after it had first been made, the complaint had still not been assessed. The HSE does not have a protocol for the management of child protection concerns for children in care placed in Ireland from another jurisdiction.

The second complaint, made in November 2006, was about a child with disabilities living in the same non-statutory residential service. After an initial delay in response, the social work department asked the local monitoring officer to review the complaint. The review, completed in July 2007, validated some of the concerns expressed by the foster carers. Further serious concerns about the care of the child were brought to the attention of the social work department by the same foster carer. Again, these were not seen initially as child protection concerns and assessed accordingly through *Children First* procedures. Inspectors were particularly concerned about the vulnerability of this child due to significant communication difficulties. The HSE should ensure that concerns about the safety and

welfare of children with disabilities that are brought to their notice are dealt with promptly in accordance with agreed procedures, as they would be for other children.

After carrying out her review of the first complaint, the local monitoring officer had informed all senior managers in the HSE region about the complaints against the residential service, and inspectors were told that the MLHA had directed that no children from the area to be placed in any of the service provider centres. However, one child remained living there. In the course of the inspection, inspectors wrote to the local health manager requesting that these two complaints be assessed appropriately as allegations.

Inspectors found that the MLHA had not shared information on the placement of two children with the neighbouring social work departments, and there was no clear policy for inter-HSE area protocols on the sharing of information. The issue should be addressed through an agreed protocol on notifying other local health areas of children in care of the HSE living in their area. This issue should be addressed by the HSE nationally

Internal monitoring of child protection procedures
There was no systematic monitoring of the processing of assessments of child protection concerns including outcomes and time frames. The MLHA policy was that the principal social worker and child care manager were informed of any allegations. In practice, inspectors found that social workers were confused about when the child care manager should be notified of allegations, and inspectors found that the child care manager was not aware of one allegation. Within the MLHA information was not held centrally, and four different systems were in place for storing information on children in care. This should be addressed immediately.

After fieldwork, inspectors wrote to the local health manager detailing concerns about the aspects of the management of the care and outstanding concerns about twelve children in the care of the MLHA.

Role of the Monitoring Officer
There was one local monitoring officer with responsibility for approximately 442 children in care living in both residential centres and fostering services in the region consisting of the three local health areas of Cavan/Monaghan, Louth, and Meath. The monitoring officer told inspectors that their main role to date in fostering has been in the development of policies through the local fostering forum. It is unreasonable to expect one person to carry out the monitoring function for all children in care across the three local health areas. This should be addressed by the HSE as part of internal quality assurance and safeguarding.

Recommendations:

11. Nationally, the HSE should:

- **ensure foster services are monitored in accordance with the standards,**
- **develop a protocol for sharing information about child protection concerns and the placement of children in care across all areas,**
- **audit the current status of all child protection concerns of children in foster care,**
- **ensure that the child protection system is accessible to children with learning difficulties.**

12. The MLHA should:

- **finalise its policy on allegations against foster carers and ensure it is adhered to in practice,**
- **ensure that allegations of child abuse are investigated promptly, and**
- **ensure foster carers' approval status is reviewed in a timely manner**

following allegations of abuse or neglect in accordance with the standards.

3.6 Assessment and approval of non-relative foster carers

Standard 14.a
Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the HSE prior to any child or young person being placed with them.

The MLHA had good written policies on assessment, and foster carers told inspectors that the process was comprehensive and respectful, and that they were provided with clear information on it. The MLHA changed their assessment model in the year prior to the inspection from the British Association of Adoption and Fostering (BAAF) model to a core competency model. Appropriate training was sourced for the fostering social work team in implementing this model.

Inspectors were told that introducing this new model had slowed down the assessment process as link workers adapted to the new approach. The process of assessment was generally completed within six - nine months rather than the 16 weeks required under the standards. There were six relative carers caring for children still awaiting assessments. At the time of inspection there was a 12-18 month delay in responding to applications of fostering candidates. Inspectors were informed that while there were sufficient numbers of foster carers overall, it was difficult to find placements for adolescents, sibling groups, and children needing long-term care. Inspectors were told by social workers of an increased need for respite fostering and emergency placements but recruitment was impeded by the backlog in assessments.

