



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Inspection of the HSE Fostering Service in HSE Dublin North Area

Inspection Report ID Number: 586

Inspection Fieldwork: September 2009 – January 2010

Publication Date: July 2010

Inspection Period: 11/12

*Safer Better Care*



# About the Health Information and Quality Authority

The Health Information and Quality Authority (the Authority) is the independent Authority which has been established under the Health Act 2007 to drive continuous improvement in Ireland's health and social care services.

The Authority was established as part of the Government's overall Health Service Reform Programme. The Authority's mandate extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting directly to the Minister for Health and Children, the Authority has statutory responsibility for:

**Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services).

**Social Services Inspectorate** – Registration and inspection of residential homes for children, older people and people with disabilities. Inspecting children detention schools and foster care services. Monitoring day- and pre-school facilities\*.

**Monitoring Healthcare Quality** – Monitoring standards of quality and safety in our health services and implementing continuous quality assurance programmes to promote improvements in quality and safety standards in health. As deemed necessary, undertaking investigations into suspected serious service failure in healthcare.

**Health Technology Assessment** – Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.

**Health Information** – Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services.

\* Not all parts of the relevant legislation, the Health Act 2007, have been commenced. Those parts that apply to children's services are likely to be commenced in 2010.



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# Executive Summary

## 1 Background

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

The Authority announced an inspection of the HSE foster care services in its Dublin North Area in July 2009 and fieldwork started in September 2009. At the time of the inspection, there were 107 children placed with 99 carers in HSE Dublin North. Thirty-three carers were family members or someone known to the child (known as relative carers). Sixty-six were general carers (known as non-relative foster carers).

The inspection was in two phases. The first phase inspected how the HSE managed and monitored foster care services in the area, and involved inspecting regulatory data for the total group of 107 children. The second phase involved a detailed review of the care of a sample of 15 children in foster care, and their carers, in the Area who were independently selected by the Authority, of whom 12 were interviewed. Where appropriate and relevant the report makes reference to the total group of children in foster care in HSE Dublin North Area.

This report highlights areas where improvements in the service are required, and makes recommendations to enable the HSE to address deficiencies identified (see also Appendix 1). This report should be read in conjunction with the Authority's 2010 reports on HSE foster care services in Dublin North Central (ID number 587) and Dublin North West (ID number 588) which are available on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie).

Inspectors found a good standard of social work practice in the sample group by the children's social worker and link social workers who worked with the foster carers. A cross-section of foster carers, link social workers and children's social workers, as well as HSE senior managers, were interviewed during the inspection to assess the quality and safety of the foster care services provided by the HSE in this Area.

There was evidence of good practice and management in many aspects of the provision of the foster care service in the HSE Dublin North Area.

Inspectors found from the sample that the *National Standards for Foster Care* (2003)<sup>†</sup> were met in relation to children having a positive sense of identity, maintaining contact with family and friends, children's rights, safeguarding and child protection. Standards were mostly met in relation to the social work role and care planning, foster carers' attendance at training and support for foster carers, and the timeframes for completion of the assessment of foster carers by the Area's Social Work Department.

\* Section 41 (a) (i) of the Health Act 2007.

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

## **2 Review of the initial HSE data**

Throughout the report, general and relative foster carers are referred to as carers and where appropriate, a distinction is made between them.

Of the 107 children in foster care, 47% (44) were placed with relative foster carers and 67% (63) were in general foster care placements. Just over half (54) of the children had been in the same foster care placement for over five years. Initial inspection information in the first phase of the inspection indicated that all but six children were assigned a social worker. At the time of the inspection fieldwork, in the second stage of the inspection, all children had social workers.

## **3 Findings**

### **3.1 Findings on the provision of the social work service for children in foster care**

All of the children in the sample group were assigned a social worker and by the second phase of the inspection, all children in foster care in the Area were assigned a social worker. The children in the sample were visited by their social workers regularly and saw them in private as required by regulation. Care planning and reviews occurred in line with the requirements of regulation and were of a good standard. There was evidence that the children's parents and foster carers were consulted in the preparation of the care plan and reviews.

Inspectors found that 91 out of 107 children had an up-to-date care plan. Although statutory reviews had taken place for the remaining 16 children, there were no updated care plans on case files for these children in foster care. Inspectors found that the majority of these care plans were in progress or near completion.

### **3.2 Findings on the role of the link social worker for the foster carers**

All the foster carers in the Area had a link social worker. There was evidence that the majority of carers in the sample had either completed comprehensive assessments or were at an interim level of their assessments. Three out of the five relative carers in the sample had been fully assessed or approved. Inspectors also found that there had been unacceptable levels of delay in completing assessments of foster carers in two cases.

Inspectors were concerned to find a significant delay in the assessment of a relative foster carer. While there were no child safety concerns in this case, the delay was a breach of Regulation 5(c) of the 1995 relative child care regulations and section 14 B 3 and 14b 5 of the National Standards. Inspectors recommended that this be addressed as a matter of priority. It is a requirement under the National Standards that foster carers participate in reviews to ensure continued high quality placements and to identify any areas of training. These reviews were not occurring in HSE Dublin North at the time of the inspection. Inspectors found that there was a poor take up of training for foster carers organised by the foster care team. For the most part, foster carers had access to information, training, counselling and support services. They had good access to link social workers but there was no local out-of-hours on-call service for support and advice.

### 3.3 Safeguarding and child protection

Inspectors found that the safeguarding and child protection standard was met. *Children First: National Guidelines for the Protection and Welfare of Children* (1999) was not being implemented in the Area following an agreement reached between the IMPACT trade union and health service management. However, there were comprehensive child protection policies and guidelines in place and social workers and foster carers were aware of their responsibilities in relation to the protection of the children in their care. Inspectors had concerns about two cases and recommended a review of those. In both cases, the children were from another HSE local health area but had been placed by the HSE with foster carers in the HSE Dublin North Local Health Area. In one case, an allegation was made that one of the children was not being treated with sufficient care and was allegedly being regularly criticised by the foster carer's family. The child was moved to foster carers 70 miles away from their former placement without consulting the link social worker for the family. There was evidence that there had been no efforts made to enquire if there was another short-term place available in the HSE Dublin North Area and there was evidence of poor communication between the respective HSE areas.

Foster carers had good access to their link social worker for supervision and support as well as access to information from social workers about the children's needs. The foster carers' approach to managing behaviours of the children was low key, reasonable and wise. Sanctions were minimal and carers used humour and good relations with the children to encourage positive behaviour.

### 3.4 Governance and management

The foster care service was managed to a good standard. However, the Area did not have an up-to-date register of children in foster care as required by the child care regulations<sup>‡</sup>. The senior local health management<sup>§</sup> team met on a regular basis. There was evidence of service planning and managing risks. The area had developed good policies to support foster care. There was good communication between the teams.

There were no children waiting for a foster care placement at the time of inspection.

The main areas for improvement related to:

- the assessment and approval of relative carers and the transfer of cases between local health areas
- developing updated care plans for some children
- the retrospective assessment and approval of relative carers.

These issues were being addressed by the HSE Dublin North Area at the time of the second stage of the inspection.

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

§ When this report refers to senior managers, it is referring to managers above that of principal social worker level in the HSE.

### **3.5 Day-to-day experiences of foster children in the sample group**

The inspection methodology included a review of a representative sample of 15 children and their carers, based on the profile of the children and independently selected by the Authority.

Inspectors observed that the children's experience of day-to-day life was similar to other children of a similar age. Overall, the inspectors found that the children in the sample group received a good standard of day-to-day care and that they had a sense of wellbeing. They told inspectors that they felt safe and were happy living with their foster carers. They talked about their carers with warmth and a sense of fun. They were very happy with the level of contact they had with their own families. They told inspectors that this was really important to them.

Based on the evidence, the Standard on promoting a positive sense of identity was met overall. All the children in the sample group remained in their locality and attended the same school.

The National Standards require that, as far as possible and in the best interests of children, the HSE identifies possible relative carers for children in need of care, and priority is given to the placement of children in their own locality. Inspectors found that 97 (almost 90%) of children remained in their locality. Inspectors found that 47% of the total group were placed with relatives and most remained in their own schools or another local school.

All of the children in the sample were in full-time education or training. Some of them had had difficulties attending school prior to their placement in foster care and this had been addressed. Inspectors found that, for the children in the sample group, there was a positive emphasis on the value and importance of family contact as evidenced by access with families and assistance with understanding key events in their lives. The children told inspectors that they felt listened to by their carers and social workers.

All the children in the sample knew they could make a complaint and could name either a foster carer or social worker to whom they could bring concerns. In practice, inspectors found that complaints were made and resolved locally.

Primary care in the sample group was good. There was evidence that the carers and social workers were attentive to the health needs of the children in the sample. All the children in the sample had a general practitioner (GP) and access to specialist services was adequate.

## **4 Actions requested of the HSE to date**

During the inspection, the Authority requested the HSE to update all care plans and the HSE complied with this request. Within three weeks of publication of this report, the HSE will provide an updated plan outlining its actions to meet all the recommendations in this report.

## **5 Conclusions**

Based on the evidence obtained in this inspection, the HSE fostering service in the Dublin North Area was a well managed service, staffed by an able, committed and consistent team who impressed inspectors with their child-centred focus and approach to their work. Overall, inspectors found that the majority of the National Standards inspected in relation to foster care were met.

Inspectors commend the social work practice and foster carers in the sample group for creating an inclusive culture of participation and partnership with parents which inspectors found had a positive effect on the children.

Inspectors found a good standard of social work practice in the sample group by the children's social worker and link social workers who worked with the foster carers. The case files of the children in the sample group analysed by the inspectors were found to have a good standard of medical records outlining the children's medical histories, including vaccinations and immunisations. Inspectors viewed this as commendable practice.

Social workers and link social workers in the sample were found to be well informed about the needs of the children and had built up a strong relationship with them. The Authority makes a number of recommendations to enable further improvements to commence.

## **6 Next steps**

This inspection report will be followed up by the Authority to ensure that the recommendations are being implemented. The Authority will monitor progress in meeting these recommendations and previous actions outlined during the inspection.

## Recommendations

The following are the recommendations of the Authority based on the findings of this inspection. National and local recommendations are directed at the HSE. Local recommendations are specifically for the HSE Dublin North Area. Recommendations are made throughout the report and can be found at the end of each section dealing with a specific standard. The summary of recommendations provided below is in keeping with the order of the report. These recommendations should be read in conjunction with the Authority's recommendations on HSE foster care services in Dublin North Central and Dublin North West (ID numbers 587 and 588), which are available on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie). Inspectors found that many of the recommendations listed below were either met or partly met in the Dublin North Area. However, national recommendations emanating from parallel inspections of Dublin North Central Area and Dublin North West Area found deficiencies that may be applicable across all HSE areas, and are therefore included in this report.

### Recommendation 1:

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

#### Regulations: Part IV

##### National and Local

To meet this Standard and the regulations the HSE must:

- ensure that all children in foster care have an assigned social worker
- ensure that assigned social workers coordinate the care of children in accordance with the regulations and National Standards, paying particular attention to the assessment of the needs of individual children, quality care planning and case review and the visiting of children
- ensure that all children aged 16 and over have an aftercare plan and are adequately supported in leaving foster care
- develop, implement and assure the quality and effectiveness of the monitoring of systems that:
  - assess and manage the risk in the cases of children and families, including those awaiting a social work service
  - supervise social workers and social work practices to a satisfactory standard
  - define a significant event, ensure that all significant events are notified to social workers in a prompt manner and that social workers respond to these notifications in accordance with HSE policy.

## Local

To meet this Standard and the regulations, the HSE Dublin North Local Health Area must implement the recommendations above and ensure that:

- children are placed with carers who are chosen for their capacity to meet the assessed needs of the child through the matching process
- all children have an up-to-date-care plan as required by the regulations and the National Standards
- all foster carers receive minutes of statutory care reviews as required by the regulations and National Standards.

## Recommendation 2: Standard 15: Supervision and Support Regulations: Part III and Part IV

### National and Local

To meet this Standard and the regulations the HSE must:

- ensure that all foster carers have an assigned link social worker
- ensure that link social workers carry out their duties in accordance with the regulations and the National Standards, paying particular attention to the formal supervision of foster carers
- agree on and provide core training to all foster carers
- revise contracts with foster carers to ensure compliance with HSE policy generally and attendance at core training in particular
- ensure that assessments for the purpose of matching the needs of individual children with the capacity of foster carers to meet these needs are carried out in accordance with National Standards and HSE policy, and recorded appropriately.

### Local

To meet this Standard and the regulations, the HSE Dublin North Local Health Area must implement the recommendations above and:

- ensure that a review of all foster carers takes place as required by the National Standards, and that the Foster Care Committee is informed of the outcomes
- ensure that all foster carers and children are provided with guidelines in relation to the Child Care (Amendment) Act 2007

- ensure that foster carers and children are made aware of local aftercare services for children approaching 18 years of age and young people who are 18 years and over who have been discharged from care
- ensure that a formal exit interview is conducted with foster carers and the child in all cases where there is a long-term placement termination, and that sufficient supports are made available to foster carers who would like this support
- ensure there is an out-of-hours social work service to provide support to children in care and carers in emergency situations
- review how training is provided to all foster carers and address the low uptake and attendance at training provided to them by the Area.

### **Recommendation 3:**

#### **Standard 14(a): The Foster Carers (non-relative)**

#### **Regulations: Part III s.5 (2)(a)(b)(c)(d)**

##### **National and Local**

To meet this Standard and the regulations the HSE must:

- approve and implement a model of assessment for non-relative foster carers, and provide clear guidance on the content and structure of assessment reports provided to the Foster Care Committee(s) by link workers
- satisfy itself that all non-relative foster carers are assessed and approved in accordance with the National Standards and the regulations, and are carried out within the statutory timescales as a matter of priority
- ensure that any deficiencies in the vetting of existing non-relative foster carers are identified and addressed in an effective way.

##### **Local**

To meet this Standard and the regulations, the HSE Dublin North Local Health Area must implement the recommendations above and:

- ensure that where there is a delay in the completion of the assessment of non-relative foster carers, carers are kept informed as required by the National Standards.

## **Recommendation 4:**

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

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

#### **National and Local**

To meet this Standard and the regulations the HSE must:

- approve and implement a model of assessment for relative foster carers and provide clear guidance on the content and structure of assessment reports provided to the Foster Care Committee(s) by link workers
- ensure that all relative foster carers are assessed and approved in accordance with the National Standards and the regulations and within the statutory timescales
- as a matter of priority, ensure that any deficiencies in the vetting of existing relative foster carers are identified and addressed in an effective way.

#### **Local**

To meet this Standard and the regulations, the HSE Dublin North Local Health Area must implement the recommendations above and:

- ensure that where there is a delay in the completion of the assessment of relative foster carers, carers are kept informed as required by the National Standards.

## **Recommendation 5:**

### **Standard 10: Safeguarding and Child Protection**

#### **Regulations: Part II**

#### **Child Care Act, 1991: Part II**

#### **National and Local**

To meet this Standard and the regulations the HSE must:

- ensure that any and all protective measures taken by the HSE Dublin North Local Health Area in relation to *all children* in its care and *all additional children known to* the Area:
  - are adequate
  - keep children safe and protected
  - have addressed all concerns notified to the Area

- develop, implement and monitor safe, effective and robust systems that ensure that foster carers found to be unsuitable to care for children do not have children placed with them, and that all relevant parties are notified of their unsuitability
- develop and maintain a national register of all allegations made by children against foster carers
- ensure that foster carers and children's individual case files contain records of notifications of alleged abuse by foster carers to the Garda Síochána, outcomes of any criminal investigations conducted by the Garda Síochána, and any other protective measures taken by the HSE to ensure the protection of individual children
- implement *Children First: National Guidelines on the Protection and Welfare of Children* and the National Standards in all regions (including those issued by Ministers and produced by the Authority subsequent to this inspection)
- introduce a model of risk assessment that takes into account the potential for peer abuse in each new admission to a foster home
- ensure that in any respite or childminding arrangements social workers know exactly who is looking after a child in care and ensure that appropriate steps are taken to assess his/her suitability.

### Local

To meet this Standard and the regulations the HSE Dublin North Local Health Area must implement the recommendations above and:

- review the placement of one child
- ensure that the Child Care Manager is notified of all allegations in the Area, irrespective of who placed and supervises the children
- ensure that the Child Care Manager is notified of any complaints or concerns about a foster family in the Area
- investigate further an allegation of assault made by one young person in foster care in the Area.

## Recommendation 6:

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

#### Regulations: Part IV s.12, 13, 17 and Part VI

#### National and Local

To meet this Standard and the regulations the HSE must:

- ensure that foster care services are managed in accordance with legislation, the regulations and National Standards and are child centred in every aspect of their delivery

- review the governance of all social work departments in order to satisfy itself that they:
  - are fit for purpose
  - have high quality leadership
  - have suitably qualified staff
  - have a senior managerial structure to which they are accountable and which provides clear support to them in the execution of their duties
- establish a *national* register of all foster carers and introduce appropriate systems that ensure it is:
  - accurately maintained
  - dependable
  - up to date
  - contains names of any carer(s) found to be unsuitable to care for children
- ensure that all foster carers are approved on the basis of a thorough registration process in the case of first time applicants and that registration status is verified for all other applicants
- ensure that no child is placed with a carer who is not registered
- establish a national register of all children in foster care and introduce appropriate systems that ensure it is:
  - accurately maintained
  - dependable
  - up to date
- review and amend as necessary the systems for collecting, recording, filing, day-to-day storage of and archiving of information on children and families so that all records are accountable, coherent, complete, secure, up to date, reflective of practice, maintained in accordance with legislation and accessible to those with a right to access them
- introduce governance and management systems to quality assure the information systems implemented, and all information held by the HSE in relation to children and families
- ensure and demonstrate the effective monitoring of foster care services by the HSE appointed Monitoring Officer, and take any actions necessary to address any shortcomings
- review the HSE policy on supported lodgings and undertake an audit nationally to ensure the safety and welfare of all children in supported lodgings
- review and implement the HSE's national policy on the transfer of children's cases across HSE areas.

## **Recommendation 7:**

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

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

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

#### **National and Local**

To meet this Standard and the regulations the HSE must:

- review the functions of the Foster Care Committee(s) to ensure that it:
  - maintains an up-to-date panel of all foster carers
  - contributes to foster care service planning
  - functions effectively and efficiently
  - is child centred
  - has defined duties in respect of allegations made against foster carers.

#### **Local**

To meet this Standard and the regulations, the HSE Dublin North Local Health Area must implement the recommendations above and:

- ensure that senior managers receive minutes of the Foster Care Committee's meetings.

## **Recommendation 8:**

### **Standard 2: Family and Friends**

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

#### **National and Local**

To meet this Standard and the regulations the HSE must:

- ensure that all children are aware of their care status and family background. Where this is not the case, the HSE must satisfy itself that decision-making is transparent and based on a robust risk assessment, is lawful and is recorded on the child's case file
- satisfy itself that any risk assessment model used by the social work department is robust enough to ensure that the decision to take any child into care is based on his/her need for care and protection
- as a matter of priority, review access arrangements for children not assigned a social worker.

## **Recommendation 9:**

### **Standard 1: Positive Sense of Identity**

#### **Regulations: Part III (s.8)**

#### **National and Local**

To meet this Standard and the regulations the HSE must:

- develop practice standards for all social work departments that are child centred, respectful and responsive to need
- develop a policy that prevents the changing of children's names whilst they are in foster care without the authority of a court
- ensure that each child's case record has a copy of his/her birth certificate and that all records refer to the child by the name on the birth certificate
- develop a non-discriminatory policy on the care of children with disabilities that makes clear to social workers their role and responsibilities to them
- develop policies and clear practice guidelines for social workers on the promotion and facilitation of the child in care's right to access information about services and about his/her own life history
- ensure that social workers are always aware of who is looking after the child in foster care and ensure that the appropriate checks are undertaken.

#### **Local**

To meet this Standard and the regulations the HSE Dublin North Local Health Area must implement the recommendations above and:

- ensure that one young person has access to specialist support services.

## **Recommendation 10:**

### **Standard 2: Children's Rights**

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

#### **National and Local**

To meet this Standard and the regulations the HSE must:

- ensure that there is a robust complaints process in place which children and foster carers have confidence in
- ensure that the needs of all children with disabilities are assessed and addressed immediately, paying particular attention to providing a supportive framework for foster carers that enables them to care and provide for these children in an effective manner

- ensure that children have access to their case files and this access is encouraged and facilitated as appropriate
- ensure that all children in care are made aware of their rights, and that all foster carers and social workers are clear of their duty to promote, protect and facilitate them
- ensure that complaints made by children in foster care are centrally recorded and that the complaints system is regularly monitored.

## **Recommendation 11:**

### **National**

The Board of the HSE should nominate a national director with direct accountability and authority for the provision, by or on behalf of the HSE, of safe and high quality services for children.

## **Recommendation 12:**

### **National**

Progress made against the implementation of the recommendations contained in this report, and the findings of associated reviews requested by the Authority, should be reported to the Board of the HSE, the Authority, Minister for Children and Youth Affairs, and published.

# 1 Introduction to foster care

International research demonstrates that it is best for children to grow up in a family environment, and foster care is considered the preferred option for children who cannot live with their own family. The great majority of children in the care of the Health Service Executive (HSE) who require a care placement are placed in foster care, which is provided for in the Child Care Act, 1991 and regulated through the child care regulations (as defined below). Under the Child Care Act, 1991, the HSE is responsible for:

- promoting the welfare of children
- identifying those at risk
- providing services to support the families of those children whose parents are having difficulty in meeting their needs
- arranging alternative care for those children whose parents cannot care for them, or cannot care for them safely.

The HSE can, and does, assign responsibility for providing services to children and families to other non-statutory agencies. However, only the HSE has the statutory authority to receive a child into care and to prepare a care plan for the child. Once the child is in the care of the HSE, on either a non-statutory or statutory basis, the HSE has responsibility for that child's care, welfare and upbringing. Reception into care can be triggered by a crisis, such as the death of a parent, or a disclosure of serious abuse. Often it comes about after a series of interventions aimed at supporting the parents to look after the child. Children should only be received into care when all other appropriate avenues have been exhausted.

Children who are received into the care of the HSE are generally placed:

- with relatives (known as relative foster care)
- with general foster carers (known as non-relative foster carers)
- in children's residential centres.

Most children are placed in family situations, with either relative or general foster carers. The HSE's *Review of Adequacy of Services for Children and Families 2008* stated that 90% of children in its care nationally were in foster care, approximately one-third of these were in relative foster care and two-thirds were in general foster care placements at that time.

The HSE has statutory responsibilities under the Child Care Act 1991 and supporting child care regulations for children in foster care. These responsibilities are set out in the Child Care (Placement of Children in Foster Care) Regulations 1995 and Child Care (Placement of Children with Relatives) Regulations 1995 (referred in this report as the child care regulations).

Under the Child Care Act, 1991, it is the function of the HSE (formerly the health boards) to promote the welfare of children who are not receiving adequate care and protection. Promoting the welfare of children who are not receiving adequate care and protection is to be done initially by the provision of child care and family support services. However, where the HSE identifies a child who is unlikely to receive adequate care and protection at home, it has a duty under the Act to bring the child into its care. Among other things, the child care regulations require that the HSE:

- assess the suitability of carers before the child is placed (Regulation 5)
- approve foster carers and place them on a panel of HSE foster carers
- visit the child on a regular basis in order to ensure that the child is being cared for safely and well (Regulation 17)
- develop a plan for the care of the child (Regulation 11)
- review the care of the child at regular intervals (Regulation 18).

## **1.1 The Authority's inspections of foster care services**

The child care regulations are supported by the *National Standards for Foster Care* (2003). The Social Services Inspectorate (SSI) of the Health Information and Quality Authority is authorised by the Minister for Children and Youth Affairs under section 69 of the Child Care Act, 1991 to inspect foster care services provided by the HSE and to report on findings to the Minister for Children and Youth Affairs. This reports sets out the findings of an SSI inspection of foster care services in the HSE Dublin North Area.

## **1.2 Regulations governing the recruitment and assessment of foster carers**

The 1995 child care regulations require that foster carers, including relative foster carers, undergo a period of assessment and that they are subsequently recommended for approval by a foster care committee, which includes people with expertise in child welfare and a knowledge of foster care. In an emergency, the principal social worker may approve a placement with a relative (as defined by the child care regulations), as an interim approval. The child care regulations require the HSE to carry out an assessment of the carers and the placement no more than 12 weeks after the emergency placement. The HSE assigns a social worker, known as a link worker, to each foster carer. The role of link worker is to assess applicant carers, and provide training, supervision and support to approved foster carers.

### 1.3 Assessment of foster carers

The process by which relative foster carers come to look after children on behalf of the HSE differs in most instances from that by which general foster carers come to do so. When a member of the general public wishes to become a foster parent in a fostering service provided by the HSE, they approach the local social work department, go through a period of assessment and training and are then considered by a foster care committee for approval. The child care regulations require that potential foster carers, including relative foster carers, to undergo a period of assessment. The assessment should be completed within 16 weeks. Assessment of the foster carer, and the foster home, is conducted by a social worker, usually the link social worker. References, and medical and Garda Síochána checks are required for all foster carers. Garda checks are also required for each adult living in the foster home.

Each HSE foster care service is required, under the child care regulations, to establish a committee composed of persons with expertise in the welfare of children and knowledge about foster care. This committee – known as the foster care committee and comprising professionals such as directors of public health nursing, social care managers and social workers, and which includes people with expertise in child welfare and foster care – recommends for approval or rejection applications to become foster carers based on the social worker’s assessment and other relevant information. The committee specifies the conditions under which approved carers may have a child placed with them.