The foster carers were appropriately vetted with garda clearances, medical assessments and two references having been obtained. All members of the carer's family were involved in the assessment process, and a copy of the assessment report was available to the applicants prior to submission to the foster care committee. One foster carer couple told inspectors that they requested to attend the foster care committee meeting several months previously but were told it was not an option. Inspectors were subsequently told that the local area had only recently introduced the practice of prospective carers attending when their application was being considered. All recently assessed foster carers were initially approved by the committee for short-term placements only. The committee met on five or six occasions each year and were not involved in approving foster carers for long term care. This should be addressed by the HSE as the foster care committee has a critical role in approving placements. Foster carers were given written information on the decision of the committee. In order to maintain independence in the process, appeals against committee decisions were considered by the child care manager from the local health area in Co. Louth. Assessments and notices of approval were kept on well-maintained fostering social work files.

Health and safety checks on households were carried out by the link workers but this process needs to be reviewed. During the inspection inspectors found that four of the 12 foster carers interviewed had firearms legally stored in their house. The HSE was unaware of this for three of the foster carers. One child lived on a farm for a number of years and the foster carers received written information on safe child care practices for children on farms only weeks before the inspection.

The HSE uses the contract format from the regulations, *Child Care (Placement of Children in Foster Care) Regulations 1995*, and the *Child Care (Placement of Children with Relatives) Regulations 1995* for the placement of each child. This stipulates the responsibilities of the foster carers under section 16 of the regulations but does not stipulate what this entails. The MLHA should ensure that foster carers are made aware of their responsibilities under these

regulations as required by the standards.

Recommendations:

13. The MLHA should introduce strict timescales for dealing with the current backlog of foster carer applications in order to comply with the standards.

14. The MLHA should plan the recruitment of social workers and foster carers so that it can effectively meet the needs of the children such as siblings and adolescents who require foster care placements.

15. The MLHA should ensure that all foster carers are aware of the expectations of their role as required under the *Child Care (Placement of Children in Foster Care) Regulations 1995.*

16. The MLHA should review its process for carrying out health and safety assessments.

3.7 Assessment and approval of relative foster carers

Standard 14.b
Relative who apply or are requested to apply, to care for a child or young person under Section36(1)(d) of the Child Care Act 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the HSE.

There were 25 children being cared for by relative carers in MLHA. Inspectors met with five relative carers during the inspection. All had been approached by the HSE when the birth parent had difficulties in caring for the child. Inspectors were told that the majority of relative carers had undergone an initial assessment process for emergency placements of children, and then the same process of assessment as other foster carers. However, although social workers told inspectors that there was recently a greater emphasis in sourcing relative carers for children, full assessments following emergency placements did not occur within the twelve weeks required under *the Child Care (Placement of Children in Relative Care) Regulations 1995.* A family welfare conference had been used in one case to source supports for children within the family. Inspectors support this approach, and urge the MLHA to use family welfare conferences to meet this need in other cases.

Inspectors found a particular difficulty in the MLHA in respect of the retrospective approval of carers. One foster carer was re-assessed twelve months prior to the inspection but approval by the foster care committee was outstanding at the time of the inspection pending legal advice. Standard 14[a]4 requires assessments to be completed within 16 weeks, and foster carers to be notified of reasons for any extension and given a new completion date. In this instance the foster carers were not aware of the reasons for the delay and were uncertain about their approval status. The issue of retrospective approval of current foster carers should be resolved by the HSE as a matter of priority; and the managers of fostering services should ensure that the standard is met both in terms of the length of assessment and the notification of carers if there is an extension to the process.

Recommendation:

17. Nationally, the HSE should ensure that the standard on the length of assessment and notification to carers of an extension of the process is met.