### 1.4 Placement of children in foster care

The committee also approves the placement of each individual child. Once approved, a child is placed with foster carers only after a period of careful selection and matching of the child’s needs to the foster carers’ characteristics, interests and abilities, location, and any other conditions specified by the foster care committee. Sometimes general (non-relative) carers have children placed with them while they are still being assessed. This contravenes the requirements of the child care regulations but occurs in emergency situations where no other option is readily available to the social work department.

Faced with a situation where a child has to leave or be removed from his/her parent/s and be received into care, the HSE social work department will often look to the child’s extended family to see if there is somebody who is prepared to look after the child. This is generally regarded as good practice as it is appropriate that the child goes to someone s/he knows, preferably in his / her own community, so that school attendance and normal routines can be easily maintained. In these situations, a joint initial assessment of the potential relative carer is undertaken by the assigned social worker and family social worker in conjunction with the fostering link worker. The arrangement has to be approved by the principal social worker and/or the general manager for the area before undergoing a full assessment by the foster care team within 12 weeks, as required by the child care regulations.

Because relative foster carers are often recruited in an emergency, the principal social worker can approve the placement with a relative pending the full assessment of the relative foster carers.

Under the regulations, the HSE is required to select foster carers that have the capacity to meet the needs of the children concerned. Where a placement is for more than six months, the child's social worker must conduct a detailed review of the suitability of the placement for approval by the foster care committee.

## **1.5 Social work visits**

Under the child care regulations, the HSE must ensure that the child is visited on a regular basis by an authorised person. The HSE has assigned this duty to social workers. The child care regulations specify that for the first two years of a placement the child should be visited no less than once every three months. After this the child should be visited no less than once every six months. These are the minimum requirements to visit. These visits are to ensure that the child is being cared for safely and well.

## **1.6 The care plan**

Under the child care regulations, within specific timeframes, the HSE must prepare a plan for the care and upbringing of the child. This plan is known as a care plan. The child care regulations detail what a care plan must include. In situations where a placement is made in an emergency, the care plan must be prepared as soon as possible after the placement.

## **1.7 Care plan review**

All children in care must have their case and their care plan reviewed at the frequency required under the child care regulations. The frequency for review, under the child care regulations, should be as often as necessary and cannot be less than once every six months for the first two years of a placement, and after this no less than annually.

## **1.8 Supervision and support of foster carers**

Under the National Standards, the link worker (the social worker assigned to the foster carer) has the key role on behalf of the HSE for the provision of support to the foster carer and for his/her supervision.

## **1.9 Payments to foster carers**

Under the child care regulations the HSE enters into a contract with foster carers in respect for any child placed with them, which includes the responsibilities of both the HSE and foster carers for the child. A signed copy of this contract for each child is provided to the carers. Foster carers are paid a foster care allowance for each child placed with them. The foster care allowance at the time of inspection was €325 per week per child aged 12 and under and €355 per week per child aged over 12 years of age.

## **1.10 Additional duties of the HSE in relation to record keeping**

The child care regulations state in detail how case records for each child in foster care should be maintained and what they should contain.

In addition to individual case records for each child, the HSE must also maintain a register of all children placed in foster care in the area. The register should include the child's details, the parents' details, the foster parents' details and the date of placement. The register and case files should be up to date and kept in perpetuity. Each local health area is also required to maintain a panel of foster carers. This panel is essentially a list of foster carers that have been approved and assessed to care for children.

## 2 Methodology

The Social Services Inspectorate (SSI) of the Health Information and Quality Authority announced an inspection of the HSE foster care services in the HSE Dublin North Area in July 2009 and fieldwork started in September 2009. The inspection was carried out against the relevant child care regulations and 10 key representative Standards from the *National Standards for Foster Care* (2003), as listed below, which capture the majority of the quality and safety issues in all 25 of the National 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
- Standard 18:** Effective policies
- Standard 19:** Management and monitoring
- Standard 23:** The Foster Care Committee

Table 1 on page 9 sets out the methodology, used by the Authority during the inspection, which was in two phases. The judgments of inspectors are based on an analysis of findings verified from more than one source of evidence gathered through documentation review, interviews, and analysis of data provided by the HSE.

It is important to note that the experiences of other foster children and their carers may differ from the experiences related in this report.

### 2.1. First phase of the inspection

The first phase inspected how the HSE managed and monitored foster care services for all children. For this stage inspectors examined the:

- data provided by the HSE on all 107 children in foster care in HSE Dublin North including information on the regulatory requirements of care planning and the assigning of social workers to children
- data provided by the HSE on relative foster carers and general (also known as non-relative) foster carers
- response from the Chairperson of the HSE Dublin North Foster Care Committee to a questionnaire
- HSE policies and procedures for foster care
- reports from the HSE Monitoring Officer for Foster Care.

During this phase, the senior HSE management in the local health area were interviewed about the provision and management of foster care services. This included the capacity of the foster care service to meet the needs of children and how the HSE monitored the quality of its service to these children. Inspectors interviewed the:

- Fostering Team Leader
- Social Work Team Leader, Policy and Procedure
- Principal Social Worker
- HSE Monitoring Officer for Foster Care
- Chairperson of the HSE Dublin North Foster Care Committee.

The fieldwork for the first stage of the inspection took place between 7 and 21 September 2009. As inspectors could only examine the evidence that was provided in the HSE files at the time of the inspection fieldwork, it was judged (unless inspectors were told otherwise) that all files were up to date, and any actions required by social workers had not occurred if they were not recorded on the file.

## **2.2. Second phase of the inspection**

The second phase involved a detailed review of the care of a sample of 15 children in foster care, independently selected by the Authority as representative of foster children in the Area. This sample was based on the profile of the children in foster care (for example, age, gender, length of time in placement). Of these, 12 were interviewed by inspectors. The sample group's foster carers, social workers and link social workers – who support foster carers – were also interviewed to assess the quality of foster care provided to them. Seven birth parents were also interviewed. Inspectors examined the following documentation for these children:

- sample data on 15 children in foster care
- sample data on 19 foster carers
- statutory care plans and care plan review minutes for sample group
- files of the children
- questionnaires completed by social workers and link social workers for the children and carers.

Inspectors also inspected the child protection system for children in foster care in this phase and examined the following information for all children in foster care:

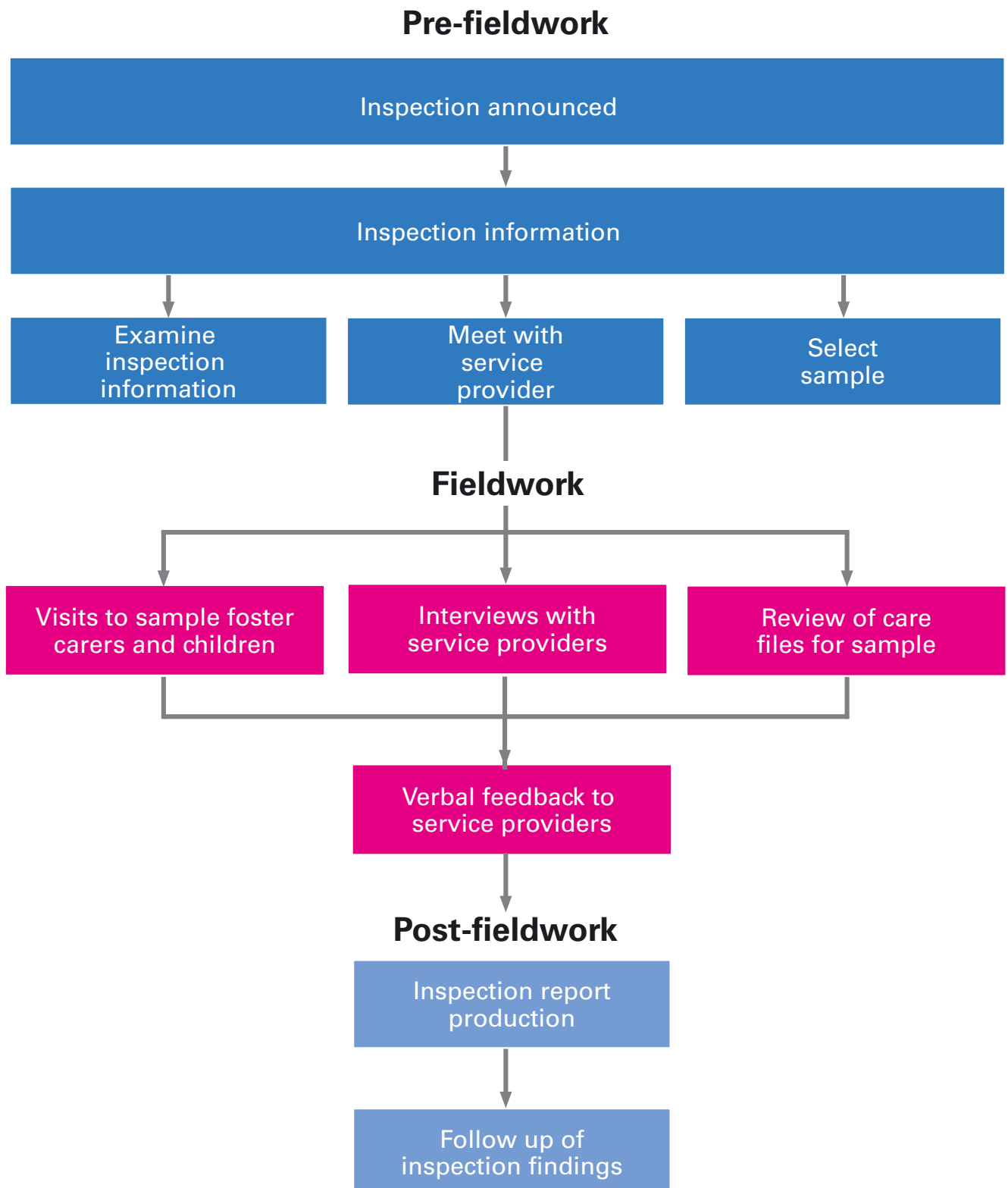
- child protection concerns or complaints related to children in foster care in the 12 months prior to inspection (10)
- complaints made by the children in foster care in the 12 months prior to inspection (two).

Inspectors undertook the fieldwork for this phase of the inspection between 7 December 2009 and 29 January 2010, which included interviews with the following:

- 12 of 15 children in the sample group of children in foster care
- 7 birth parents of 10 of the children in the sample
- 18 of 19 general and relative foster carers
- 10 social workers
- 8 link social workers assigned to all foster carers in the sample
- Fostering Team Leader
- Social Work Team Leader, Policy and Procedure
- Principal Social Worker
- Child Care Manager
- General Manager
- Local Health Office Manager.

Inspectors informed all children in foster care by letter, through their foster carers in HSE Dublin North Area, about the inspection that was taking place. Inspectors visited the foster households of 13 of the children in the sample. This was arranged in conjunction with the social worker and carers by offering to meet at their convenience either during the evening or at the weekend. The visits were generally about two hours' duration. During this time inspectors met with the carers and children and in some cases spoke to the carers' own children. Inspectors also viewed the foster children's sleeping accommodation.

**Table 1: Methodology used by the Authority for the inspection of HSE foster care services in HSE Dublin North Area**



## **2.3 Acknowledgements**

The Authority would like to thank the children, birth parents and foster carers for their openness and courtesy during the inspection process. Inspectors wish to express their gratitude for the friendly way they were welcomed into foster carers' homes, thank birth parents for their support and acknowledge the level of cooperation of social workers and senior managers in the HSE Dublin North Area.

### 3 Profile of foster care services in HSE Dublin North Area

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

Local Health Office Dublin North Area provides services to the communities of the district of Dublin City North and the Fingal district stretching along the coastline from Raheny, Sutton, Howth, Portmarnock, Rush, Skerries to Balbriggan. Inland, it encompasses Donaghmede, Coolock, Darndale, Swords, Ballboughal, Oldtown, Garristown and the Naul.

HSE data in Table 2 below and Chart 1 on the next page indicates that in 2008, 103 (2%) of the 4,742 children in foster care nationally were in HSE Dublin North.

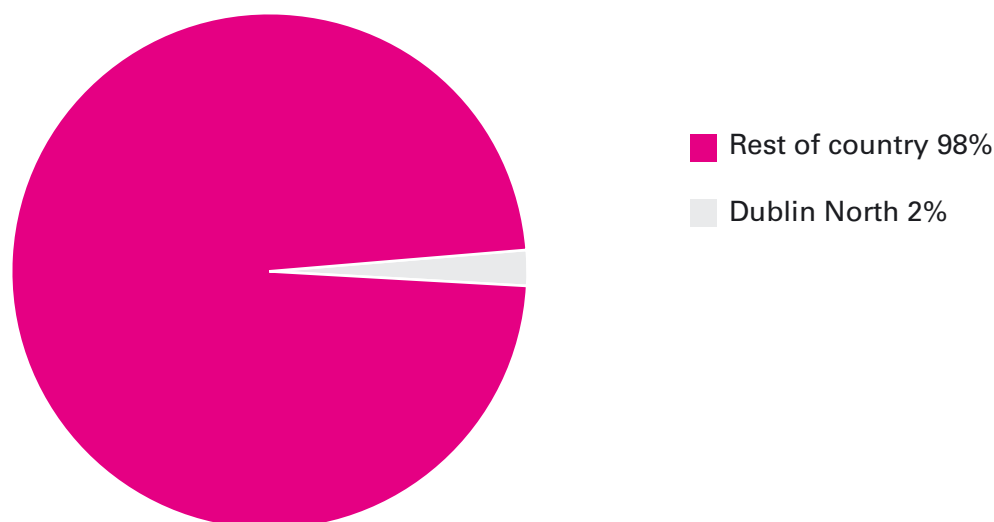
This data shows that the percentage of children placed in foster care in this Area was considerably lower than other HSE local health areas such as Dublin North Central and Dublin North West.

**Table 2: Population of children in foster care in HSE Dublin North Area in 2008\***

	National	HSE Dublin North Area
<b>Number of children in care 2008</b>	<b>5,347</b>	<b>137</b>
Number of whom in foster care	4,742	103
Percentage of whom in foster care	89%	75%
<b>Number of admissions to care 2008</b>	<b>2,013</b>	<b>108</b>
Number of whom were to foster care	1,585	80
Percentage of whom were to foster care	79%	74%

\* Source: HSE *Review of Adequacy of Services for Children and Families 2008*

**Chart 1: Percentage of foster children in HSE Dublin North compared to the rest of Ireland in 2008\***



\* Source: HSE *Review of Adequacy of Services for Children and Families 2008*

There were seven social work teams in the HSE Dublin North Area which were managed by seven team leaders and one principal social worker. The organisational structure of the social work teams is outlined in Appendix 2 on page 49. All teams had responsibility for children in foster care as well as children and families in the community. The fostering team also carried a caseload for children in the community and a search and reunion caseload for St Louise Adoption Society. One social work team leader post worked on the development of policies and procedures in social work practice.

Thirty-four social workers filled 30 social work posts. The fostering team had one team leader and eight social workers in four social work posts (three posts were shared between six social workers).

### **3.1 HSE Monitoring Officer for Foster Care**

There was one HSE Monitoring Officer for Foster Care in HSE Dublin North who also had responsibility for the monitoring of HSE foster care services in two other local health areas. The role of the HSE monitoring officer is to report, at a minimum, annually on the compliance of the HSE with foster care standards and child care regulations to the relevant local health management. The monitoring officer was managed separately from the line management in HSE Dublin North and reported directly to a senior manager in child care. The Monitoring Officer also has responsibility for monitoring all placements with non-statutory providers, of which there are currently five agencies. The HSE Monitoring Officer provided reports to inspectors from 2007 and the findings are referred to in this report.

## 4 Findings

This section sets out the Authority's findings in relation to its inspection of foster care services in the HSE Dublin North Area under the following themes:

- initial review of the HSE data
- findings in relation to the role of the social work service for children in foster care
- findings in relation to the provision of the link social worker for the foster carers
- child protection and safeguarding
- governance and management
- day-to-day experiences of foster children in the sample group.

### 4.1 Review of the initial HSE data

The HSE provided information on 107 children in foster care in Dublin North Area as of 30 June 2009 (57 boys and 50 girls). There were 18 sibling groups comprising 41 children in total. Fifteen sibling groups were placed together. Sixty-one of the children were in voluntary care and 46 were on a care order. Sixty-three children were living with general foster carers and 44 were with relative foster carers. At the time of the inspection, 101 of the 107 children in foster care were assigned a child and family social worker and six were not. Inspectors found that 54 (57%) the 107 children in foster care had been living in their foster placements for over five years.

#### 4.1.1 Sample group of foster children

Children and their carers are not identified in children's inspection reports in order to protect their privacy. The profile of the sample of 15 children in foster care included five who were placed with relatives and 10 who were not. The ages of the children in the sample varied from young children to teenagers. All of those in the sample were assigned a social worker and had comprehensive care plans. The majority of them were placed with carers who were assessed, and four were placed with unapproved carers<sup>1</sup>. Of the sample group, 10 children were with general foster carers and five children were placed with relative foster carers. Nine children were in voluntary care and six had care orders. Inspectors met with children and their carers to assess the quality of care provided to them. Eight of the children had no previous placements, four had one previous placement and three had two or more previous placements. Of the foster carers in the sample group, all except one had their fostering assessments reports complete.

#### 4.1.2 Profile of the foster carers

Of the 99 carers, 33 were relative foster carers and 66 were general foster carers. Four of the foster carers in the sample group were single carers looking after a total of five foster children. The majority of the 99 carers were assessed. At the time of the commencement of the inspection, 15 relative foster carers had not completed their

<sup>1</sup> Under the child care regulations the HSE is required to assess the suitability of candidates to be foster carers or relative carers

assessment. All relative foster carers and general foster carers were assigned a link social worker.

## 4.2 Findings on the provision of the social work service for children in foster care

Under the child care regulations, each child in foster care should be assigned a social worker. The social worker's primary role is to ensure that the welfare of the child is promoted and that all reasonable safeguards are in place. Any concerns about child protection should be responded to promptly.

The social worker is required to meet the child in private. This allows the child to have an opportunity to talk openly about his/her care and disclose any concerns they may have. It is one of the main ways the HSE assesses that the welfare of a child is promoted and that they are protected from abuse.

To examine this aspect of the service, inspectors assessed the service's performance against Standard 5 of the *National Standards for Foster Care* as outlined below:

### Standard 5

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

The Standard was assessed against data initially provided to the Authority by the HSE Dublin North Area and the inspectors' review of the sample of children in foster care in the Area.

This Standard was mostly met.

#### 4.2.1 Findings from the review of data from the HSE on social workers for children

The child care regulations outline the statutory duties of the HSE in ensuring the safety and welfare of children in their care. Part IV, Article 17 (1) defines the requirement for a child to be visited in their placement within specific timeframes by an authorised person to ensure that the placement is in compliance with the child care regulations. In practice, this "authorised" person is their social worker. When there is no social worker assigned to a child then it is possible that children have not been visited and that the HSE cannot satisfy itself that all of these children are being cared for safely and well.

#### 4.2.2 Information from HSE data – allocation of a social worker

Inspectors were told by the Principal Social Worker that children in care and children under five years were prioritised for a social worker. This was reflected in practice through information from the HSE which showed that on 30 June 2009, 101 children out of 107 were assigned a social worker. Six were not. All children were assigned a social worker by the second stage of this inspection in December 2009.

### 4.2.3 Foster children sample – allocation of a social worker

All the children in the sample group were assigned a social worker. Inspectors found that there was a good standard of social work practice. The social work and foster care teams (link social workers team) were well organised. There was monthly formal supervision with each social worker by the team leaders. Both teams had qualified and experienced staff.

On average, each social worker who was interviewed as part of the sample group had been on the team for four years. There were monthly team meetings and monthly meetings of the senior management team. Social workers interviewed by inspectors presented as motivated, committed and competent, with a comprehensive knowledge of the children under their supervision. The length of time that they were social worker to the child varied between six months and six years. Social workers interviewed informed inspectors that in their view the children were in a safe and loving placement as evidenced by the fact that they were happy and thriving at school and had friends.

Children interviewed by inspectors said they had a good relationship with their social workers and described them as supportive, helpful and committed to their wellbeing and happiness. All the children had their social worker's work mobile phone number. There was evidence that the social workers managed their cases well and coordinated inputs from other agencies and professionals. They visited the children on a regular basis (between two to six weeks), depending on the needs of the child, and met with the children in private as required by the child care regulations and the National Standards.

### 4.2.4 Examples of good practice

Inspectors found that there was a strong culture of child centeredness at every level throughout the management and staff team. This manifested itself in social work decisions. For example, one social worker had to transfer his/her caseload following a promotion. A child that he/she had supervised for a number of years who had difficulties adjusting to change for developmental reasons, became upset and requested that his/her social worker remain. A decision was made that the team leader remained as the supervising social worker in this case. The child told inspectors that he/she had been listened to and his/her wishes had been respected. This decision had made the child happy. The foster parents told inspectors that this was a significant decision in supporting this placement.

Another young person told inspectors that he/she had been assigned a new social worker who had replaced a social worker he/she had been involved with for most of his/her young life. Some months later he/she suffered a significant bereavement. The previous social worker returned to attend the funeral. Afterwards, his/her previous social worker in consultation with his/her current social worker called in to see him/her at home on three consecutive days to offer support and sympathy. This young person told inspectors that he/she found this contact a great support and consolation in coming to terms with his/her sad loss. The significance and value of the social worker's contact was reiterated by the young person's foster carer who said the social worker dealt with the situation in an exceptionally sensitive manner.

Whereas the foster family have a social worker called a link social worker, the child and the birth parent generally share the same social worker. Seven birth parents described their relationship as one of partnership between the foster carers, the social workers and themselves in the care of their children. One birth parent said his/her social worker "would do anything to help you, she genuinely wants the best for the children." They said that they felt consulted about the care of their children and were encouraged by the social workers to express their views at statutory reviews and other significant meetings. Foster parents told inspectors that they found the social workers skilled and committed to the children, forever supporting them and finding creative ways to address difficulties that the children were experiencing.

Social workers and foster carers were clear about reporting arrangements in relation to significant events regarding the children. Foster carers told inspectors that they would report anything of significance to both the link social worker and the family social worker. There was evidence that social workers were clear about their role in relation to any child safety or protection concerns.

#### **4.2.5 Information from HSE – statutory care planning and reviews**

The care planning process guides social workers in their work with the child. Each child should have a care plan developed shortly after they are placed in care as it identifies the needs of the child and actions required to meet these identified needs. The children, their families and their carers are required to be consulted as part of the care planning process.

Under Part IV, Article 18 of the child care regulations 1995, a person authorised by the HSE has responsibility to review the care plan and ensure that the needs of the child continue to be met by the placement. In this instance, the authorised person is a HSE appointed social worker. These regulations outline the key requirements of the care planning review process including their frequency, information required, arrangements for visits with family members and whether it would be in the child's best interest to return to their birth parents' care.

Inspectors found that 91 out of 107 children had an up-to-date care plan. Although a statutory review had taken place for the remaining 16 children, they did not have an amended care plan following the review. Inspectors found that all of these care plans were updated by the second stage of inspection in December 2009.

#### **4.2.6 Foster children sample – statutory care plans and reviews**

The standard of care planning was met. All the children in the sample group had comprehensive up-to-date care plans and care plan review meetings had been held in accordance with the child care regulations. There was evidence of good consultation with and participation by children, their parents and foster carers. If a child needed a service that was not publicly available, senior management were clear that they would pursue the service privately if this was deemed in the best interests of the child. There was evidence of good inter-professional relationships at review meetings and all specialist services were accessed as required generally. Parents said they received copies of the minutes of the child-in-care review meetings. Two foster carers told inspectors they did not receive care review minutes.

#### 4.2.7 Information from HSE data – matching of foster children with foster carers

The purpose of the matching process under the National Standards is to endeavour to place children with foster carers who have the capacity to meet the assessed needs of the child.

When a decision is made to place a child with foster carers for longer than six months it is the role of the child's social worker to complete a detailed report of the child's life history and needs. This is known as a "Form E" in the model used by this HSE Area. Alongside this process the link social worker completes an assessment of the foster carers and both reports are presented to the Foster Care Committee for approval.

Inspectors were provided with information by the HSE Area that there were 23 children in HSE Dublin North who had been in their placements for over six months and had not undergone this matching process. This should be addressed by the HSE.

### Recommendation 1:

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

##### Regulations: Part IV

##### National and Local

To meet this Standard and the regulations the HSE must:

- ensure that all children in foster care have an assigned social worker
- ensure that assigned social workers coordinate the care of children in accordance with the regulations and National Standards, paying particular attention to the assessment of the needs of individual children, quality care planning and case review and the visiting of children
- ensure that all children aged 16 and over have an aftercare plan and are adequately supported in leaving foster care
- develop, implement and assure the quality and effectiveness of the monitoring of systems that:
  - assess and manage the risk in the cases of children and families, including those awaiting a social work service
  - supervise social workers and social work practices to a satisfactory standard
  - define a significant event, ensure that all significant events are notified to social workers in a prompt manner and that social workers respond to these notifications in accordance with HSE policy.

##### Local

To meet this Standard and the regulations, the HSE Dublin North Local Health

Area must implement the recommendations above and ensure that:

- children are placed with carers who are chosen for their capacity to meet the assessed needs of the child through the matching process
- all children have an up-to-date-care plan as required by the regulations and the National Standards
- all foster carers receive minutes of statutory care reviews as required by the regulations and National Standards.