3.8 Supervision and support

Standard 15

Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker, ensure that foster carers have access to the information, advice and professional support necessary to enable them to provide high quality care.

The majority of foster carers interviewed found their fostering experience for the MLHA positive and felt well supported in their role. All of the 93 foster carers in the area had an assigned HSE link worker. The number of home visits by link workers varied from between two to five visits per year. Three foster carers from the sample had not been visited in over six months. However, link workers were in regular phone contact, and foster carers told inspectors that they experienced the link workers as very supportive and responsive to any concerns they might have. The fostering social work team was held in high regard by the community social work teams and there was good communication and co-operation between the different teams. The social work team leader provided strong leadership and was well supported in her work by the principal social worker.

The monthly support meetings facilitated by the MLHA fostering social work team were highly valued by the foster carers. A monthly newsletter produced by the team was circulated to all foster carers informing them of local developments and promoting training opportunities. The MLHA also provided funding for a number of foster carers to attend fostering conferences each year. A number of foster cares were members of the Irish Foster Care Association, and a regional representative of the organisation provided independent support to foster carers.

There was evidence that link workers sought external counselling and other services to support foster carers in their roles. During their home visits, link workers discussed with foster carers any issues arising and kept a note of the visit in their case notes. They also met with the foster carers' children. Inspectors suggest that supervision of foster carers is used to identify training needs, and to introduce a greater degree of accountability into the relationship between foster carers and link workers.

The MLHA had written protocols which defined the role of the link worker and child and family social worker. However, inspectors found some confusion from social workers about the division of duties in relation to children without allocated social workers. The MLHA should provide clear guidance on the difference between the roles for children without a social worker, to ensure the safety of children remains paramount. Inspectors were told that historically, due to a lack of staffing, a number of foster carers in the area had little or no contact from the HSE for a number of years and that a particular challenge for link workers was re-establishing their role in these families. The MLHA should address this issue with all foster carers in line with the statutory responsibility of the HSE to ensure the safety and well-being of children in their care.

Placement plans

There were no placements plans for any of the children in the inspection sample. The MLHA should ensure that when each child is placed with foster carers a placement plan is prepared between the foster carers, the link worker and the child and family social worker as required by the standards.

Training

There was a good standard of training, and foster carers told inspectors that they had accessed training in managing teenagers, adoption, wills and inheritance, and other topics which they found useful. Foster carers also undertook a detailed training during their induction. Link workers highlighted the difficulties in encouraging some foster carers to attend training sessions; and foster carers told inspectors that family demands can often make it difficult to attend. Every effort should be made to facilitate attendance at training, especially training provided to meet identified needs of the carers.

Response to placements at risk of breaking down
The strategy for managing placements at risk of breakdown was not clear. At times, both the fostering social worker and the link worker met with foster carers, but this was not a consistent practice. Every effort should be made to prevent a placement breakdown and the MLHA should ensure there are clear protocols in place for this process including the use of the care plan review as required under the standards. This should include notification to the principal social worker and child care manager that a placement is at risk of ending abruptly.

Emergency out of hours support
Foster carers were clear about the process to follow if a child goes missing from their care, and shortly before the inspection had received a copy of the MLHA policy on unauthorised absences. However, they highlighted difficulties if a child went missing over a weekend or if other emergencies occurred. Although the Garda Siochana was available, there was no social work service in the area outside office hours, as required by standard 15.9. The lack of out-of-hours support is a serious concern and should be addressed by the HSE nationally as a matter of priority.

General Issues
One foster carer, who cared for pre-adoptive babies, was informed that all associated equipment costs had to be purchased including car seats, buggies and cots. Inspectors were told that this was in keeping with the Department of Health and Children national directive issued in July 2001 in relation to the revised foster care allowance scheme. Inspectors suggest that the HSE nationally should review this issue in partnership with the Department of Health.