### 4.3 Findings on the provision of link social workers for the foster carers

Each foster carer should be assigned a social worker known as a link social worker to supervise and support them. Under the Standards, the link worker has the key role on behalf of the HSE for the supervision and support to the foster carer. Link social workers should meet with foster carers and their children on a regular basis. They should ensure that foster carers understand, accept and operate within all relevant standards, policies and guidance of the HSE. Consequently, inspectors assessed the service's performance against Standard 15 of the *National Standards for Foster Care*:

#### Standard 15

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

Standard 15 was mostly met.

Inspectors received written information, verified by interviews with senior managers, that all 99 carers were assigned a link social worker. The link social worker visited the foster carer on a regular basis ranging from weekly to six weekly depending on the needs of the situation. Inspectors found there was good communication between the link social worker and the children's social worker. This was enhanced by the fact that the child and family social workers and the link social workers shared the same office building. For the most part, foster carers had access to information, training, counselling and support services and good access to link social workers. However, there was no local out-of-hours on-call service for support and advice.

### 4.3.1 Foster children sample – designated link social worker

Inspectors interviewed 18 carers from the sample group and found that the majority of link social workers were valued by the foster carers. Foster carers had a clear understanding of the role of the link social worker in supervising and supporting them in their care of the children. There were clear written protocols which defined the role of the link social worker and the role of the child and family social worker. This was understood by foster carers and there was evidence of accountability between the foster carers and link social workers. Inspectors found from the sample of carers, that this accountability and support occurred in practice. Carers told inspectors that they found their link social worker accessible and supportive and responsive to any concerns they had about the placement. They were also in regular contact by phone. The link social workers also had a practice of meeting with the foster carers' children. Carers told inspectors that this aspect of supervision was important as it helped them be mindful of the impact that fostering had on their own children. The children of three foster carers told inspectors that they found their link social worker approachable, easy to talk to and they liked to tell him/her how things were going.

### 4.3.2 Review of foster carers

It is a requirement under Standard 17 of the *National Standards for Foster Care* that foster carers participate in reviews to ensure continued high quality placements and to identify any areas for training. The Foster Care Committee is required to be notified of the outcome of these reviews, thus ensuring significant quality control of services to children. These reviews were not occurring at the time of inspection.

Most foster carers were aware of the Child Care (Amendment) Act 2007 which allows long-term foster carers, where a child is in their care for over five years and on a statutory care order, to give consent in matters affecting the children. These include consent to certain medical procedures and other issues such as obtaining passports for children without recourse to the courts. Most considered it a useful development as they had experienced delays in some cases in obtaining written medical consent from parents when a child was in voluntary care, or a social worker if a child was in statutory care.

### 4.3.3 Preparing children for leaving care and adult life

When children leave care at 18 years of age or sooner the HSE should ensure that there are adequate supports in place for them. This preparation requires good planning and assessment of need at an early stage. Some children, on being discharged from care, remain living with their foster carers, and this should be reflected in their care plans. Some foster carers were unsure about the precise provision of aftercare for children in the HSE Dublin North Area.

### 4.3.4 Other supports

Two experienced foster carers interviewed by inspectors had long-term placements that ended in an unplanned manner. While the decision was made at a formal statutory review that other placement options were more suited to the child's needs, the foster carers felt they were left in limbo. They both told inspectors that the

placement breakdown was traumatic for them and their families, and that they would have liked a thorough exit interview conducted by a professional not involved in the case and some ongoing support.

#### 4.3.5 Training

Training, in addition to supervision and support, is an intrinsic part of the fostering service. While foster carers are invited in writing to a consultation at the start of each year by the Social Work Department to discuss and plan training, inspectors were concerned to find that, despite this, there was poor uptake of training by foster carers. There were many courses organised by the foster care team in the year prior to inspection which were not well attended. When inspectors asked foster carers in the sample the reason for this, some said that most courses were organised at a time when they had difficulty attending. Other foster parents told inspectors that they would like to be consulted about course training content to ensure that areas of interest and relevance are made available.

### **Recommendation 2:** **Standard 15: Supervision and Support** **Regulations: Part III and Part IV**

#### **National and Local**

To meet this Standard and the regulations the HSE must:

- ensure that all foster carers have an assigned link social worker
- ensure that link social workers carry out their duties in accordance with the regulations and the National Standards, paying particular attention to the formal supervision of foster carers
- agree on and provide core training to all foster carers
- revise contracts with foster carers to ensure compliance with HSE policy generally and attendance at core training in particular
- ensure that assessments for the purpose of matching the needs of individual children with the capacity of foster carers to meet these needs are carried out in accordance with National Standards and HSE policy, and recorded appropriately.

#### **Local**

To meet this Standard and the regulations, the HSE Dublin North Local Health Area must implement the recommendations above and:

- ensure that a review of all foster carers takes place as required by the National Standards, and that the Foster Care Committee is informed of the outcomes
- ensure that all foster carers and children are provided with guidelines in relation to the Child Care (Amendment) Act 2007

- ensure that foster carers and children are made aware of local aftercare services for children approaching 18 years of age and young people who are 18 years and over who have been discharged from care
- ensure that a formal exit interview is conducted with foster carers and the child in all cases where there is a long-term placement termination, and that sufficient supports are made available to foster carers who would like this support
- ensure there is an out-of-hours social work service to provide support to children in care and carers in emergency situations
- review how training is provided to all foster carers and address the low uptake and attendance at training provided to them by the Area.

#### 4.3.6 Assessment and approval of general foster carers

Persons who apply to become foster carers must undergo a formal assessment carried out by a suitably qualified and trained social worker. This assessment is generally carried out by a link social worker.

Inspectors assessed the service's performance against Standard 14.a of the *National Standards for Foster Care*:

### 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.**

This Standard was mostly met.

The child care regulations Part III, Article 5, requires the HSE to establish a panel of foster carers who have been assessed and approved by a foster care committee. These regulations outline the requirement of this assessment to include a medical report, references, Garda Síochána checks and a written assessment report carried out by an authorised person. The HSE requires the fostering link social worker to carry out this assessment. Once this assessment has been completed and the foster care committee is satisfied as to the suitability of the person to act as foster carers, it will approve the person as a foster carer for the area.

#### **4.3.7 Findings from the sample group of carers**

This Standard was met. HSE Dublin North Area had clear written policies on assessment. Inspectors found evidence of assessments either completed or at interim level in 14 of the 15 cases reviewed in the sample group. The assessments were comprehensive and thorough, covering the issues likely to emerge for a child placed in foster care. In the total population of general carers there were eight foster carers that had been assessed and were awaiting approval from the Foster Care Committee.

The assessments of the foster carers in the sample included a thorough examination of relationship history, current marital relationships, parenting skills, child development, child safety, protection and welfare, bereavement and loss. The importance of a non-judgmental relationship with the birth family was explored in depth. All members of the carers' immediate family were involved in the assessment process. Foster carers told inspectors that the interviews were rigorous, in-depth and emotionally challenging. They also told inspectors that, as part of the assessment, interviews were conducted with sensitivity and respect and the reasons for all areas of enquiry were explained to them which they fully accepted. A number of foster carers told inspectors that it was a very good learning foundation for the fostering experience itself.

It was a requirement that checks from the Garda Síochána, two references and a medical assessment were obtained prior to the placement of a child with the family. This had occurred in all foster placements in the sample group. Where information about past offending behaviour by foster care candidates emerged, it was discussed with the Garda Síochána and the applicant, and a professional judgment made to continue with the application in the context of the seriousness of the offence, the attitude of the prospective foster carer to the offence, and its relevance in relation to the safety, care and welfare of children. Inspectors found that this had occurred in practice. It was local policy that all referees were interviewed in addition to providing written references and this had also occurred. A copy of the assessment report was made available to the prospective foster carers prior to submission to the Foster Care Committee and they were given an opportunity to comment on it and in some cases provide a written addition to it. They were invited to attend the Committee in person if they so wished. Subsequently, foster carers received written information on the decision of the Committee.

#### **4.3.8 Assessment timescales**

While the assessment process was comprehensive and professional, there were delays at times in the assessment completion. Social workers, link social workers and foster carers told inspectors that generally the assessment took approximately 26 weeks rather than the 16 weeks as required by the National Standards unless there are good reasons given. Inspectors found two cases where it took over 14 months to complete the assessment of foster carers. This delay was unacceptable. It is a requirement under Standard 14a.4 that where more time is required prospective foster carers are informed of the reasons for any extension and given a new completion date. This did not occur. The delay caused distress to the foster carers and in one case led to a decision not to proceed with the application. However, they

changed their mind and proceeded after the HSE apologised for the unacceptable delay in finalising the assessment. This could have resulted in the loss of a fostering resource to the HSE Dublin North Area.

#### 4.3.9 Contracts in the sample group of carers

Formal contracts between the HSE and foster carers for each child living with foster carers are required by the child care regulations. There was a written contract on file in respect of each child in all the sample cases as required by the child care regulations 1995, Part 111, Article 9 (1) (2).

#### 4.3.10 Emergency approval of foster carers

The HSE has guidelines for the placement of children with foster carers pending their approval by the foster care committee. These guidelines require that the assessment report should be presented to the committee within three months of the original placement of the child.

The HSE Dublin North Area had 22 general foster carers with this approval status and nine relative carers with this approval. There were also four general foster carers with emergency approval. This approval was granted by the Principal Social Worker for the Area. The majority of these carers had been previously assessed as long-term carers and / or were awaiting approval by the Foster Care Committee. The HSE Monitoring Officer had looked at this practice in July 2009. The report recommended that all emergency approval should be notified to the secretary of the Foster Care Committee and approval granted within three months of placement in keeping with the HSE policy.

### **Recommendation 3:**

#### **Standard 14(a): The Foster Carers (non-relative)**

#### **Regulations: Part III s.5 (2)(a)(b)(c)(d)**

##### **National and Local**

To meet this Standard and the regulations the HSE must:

- approve and implement a model of assessment for non-relative foster carers, and provide clear guidance on the content and structure of assessment reports provided to the Foster Care Committee(s) by link workers
- satisfy itself that all non-relative foster carers are assessed and approved in accordance with the National Standards and the regulations, and are carried out within the statutory timescales as a matter of priority
- ensure that any deficiencies in the vetting of existing non-relative foster carers are identified and addressed in an effective way.

## Local

To meet this Standard and the regulations, the HSE Dublin North Local Health Area must implement the recommendations above and:

- ensure that where there is a delay in the completion of the assessment of non-relative foster carers, carers are kept informed as required by the National Standards.

### 4.3.11 Assessment and approval of relative foster carers

Potential relative carers for a specific child must undergo a formal assessment and under the Standards this is carried out by a suitably qualified and trained social worker. This assessment is generally carried out by a link social worker.

Inspectors assessed the service's performance against Standard 14.b of the *National Standards for Foster Care*:

## Standard 14.b

**Relative who apply, or are requested to apply, to care for a child or young person under Section 36(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.**

This Standard was met in part.

Similar to general foster carers, the Child Care (Placement of Children with Relatives) Regulations 1995, Part III, Article 5 requires that the HSE shall not place a child with relatives unless there is a completed assessment to include a medical report, references, Garda Síochána checks and written assessment report carried out by an authorised person. The HSE requires the link social worker to carry out this assessment. Once this assessment has been completed, the foster care committee considers the relatives' application for approval as carers for a specific child. The child care regulations do allow for a child to be placed with relatives in an emergency prior to the completion of a full formal assessment. This is subject to initial checks of a visit to the home by the social worker, interviews with carers and the child, application for vetting and sourcing references, and that the full assessment is completed within 12 weeks.

HSE Dublin North had clear written policies for the assessment and approval of relative foster carers. At the time of inspection all but 10 of the relative foster carers were fully assessed and these 10 carers were in the final stages of assessment.

There were 33 relative carers. Of these, 12 relative carers had been assessed and approved by the Foster Care Committee. The remaining 21 had emergency approval which means they had children living with them but had not yet been assessed and approved by the Foster Care Committee. Ten of the 21 were in the process of being assessed and were due to be presented for approval to the Committee.

The Social Work Department had concerns that the remaining 11 families with emergency approval would not be approved by the Foster Care Committee as they would not meet the Standard. Inspectors were given the example that a relative carer may have an excellent relationship with the child but the carer may have significant health problems. However the need to balance risks with strengths in the best interest of the child was not easily managed in the current approval system. Inspectors were told that this issue of retrospective approval for some relative carers was also an ongoing concern. This was also highlighted by the HSE Monitoring Officer.

There were five relative foster carers in the sample group, one couple and three single carers, looking after five children. One relative foster carer's assessment was almost complete and another was at the early stages of assessment. The three remaining carers were fully assessed and approved. The assessment for general foster care is a general assessment of a person's ability and suitability. In relative foster care, there is a specific child in mind.

Inspectors found that there was congruence between the needs of the child and the particular abilities of the relative foster carers. All the relative foster carers had the required two references and the Garda Síochána checks and medical assessment. All had written contracts.

Inspectors were concerned to find a significant delay in the assessment of a relative foster carer. While there were no child safety concerns in this case, the delay was a breach of Regulation 5(c) of the 1995 relative regulations and section 14 B 3 and 14b 5 of the National Standards. Inspectors recommended that this be addressed as a matter of priority.

## **Recommendation 4:**

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

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

##### **National and Local**

To meet this Standard and the regulations the HSE must:

- approve and implement a model of assessment for relative foster carers, and provide clear guidance on the content and structure of assessment reports provided to the Foster Care Committee(s) by link workers
- ensure that all relative foster carers are assessed and approved in accordance with the National Standards and the regulations and within the statutory timescales
- as a matter of priority, ensure that any deficiencies in the vetting of existing relative foster carers are identified and addressed in an effective way.

### Local

To meet this Standard and the regulations, the HSE Dublin North Local Health Area must implement the recommendations above and:

- ensure that where there is a delay in the completion of the assessment of relative foster carers, carers are kept informed as required by the National Standards.

## 4.4 Safeguarding and child protection

Under the Child Care Act, 1991, when a child is taken from their birth family into care by the HSE there is likely to have been some concerns about their safety and/or wellbeing. The expectation is that through being placed in foster care the HSE is ensuring they are now being cared for safely and well. There are various mechanisms in the child care regulations for the HSE to ensure children are being cared for appropriately in their placements.

Children should be placed with carers that have been vetted, assessed and approved to the standard required by the child care regulations. Children should also have regular visits from a social worker who should meet with them in private to provide them with an opportunity to discuss any concerns.

If a child makes an allegation of being abused or discloses previous experiences of abuse then the HSE should have an effective means of responding and assessing these concerns so that all children are safe. *Children First: National Guidelines for the Protection and Welfare of Children* – which are the national guidelines for child protection and welfare – outlines key reporting procedures and inter-agency cooperation to allow for the safe management of child protection concerns in a professional manner for all concerned.

Inspectors assessed against Standard 10 in relation to performance of the HSE in safeguarding and protection of children in foster care as outlined below:

### Standard 10

**Children and young people in foster care are protected from abuse and neglect.**

This Standard was mostly met.

#### 4.4.1 Safeguarding and child protection

HSE Dublin North was found to have developed comprehensive local child protection and welfare guidelines in the year prior to inspection. Inspectors found that these guidelines provided for the principles of good child protection practice in the Area.

However, inspectors found that there was a union agreement not to implement *Children First: National Guidelines for the Protection and Welfare of Children* in the Area. This was later verified by the IMPACT trade union.

The HSE also had the services of a monitoring officer for the fostering service that monitored all aspects of services to children in foster care including child protection systems. Inspectors found that social workers were clear about their responsibilities where they had concerns in relation to the safety and welfare of the children. All the social workers who were interviewed recognised the importance of developing a solid trusting relationship with the children as a core part of their responsibilities. They exercised their responsibilities by visiting the children frequently and regularly and seeing them privately.

The family social worker and the link social worker met on a regular basis to review each child's placement in addition to statutory child care reviews. All social workers were formally supervised by their team leader on a monthly basis and reviewed any child safety and protection issues as a standing item.

#### **4.4.2 Findings from the sample group**

The social workers in the sample group told inspectors they considered that the children were cared for safely within their foster care placements. They based their judgments on their knowledge of the children, direct conversations with them, where they had explained to them their particular safeguarding role on many occasions. They observed that the children were thriving, happy, had plenty of friends, and also were progressing well at school. They reported that the foster carers were committed to the children's happiness and wellbeing. The children themselves were clear about the role of the social worker and their importance if they were concerned or wanted to complain about anything in their lives. In addition, all the children could name a trusted adult or friend if they needed to talk about anything. They were also aware of external advocacy bodies such as the Irish Association of Young People in Care.

Safeguarding practices were found to include the support and supervision of foster carers by link social workers. The link social workers visited carers on a monthly basis on average and were in frequent telephone contact. This contact was three monthly in the case of long-term placements depending on the needs of the child and family. Foster carers had a good understanding of safe care practices and could say without hesitation how they would deal with different and difficult scenarios of a child protection nature presented by inspectors.

Inspectors found that foster carers were clear that they would notify the link social worker and children's social worker of any significant event. Carers told inspectors that they were given sufficient background information to care for the children safely and where issues emerge they immediately inform the social worker. Foster carers were clear on how they would respond to disclosures of alleged abuse. Overall, inspectors found that carers and social workers were well informed around issues of child safety.

### 4.4.3 Managing behaviour

Inspectors found that the majority of carers in the sample received good guidance from the child and family social worker and link social worker on the management of the children's behaviour. Foster carers told inspectors that they emphasised the positive aspects of their relationship and encouraged positive behaviour. There was evidence that sanctions were rare, minor and proportional. None of the children in the sample group had gone missing in the year prior to inspection. Foster carers were clear about what to do in such an eventuality. However, seven foster carers stated that while they knew how to contact the Garda Síochána and the HSE out-of-hours regional service for the Dublin, Kildare and Wicklow area, they would have much more confidence in this service being available at a local level for out-of-hours consultation, counselling and advice for foster carers.

### 4.4.4 Child protection: general population

There were child protection concerns in relation to 10 foster placements in HSE Dublin North in the year prior to inspection. In six cases, these allegations were about physical assault external to the foster family, in one case there was an allegation of assault by a sibling within the foster family and in three cases inappropriate sexual behaviour external to the foster family. Inspectors found that these were managed appropriately in eight cases in accordance with *Children First: National Guidelines for the Protection and Welfare of Children* regardless of the aforementioned union agreement. Inspectors found the local foster placement committee was notified of the initial concerns and their outcomes in accordance with the Standards.

Inspectors were concerned about two cases. In both cases the children were from another local health area but placed with foster carers in HSE Dublin North. In one case, an allegation was made that one of the children was not being treated with sufficient care and was allegedly being regularly criticised by the foster carer's family. The supervising social worker from the area moved the child to foster carers some 70 miles away from the former placement. There was evidence that this decision was made without consulting the link social worker for the family and that there were no efforts made to enquire if there was another short-term place available in HSE Dublin North. There was poor communication between the respective HSE areas.

The Child Care Manager told inspectors that while she does receive complaints and notifications pertaining to children and foster carers who are allocated in Dublin North, she did not receive copies of complaints or notifications sent to the child care manager in the other HSE area, even if an allegation had been made about a foster carer in her own HSE administrative area.

In another case reviewed by inspectors, a child made an allegation that he/she was assaulted by a foster carer during an argument. This was investigated by a social worker from another area who had been the child's recently appointed social worker. The social worker read the cases note, conducted one interview with the foster carer and the child, who withdrew his / her allegation. On the basis of this it was deemed that there was insufficient evidence to pursue the matter further. Inspectors were of the view that a more thorough investigation should have taken place.

## Recommendation 5:

### Standard 10: Safeguarding and Child Protection

#### Regulations: Part II

#### Child Care Act, 1991: Part II

#### National and Local

To meet this Standard and the regulations the HSE must:

- ensure that any and all protective measures taken by the HSE Dublin North Local Health Area in relation to *all children* in its care and *all additional children known* to the Area:
  - are adequate
  - keep children safe and protected
  - have addressed all concerns notified to the Area
- develop, implement and monitor safe, effective and robust systems that ensure that foster carers found to be unsuitable to care for children do not have children placed with them, and that all relevant parties are notified of their unsuitability
- develop and maintain a national register of all allegations made by children against foster carers
- ensure that foster carers and children's individual case files contain records of notifications of alleged abuse by foster carers to the Garda Síochána, outcomes of any criminal investigations conducted by the Garda Síochána, and any other protective measures taken by the HSE to ensure the protection of individual children
- implement *Children First: National Guidelines on the Protection and Welfare of Children* and the National Standards in all regions (including those issued by Ministers and produced by the Authority subsequent to this inspection)
- introduce a model of risk assessment that takes into account the potential for peer abuse in each new admission to a foster home
- ensure that in any respite or childminding arrangements social workers know exactly who is looking after a child in care and ensure that appropriate steps are taken to assess his/her suitability.

### Local

To meet this Standard and the regulations the HSE Dublin North Local Health Area must implement the recommendations above and:

- review the placement of one child
- ensure that the Child Care Manager is notified of all allegations in the Area, irrespective of who placed and supervises the children
- ensure that the Child Care Manager is notified of any complaints or concerns about a foster family in the Area
- investigate further an allegation of assault made by one young person in foster care in the Area.

## 4.5 Governance and management

Standard 19 of the *National Standards for Foster Care* require the HSE to have effective structures in place for the management and monitoring of foster care services.

### Standard 19

**The HSE has effective structures in place for the management and monitoring of foster care services.**

These structures should deliver a good quality and safe foster care service which effectively meets the needs of children safely and well. The HSE should be able to provide evidence of good governance and accountability in its management of these services.

Inspectors reviewed the management of the foster care service under a number of different standards. The management of the records relating to the children in foster care was inspected against Standards and child care regulations.

Standard 19 was met in part.

The Principal Social Worker managed the social work service well. There were monthly meetings between senior management in the local health area. There was good communication and regular team meetings. The Principal Social Worker recruited sufficient team leaders to supervise social workers and their caseloads. The fostering team worked closely with the community social work teams.

The Principal Social Worker and Team Leaders had a good understanding of the needs of children in the area and planned appropriately. The main areas for improvement related to the updating of care plans for some children and the retrospective assessment and approval of relative carers. Inspectors were satisfied that these issues were being addressed at the second stage of the inspection.

There was evidence that the senior management strategically managed caseloads and risks. Cases of children in care and children under five years of age were prioritised for allocation. At the time of the inspection fieldwork in September 2009, all of the children were assigned social workers. The fostering team carried a small caseload of children's cases to maintain their skills in child protection. Inspectors were told there was a focus on supporting families in the community to prevent children coming into care.

#### 4.5.1 Internal quality assurance systems

The HSE Monitoring Officer inspected the foster care service and provided written reports on findings under specific standards. These reports were comprehensive and clearly written. The Area responded appropriately to recommendations with actions to address the highlighted deficiencies. The Principal Social Worker was notified of any complaints by children in foster care.

A team leader was assigned a developmental role for the social work service. She developed policies and promoted best practices. Inspectors were given comprehensive local and national policies for foster care services. These were well understood by social workers and foster carers.

#### 4.5.2 Records management systems

From a review of the case files for the 15 children in the sample, inspectors found that the standard of social work record keeping was of a good standard with the exception of one case. Files contained all relevant documentation as required by regulation and the National Standards. In addition, inspectors noted the professional factual aspects of record keeping were complemented by a sympathetic, insightful and respectful tone. This was apparent in all files and reflected a culture of respect and the awareness that the children may seek sight of their records now or in the future. Two foster carers keep records as they found it a valuable tool for measuring progress when attending specialist medical services.

### **Recommendation 6:**

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

#### **Regulations: Part IV s.12, 13, 17 and Part VI**

##### **National and Local**

To meet this Standard and the regulations the HSE must:

- ensure that foster care services are managed in accordance with legislation, the regulations and National Standards and are child centred in every aspect of their delivery
- review the governance of all social work departments in order to satisfy itself that they:
  - are fit for purpose
  - have high quality leadership

- have suitably qualified staff
- have a senior managerial structure to which they are accountable and which provides clear support to them in the execution of their duties
- establish a *national* register of all foster carers and introduce appropriate systems that ensure it is:
  - accurately maintained
  - dependable
  - up to date
  - contains names of any carer(s) found to be unsuitable to care for children
- ensure that all foster carers are approved on the basis of a thorough registration process in the case of first time applicants and that registration status is verified for all other applicants
- ensure that no child is placed with a carer who is not registered
- establish a *national* register of all children in foster care and introduce appropriate systems that ensure it is:
  - accurately maintained
  - dependable
  - up to date
- review and amend as necessary the systems for collecting, recording, filing, day-to-day storage of and archiving of information on children and families so that all records are accountable, coherent, complete, secure, up to date, reflective of practice, maintained in accordance with legislation and accessible to those with a right to access them
- introduce governance and management systems to quality assure the information systems implemented, and all information held by the HSE in relation to children and families
- ensure and demonstrate the effective monitoring of foster care services by the HSE appointed Monitoring Officer, and take any actions necessary to address any shortcomings
- review the HSE policy on supported lodgings and undertake an audit nationally to ensure the safety and welfare of all children in supported lodgings
- review and implement the HSE's national policy on the transfer of children's cases across HSE areas.

#### 4.5.3 Effective policies

Standard 18 of the *National Standards for Foster Care* (below) requires that the HSE strategically plans to meet the needs of children in its area by ensuring there are adequate foster carers, consultation with children and carers about the service needs, and ensuring there are adequate policies to support best practice.

## Standard 18

**The HSE has up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.**

This Standard was met.