There was a lack of clarity about providing funding for children who required expensive orthodontist treatment. Some foster carers believed they had to fund this expense; others sought funding through the HSE. This needs to be clarified for all children in foster care who require orthodontist or other special medical treatment. Inspectors also noted that foster carers did not have a good understanding of their role in giving consent for emergency medical treatment that foster children may require. Link workers should ensure that foster carers are aware of the guidance on consent to urgent medical treatment contained in Appendix 2 of the *National Standards for Foster Care, 2003*.

Foster carers who cared for children for a number of years highlighted the difficulties in seeking parental consent for passports, trips abroad and other legal issues which are not within their control. The HSE should explore the impact of new legislation in the *Child Care (Amendment) Act 2007*, on current practice for children in long-term foster care, and advise foster carers accordingly.

Recommendations:

18. The MLHA should devise placements plans for children in foster care.

19. Nationally, the HSE should ensure that there is an out-of-hours social work service to provide support to foster carers in emergency situations.

20. The MLHA should establish clear procedures for early interventions for placements at risk of ending abruptly.

4 Summary of recommendations

1. Nationally, the HSE should meet the needs of children from different ethnic and cultural backgrounds through training of foster carers and social workers and through the recruitment of foster carers from diverse cultural

backgrounds.

2. **The MLHA should review arrangements for contact with birth families for all children in foster care in the area to ensure it is at the optimal level.**

3. **Nationally, the HSE should ensure that there is a clear and consistent policy for children in care staying over with friends, in accordance with the standard.**

4. **The MLHA should ensure that all children in foster care are given age-appropriate information on their rights and foster care standards.**

5. **Nationally, the HSE should examine the needs assessment process for children to ensure it is effective, informs the care planning, and conforms to the standard.**

6. **The MLHA should give priority to ensuring that all children in foster care have an allocated social worker.**

7. **The MLHA should ensure that all children in foster care have up to date and comprehensive care plans and that reviews occur at least within the minimum time frames required under legislation**

8. **Nationally, the HSE should liaise with the Adoption Board to strategically examine adoption options for children in long-term foster care.**

9. **Nationally, the HSE should ensure that all foster carers have adequate training in child protection and safeguarding practices.**

10. **The MLHA should ensure that:**
    - **all foster carers are informed of records they are required to keep and that these records are monitored,**
    - **all placements are approved by the foster care committee in accordance with the standards,**
    - **there is a complaints process for parents and foster carers, and**
    - **all foster carers have annual reviews in accordance with the standards.**

11. **Nationally, the HSE should:**
    - **ensure foster services are monitored in accordance with the standards,**
    - **develop a protocol for sharing information about child protection concerns and the placement of children in care across all areas,**
    - **audit the current status of all child protection concerns of children in foster care,**
    - **ensure that the child protection system is accessible to children with learning difficulties.**

12. **The MLHA should:**
    - **finalise its policy on allegations against foster carers and ensure it is adhered to in practice,**
    - **ensure that allegations of child abuse are investigated promptly, and**
    - **ensure foster carers' approval status is reviewed in a timely manner following allegations of abuse or neglect in accordance with the standards.**

13. **The MLHA should introduce strict timescales for dealing with the current backlog of foster carer applications in order to comply with the standards.**

14. **The MLHA should plan the recruitment of social workers and foster carers so that it can effectively meet the needs of the children such as siblings and adolescents who require foster care placements.**

15. **The MLHA should ensure that all foster carers are aware of the expectations of their role as required under the *Child Care (Placement of Children in Foster Care) Regulations 1995.***

16. **The MLHA should review its process for carrying out health and safety assessments.**

17. **Nationally, the HSE should ensure that the standard on the length of assessment and notification to carers of an extension of the process is met.**

18. **The MLHA should devise placements plans for children in foster care.**

19. **Nationally, the HSE should ensure that there is an out-of-hours social work service to provide support to foster carers in emergency situations.**

20. **The MLHA should establish clear procedures for early interventions for placements at risk of ending abruptly.**