Inspectors were informed that there were no children waiting for a foster care placement. There were three children in a non-statutory fostering service. The majority of carers looked after a maximum of two children other than sibling groups. There was evidence that the Social Work Team Leader had identified an increase in the population of children from different ethnic and cultural backgrounds in the area and instigated a targeted recruitment campaign to recruit foster carers from these communities. This was commendable practice. There was a good understanding of the needs of children in the community. Inspectors were provided with a range of comprehensive policies both local and national to guide practice on foster care. Two team leaders were on a local fostering forum which developed policies regionally and provided guidance on best practice. The fostering team and social workers met with foster carers and children to seek their views of the service and consult on policies. Inspectors were told that the Area was introducing exit interviews and reviews of foster carers in the coming months.

### 4.5.4 Register of children in foster care

The area did not have an up to date register of children in foster care as required by the child care regulations. Inspectors were provided with information on children in foster care that was accurate and up to date. However, this information was obtained from the Social Work Information System (SWIS). This was an information system for all families involved in social work services in the greater Dublin region and was not a specific register for children in foster care.

### 4.5.5 Management of information

The electronic system for gathering and maintaining information for children in care was SWIS. This system was introduced in 1995 and was upgraded once in 1999. It was the information management system for all children and families in contact with social services in the greater Dublin region at the time of inspection. Inspectors were provided with information that showed that there were over 550 SWIS users and of these users approximately 350 were social workers – over half the country's social workers who work in child welfare and protection. There were two posts assigned to provide training in its use to social workers, data analysis, and audit the information for the 273,262 adults and children on the system as of May 2009. The SWIS Manager based in HSE Dublin North highlighted the deficiencies in the system to the local health manager with lead responsibility for child care.

#### 4.5.6 National policy on the transfer of cases

The national transfer of cases was highlighted as problematic for the area. The national policy states that when a child and their carer transfer to another area the case should be transferred to the local social work department. However, in practice if there is outstanding work where no assessment or approval of carers has occurred then the new area had not accepted these transfers. There was also difficulty in transferring cases to other areas. (See recommendations under Standard 19 above.)

#### 4.5.7 The Foster Care Committee

The child care regulations require the HSE to set up a Foster Care Committee whose function is to approve foster carers based on assessments provided by the link social workers. The committee also approves the matching of long-term placements and removes foster carers from the panel as necessary.

The Authority measured the service's performance in this regard against Standard 23 as follows:

### Standard 23

**The HSE has Foster Care Committees to make recommendations regarding foster care applications and to approve long-term placements. The committees contribute to the development of the HSE's policies, procedures and practice.**

Standard 23 was met in part.

The Foster Care Committee had been in place since 2007. There were 10 members on the Committee and they met 10 times in 2008. Inspectors were awaiting confirmation on the Garda Síochána checks of three members of the Foster Care Committee. It had approved eight carers (five general carers and three relative carers) during this time. The Committee also approved carers for a non-statutory agency in the area. There were 15 assessments of foster carers from this Social Work Department presented for approval in 2008.

Inspectors were told that up until 2007 there was one centralised Foster Care Committee for the former Northern Area Health Board. This function was then devolved into local HSE health areas. Inspectors were told that there were concerns that the Committee lacked objectivity since it was localised and as many of the cases were known to the Committee members. Inspectors were provided with an up-to-date panel of foster carers.

The Foster Care Committee was notified of allegations made by children against foster carers. The Committee also received reports on placements which had broken down. There were two such reports of placement breakdowns in 2008 and there was one notification of allegation against a foster carer.

Inspectors were told that foster carers were informed that they could attend Committee meetings. One carer had done so in 2008. In some cases inspectors were told that children had written representing their views about staying with carers long term.

The Foster Care Committee did not contribute formally to service planning for foster care services. Senior management did not receive minutes of Foster Care Committee meetings. This practice should change.

Inspectors were also told that it generally took two years from an initial enquiry to foster to final approval. A contributing delaying factor was reports being returned by the Committee following request for further information or clarification of details. Inspectors found that 10 reports were returned for amendments in 2008.

## **Recommendation 7:**

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

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

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

##### **National and Local**

To meet this Standard and the regulations the HSE must:

- review the functions of the Foster Care Committee(s) to ensure that it:
  - maintains an up-to-date panel of all foster carers
  - contributes to foster care service planning
  - functions effectively and efficiently
  - is child centred
  - has defined duties in respect of allegations made against foster carers.

##### **Local**

To meet this Standard and the regulations, the HSE Dublin North Local Health Area must implement the recommendations above and:

- ensure that senior managers receive minutes of the Foster Care Committee's meetings.

## 4.6 Day-to-day experiences of foster children in the sample group

The inspection looked at what day-to-day life was like for children living in foster care in the Area. As part of the inspection, inspectors interviewed 12 of the 15 children in the sample group. Among the issues analysed through the case file review and interviews were the children's relationship with their birth family and their friends as specified in Standard 2 of the National Standards:

### Standard 2

**Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.**

This Standard requires that every effort is made to ensure that children have good contact with their birth families, as appropriate. The child care regulations require that arrangements for access with parents, a relative or other named person, subject to any order as to access made by a court, is coordinated through the care planning process.

This Standard was met.

Inspectors found that there was a clear policy in the HSE Dublin North Area in relation to contact with the children and birth families and there was a general awareness by social workers and carers of both the rights of children to have contact with their parents and its importance in the majority of cases as part of a child's identity and future. The practice of placing children in the care of foster carers locally greatly facilitated this. All the children in the sample interviewed by inspectors had contact with some family members. One parent told inspectors that he/she was aware that he/she was not in a position to take care of his/her daughter on a full-time basis. He/she saw his/her daughter most days and shared birthdays and Christmas Day with him/her in the foster carer's home. He / she told inspectors that he/she was treated with great affection and respect by the foster carers and was proud that his/her child had these carers in his / her life.

### 4.6.1 Information from the HSE data – overall findings on relations with family and friends

There was a strong practice within the social work team, that where possible, siblings were placed together. There were 18 sibling groups. Fifteen of these were placed together. There were clear reasons recorded when siblings were not placed together such as a return to a previous carer, or a child wished to move, or a child moved to live with another relative. In most of those cases the children lived within walking distance of each other.

#### 4.6.2 Foster children sample – relationships with family

In the sample group, five of the 15 children were living with relatives at the time of the inspection. The sample held three sets of siblings, of three, two and two siblings respectively.

In one case in the sample group, despite the fact that there were four siblings, social workers managed to place them together in a family known and trusted by the parents. One of the children subsequently returned home. The children told inspectors that this was really very important to them as they had each other to support for the past six years.

In practice, social workers and carers were well informed and committed to ongoing quality contact between parents and siblings. The purpose, frequency and duration of family contact was clearly laid out in the children's care plan and inspectors found that it occurred in practice. The most appropriate access location was always considered and generally it occurred either in the foster home or family home. In two cases the foster carers and birth mother had daily contact which was of real value to the child. Another parent told inspectors that given the situation where he/she needed shared parenting "she couldn't ask for anything better or a better outcome". In another case, there was evidence that the foster carers and birth parent, in conjunction with the social worker and link social worker, worked together and the child was able to return home much earlier than originally anticipated. All the children interviewed said that their privacy and personal possessions were respected and they could make phone calls in private if they so wished.

Many foster carers themselves were active in encouraging contact with families of origin. Inspectors were impressed by the attitude of foster carers to parents and found evidence of many incidents where this supported a positive placement for the children. Three of the parents interviewed by inspectors spoke of the kindness and respectfulness of the foster families towards them. One parent told inspectors that he/she had a great respect for the foster father and was happy that his/her daughter had such a positive male role model in his/her life.

#### 4.6.3 Foster children sample – friends

All the children interviewed by inspectors had been living in the locality prior to their placement in foster care, had maintained past friendships and developed new ones. The children had friends calling to the house and had sleepovers in their friends' homes. There was evidence that the necessary safety checks were carried out in a sensitive, unobtrusive manner. One young person told inspectors that when his/her friends were "chatting and having a bit of craic [Irish term for fun] at the front door", his/her foster carer encouraged them all to come into the sitting room. Another teenager had friends in the house at the time of the inspection home visit and appeared to be relaxed about it.

## **Recommendation 8:**

### **Standard 2: Family and Friends**

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

#### **National and Local**

To meet this Standard and the regulations the HSE must:

- ensure that all children are aware of their care status and family background. Where this is not the case, the HSE must satisfy itself that decision-making is transparent and based on a robust risk assessment, is lawful and is recorded on the child's case file
- satisfy itself that any risk assessment model used by the social work department is robust enough to ensure that the decision to take any child into care is based on his/her need for care and protection
- as a matter of priority, review access arrangements for children not assigned a social worker.

#### **4.6.4 Positive sense of identity**

Promoting the self-confidence and self-esteem of children is an essential part of their care. The National Standards outline the need to promote a positive sense of their own identity through contact with their families, listening and respecting their views and maintaining a link through their past to the present.

As part of this inspection, the Authority analysed the HSE Dublin North Area's performance against Standard 1:

## **Standard 1**

**Children and young people are provided with foster care services that promote a positive sense of identity for them.**

This Standard was met.

The *National Standards for Foster Care* requires that where possible and in the best interests of children, the HSE seeks to identify relative carers or friends for children in need of care. The Standard also states that priority is given to the placement of children in their locality, including remaining at the school they attended prior to their placement.

In the general population of children in foster care, inspectors found that 97 (over 90%) of the children were placed with a local family. The nine remaining children were placed outside the locality where it was considered in their best interests to be in a relative placement, or for continuity of care, or had been placed with the

carers previously and the foster family had subsequently moved. All the children in the sample were in full-time education or training. Some of the children had had difficulties attending school prior to their placement in foster care and there was evidence this had been addressed.

#### **4.6.5 Foster children sample – findings on their sense of identity**

In the sample group, inspectors found evidence of a respectful relationship by social workers and foster carers towards parents of the children. Seven parents of 10 of the children told inspectors that social workers and carers included them in every possible aspect of their child's care. Another parent told inspectors that he/she could clearly see that all actions by the social worker and carers had his/her child's best interests at heart. One child proudly showed inspectors his/her life story book that he/she completed in conjunction with his/her social worker, his/her mother and his/her foster carers. It was a sensitively written story of his/her life so far. When it was completed it was celebrated as a significant event, and mother, foster family and child had a social gathering in recognition and celebration of this achievement.

The children interviewed by inspectors were positive about their foster carers and placements. Most of the children saw themselves as significant members of their foster carers' families, in addition to their own family. One child said "everything about living here makes me happy". Another said: "My foster parents are great and listen to me if I am worried about anything and give me good advice which makes things better." Inspectors observed carers interacting with the children in a warm, caring and loving manner. Another older child described how he/she was frightened and did not sleep very well when he/she first came to live with the family some years before. Over the next few months his/her foster carer made him/her feel that this was his/her second home.

Inspectors found the carers had a deep sense of care and commitment to the children. They spoke of the children and their needs and talents with love and pride. On their visits inspectors found an atmosphere of relaxed fun and laughter in many foster households. Inspectors listened to good humoured debates among some of the older children with their carers about their interests and future careers. This was done in a respectful light-hearted way, each recognising and respecting the others' point of view. It was evident that all foster carers interviewed took great care to think about the future life chances of the children in their care.

The children's experience of day-to-day life was found to be similar to that of their peers who were not in care. They attended school, had friends in the local area and were involved in community activities. There was a strong sense of normality and ordinariness in all the foster households in the sample visited. Several children were involved in a wide range of activities, from football teams, music, to fishing. Another child told inspectors that: "Birthdays are really great... my foster mother makes a great fuss and always has a big party for me and my friends in the house." Inspectors found that this applied to both relative and non-relative foster carers. Inspectors were impressed with the self-assured, articulate and relaxed way the children conversed during their interviews with inspectors.

Carers told inspectors that they were attentive to the spiritual needs of the children and encouraged them to attend a religious service weekly and participate in school activities of a religious nature in consultation with their parents.

The carers' approach to management of behaviour that was challenging was thoughtful and age appropriate, and the use of sanctions was minimal. One foster parent was aware that one child tended to worry and get worked up and created "a worry box" where the child could "put" worries and leave them there. Another child started missing school and there was evidence that the social worker and carer were determined in getting him/her to attend his/her studies and he/she succeeded in getting his/her Junior Certificate. He/she told inspectors that he/she believed that their combined efforts to encourage him/her to go to school were clear signs that they really cared for him/her and his/her future, and he/she told inspectors that he/she now knew that he/she had made them proud. One child displayed behaviours that were difficult to manage, and inspectors recommended access to extra specialist support in that case at the time of inspection.

## **Recommendation 9:**

### **Standard 1: Positive Sense of Identity**

#### **Regulations: Part III (s.8)**

##### **National and Local**

To meet this Standard and the regulations the HSE must:

- develop practice standards for all social work departments that are child centred, respectful and responsive to need
- develop a policy that prevents the changing of children's names whilst they are in foster care without the authority of a court
- ensure that each child's case record has a copy of his/her birth certificate and that all records refer to the child by the name on the birth certificate
- develop a non-discriminatory policy on the care of children with disabilities that makes clear to social workers their role and responsibilities to them
- develop policies and clear practice guidelines for social workers on the promotion and facilitation of the child in care's right to access information about services and about his/her own life history
- ensure that social workers are always aware of who is looking after the child in foster care and ensure that the appropriate checks are undertaken.

##### **Local**

To meet this Standard and the regulations the HSE Dublin North Local Health Area must implement the recommendations above and:

- ensure that one young person has access to specialist support services.

#### 4.6.6 Children's rights

Standard 3 of the National Standards highlights the need for children in foster care to be respected through seeking their views, ensuring they are treated with dignity and respect and that their privacy is respected as set out below:

### Standard 3

**Children and young people 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.**

This Standard was met.

#### 4.6.7 Foster children sample – dignity, privacy and age-appropriate care

Inspectors found that the children in the sample interviewed believed they were treated with respect and care. All but two children, siblings who wished to share, had their own room which were viewed by inspectors during the fieldwork. They told inspectors that their social workers had also seen their sleeping accommodation. The children had choice in the decoration of their rooms with their own choice of colour and they had photos of their families and significant people in their lives. The rooms were cosy, attractive and in very good decorative condition. Two children told inspectors that they often come to their room to get a little peace and private time. Inspectors also found that the children received a high standard of primary care.

Although all the children in the sample group had storage space for their personal property and memorabilia, HSE Dublin North Area did not have a written policy on the storage of the personal effects of the children in their foster home or elsewhere.

#### 4.6.8 Foster children sample – findings on complaints

There was evidence that all social workers had explained the complaints process to the children in the sample group and inspectors found that children were confident that they could make a complaint and it would be acted on. All the children interviewed by inspectors said they would talk to their carers, their family or their social workers if they were unhappy about anything or wanted to make a complaint. They were confident that they were listened to by their foster parents and social workers. For example, one child told inspectors that if he/she worried about anything "I tell my foster mother and she always sorts it out". The foster carers themselves understood how to make a complaint and how to respond to a complaint made by the children.

Records of the general population of children in foster care showed that there were two complaints made on behalf of children in the year prior to inspection. One related to a foster child allegedly being hit by an older young person who was a child of the fostering family. This was being dealt with under child protection concerns and was in the process of being finalised at the time of inspection. Another was in relation to the general care of a young person, which needed further investigation by the placing area. This was brought to the attention of the HSE by inspectors during the inspection period.

#### **4.6.9 Foster children sample – findings on consultation**

All children interviewed by inspectors said they felt listened to by their social workers and their carers and were encouraged to make decisions about daily life according to their age and ability. Inspectors found evidence that the majority of children attended statutory care reviews and felt their voices were heard. They told inspectors that they are always asked for their opinions in advance of any meeting by their social worker. The children told inspectors they chose their clothes, got to go to the cinema with their friends and were supported in pursuing their individual interests.

#### **4.6.10 Foster children sample – findings on health**

All the children interviewed by inspectors looked well. Inspectors found evidence that the carers and social workers were attentive to the health needs of the children. There was evidence that the children in the sample enjoyed a healthy and varied diet and were very much encouraged to be involved in a variety of sporting activities. Inspectors found evidence on file that all the children had a general practitioner. There was evidence that access to specialist services such as child guidance and counselling, dental, optical, speech therapy was good. Inspectors found that the social workers were continuously advocating for any specialist services the children required in partnership with the carers.

All the children had good medical records on file outlining their medical history including vaccinations and immunisations. This was commendable practice.

### **Recommendation 10:**

#### **Standard 2: Children's Rights**

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

##### **National and Local**

To meet this Standard and the regulations the HSE must:

- ensure that there is a robust complaints process in place which children and foster carers have confidence in
- ensure that the needs of all children with disabilities are assessed and addressed immediately, paying particular attention to providing a supportive framework for foster carers that enables them to care and provide for these children in an effective manner

- ensure that children have access to their case files and this access is encouraged and facilitated as appropriate
- ensure that all children in care are made aware of their rights, and that all foster carers and social workers are clear of their duty to promote, protect and facilitate them
- ensure that complaints made by children in foster care are centrally recorded and that the complaints system is regularly monitored.

## 5 Actions requested to date of the HSE

During the inspection, the Authority requested the HSE to update all care plans for the children in foster care and the HSE complied with this request.

## 6 Conclusions

Based on the evidence from this inspection, the HSE fostering service in the HSE Dublin North Area was a well managed service, staffed by an able, committed and consistent team who impressed inspectors with their child-centred focus and approach to their work. There was evidence of good leadership from both senior managers and social work managers.

Overall, the Inspectors found that the National Standards inspected in relation to foster care were met in the majority of cases. Inspectors commend the social work practice and foster carers in the sample group for creating an inclusive culture of participation and partnership with parents which inspectors found had such a positive effect on the children.

Inspectors found a good standard of social work practice in the sample group by the children's social worker and link social workers who worked with the foster carers. All of the children in the sample were assigned a social worker and all the foster carers had a link social worker. Social workers and link social workers whose children and foster carers were part of the sample were found to be well informed about the needs of the children and had built up a strong relationship with them. There was evidence that the children valued their relationship with them.

The children in the sample were visited by their social workers frequently and regularly and saw them in private as required by regulation. Care planning and reviews were occurring in line with the requirements of regulation and were of a high standard.

There was evidence that the children's parents and foster carers were consulted in the preparation of the care plan and reviews. Generally, parents and foster carers received copies of minutes of statutory review meetings. Of particular note was the comprehensive quality of social histories on file. Overall, most of the National Standards were met in full. However, there was room for improvement in a number of areas. In addition, the Authority makes the following general recommendations arising from the parallel inspections of HSE Dublin North Central and HSE Dublin North West that may be applicable across all HSE areas, and are therefore included in this report:

## **Recommendation 11:**

### **National**

The Board of the HSE should nominate a national director with direct accountability and authority for the provision, by or on behalf of the HSE, of safe and high quality services for children.

## **Recommendation 12:**

### **National**

Progress made against the implementation of the recommendations contained in this report, and the findings of associated reviews requested by the Authority, should be reported to the Board of the HSE, the Authority, Minister for Children and Youth Affairs, and published.

## 7 Next steps

This inspection report will be followed up by the Social Service Inspectorate of the Health Information and Quality Authority to ensure that the recommendations contained in this report are being implemented. Within three weeks of publication of this report, the HSE will provide an updated action plan outlining its actions to meet all the recommendations made in this report. The Authority will publish its findings on these actions by the HSE.

## 8 References

Child Care Act, 1991. Dublin: The Stationery Office; 1991

Children Act, 2001. Dublin: The Stationery Office; 2001

Child Care (Placement of Children in Foster Care) Regulations 1995 SI No. 260 of 1995. Dublin: The Stationery Office; 1995

Child Care (Placement of Children with Relatives) Regulations 1995 SI No. 261 of 1995. Dublin: The Stationery Office; 1995

Department of Health and Children. *Children First: National Guidelines for the Protection and Welfare of Children*. Dublin: The Stationery Office; 1999

Department of Health and Children. *National Standards for Foster Care*. Dublin: The Stationery Office; 2003

Health Act 2004, Dublin: The Stationery Office; 2004

Health Act 2007. Dublin: The Stationery Office; 2007

Health Service Executive. *Review of Adequacy of Services for Children and Families 2008*. Dublin: Health Service Executive; 2008

## 9 Glossary of terms

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

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

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

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

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

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

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

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

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

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

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

# Appendices

## Appendix 1

### **Findings of breaches in statutory duties of the HSE Dublin North Area to children in foster care. (Breaches have occurred in all or in specific parts of the regulations referred to in this report, and listed here.)**

#### **Child Care (Placement of Children in Foster Care) Regulations 1995**

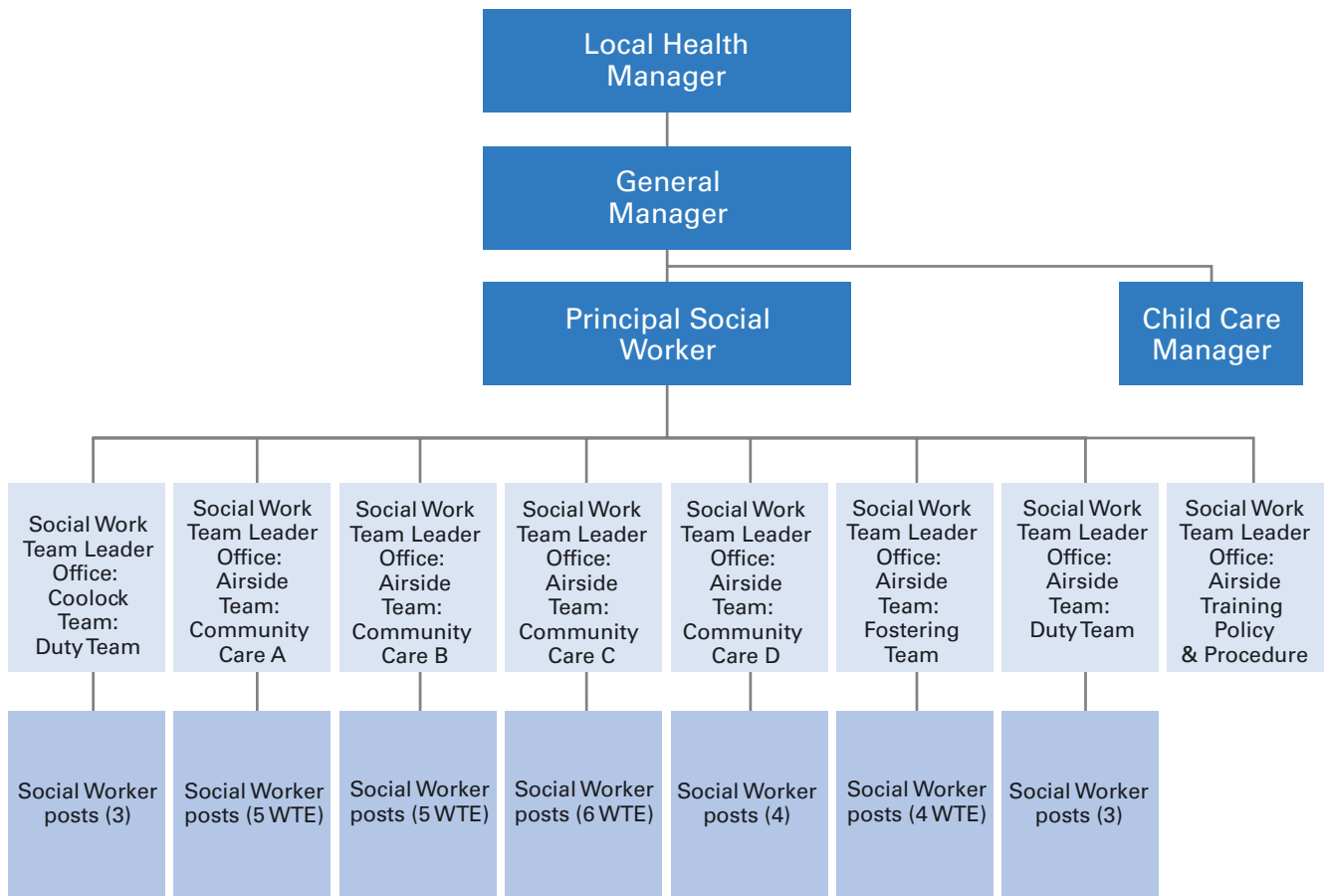
The HSE Dublin North Local Health Area was found to be in breach of Section 5 of the Child Care (Placement of Children in Foster Care) Regulations 1995. This requires the HSE to establish and maintain one or more panels of persons willing to act as foster parents. The only persons who may foster are those who have been fully assessed by an authorised person, [Section 5 (2b)] subject of a report from a registered medical practitioner, [Section 5 (2a) (i)] vetted by means of a Garda Síochána check on themselves and other adult members of their household [Section 5 (2a) (iii)] and references from two people, [Section 5 (2a) (ii)] and approved by the foster care committee [Section 5 (2c)].

#### **Child Care (Placement of Children with Relatives) Regulations 1995**

The HSE Dublin North Local Health Area was found to be in breach of Section 5 of the Child Care (Placement of Children with Relatives) Regulations 1995. This requires the HSE not to place a child with relative carers unless they have been fully assessed by an authorised person, [Section 5 (1b)] subject of a report from a registered medical practitioner, [Section 5 (1a) (i)] vetted by means of a Garda Síochána check on themselves and other adult members of their household [Section 5 (1a) (iii)] and references from two people not related to them, [Section 5 (1a) (ii)] and approved by the foster care committee [Section 5 (1c)].

## Appendix 2

### Organisational structure of the Social Work Department teams in HSE Dublin North Area



## Appendix 3

### SSI inspection team members

Members of the inspection team from the Social Services Inspectorate of the Health Information and Quality Authority for the inspection of foster care services in HSE Dublin North Area were:

**Kieran O'Connor** (lead inspector)

**Sharron Austin**

**Patrick Bergin**



**Published by the Health Information and Quality Authority**

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