



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

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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 the Health Act 2007 is enacted*.

The Authority announced an inspection of foster care services in the HSE Dublin North Central Area in July 2009 and inspection fieldwork started in September 2009. At the start of the inspection fieldwork, it was found that there were 316 children placed with 215 foster carers in the Area, 135 of whom were relatives or someone known to the child.

This foster care service in this local health Area had been the focus of previous (2004) recommendations to improve the service there. Deficiencies within the foster service in this HSE Area can be traced back to 2004 when this Area was part of the former Northern Area Health Board. Health Board data then demonstrated that the Board was not fully compliant with child care regulations[†] and *National Standards for Foster Care* (2003)[‡]. This inspection report indicates that no effective action was taken to address later concerns expressed through the HSE's own internal quality and safety mechanisms.

The inspection methodology included a review of a representative sample of 32 children and their carers, based on the profile of the children and independently selected by the Authority.

This inspection report provides findings and judgments on significant shortcomings and concerns in relation to the foster care services operated by the HSE in its Dublin North Central Area (see also Appendix 1) and makes recommendations to address these deficiencies. This report should be read in conjunction with the Authority's 2010 reports on HSE foster care services in Dublin North West (ID number 588) and Dublin North (ID number 586), which are available on the Authority's website, www.hiqa.ie.

2 Concerns raised in the review of initial HSE data

During the initial phase of this inspection, the Authority began to have serious concerns about the quality and safety of the organisation and management of foster care services in the Area based on the initial information provided by the HSE. Further clarification was sought from the HSE in relation to the data it provided, including information from senior HSE management[§].

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

† 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.

‡ 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.

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

Inspectors were told by the HSE that the majority of 135 relative carers had not been appropriately vetted, assessed and approved. Due to these concerns about the safety of children the Authority halted the standard inspection process on 25 September 2009.

The Chief Executive of the Authority notified the Chief Executive of the HSE of these matters and sought an immediate response. The HSE developed an action plan to deal with immediate deficiencies and this is outlined later in the report. The Authority then commenced a wider and more detailed inspection of the quality and safety of foster care services in the Dublin North Central Area.

The inspection methodology was carried out in two phases. The first phase involved a detailed review of case files for all children in foster care in the Dublin North Central Area, to see how the HSE was managing and monitoring foster care services. The second phase involved a detailed review of the care and support provided to a sample of 32 foster children and their carers in the Area, who were independently selected by the Authority. This involved questionnaires, interviews and visits to foster households.

3 Findings

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

It became apparent at an early stage that the HSE was not meeting its statutory responsibilities towards all foster children in the Area. Figures provided by the HSE dated from 30 June 2009 showed that in its Dublin North Central Area, 30% of the foster children were not assigned a social worker, contrary to the child care regulations and the *National Standards for Foster Care*.

The inspection found that out of a total of 316 children in foster care, 197 (62%) were assigned a social worker and 94 (30%) were not. Full information was not available for 25 children. Findings indicated that of those children who were not assigned a social worker, 55 (42%) were in the care of relatives or a person known to the child (relative care), and 39 children (25%) were in general (also known as non-relative) foster care. Most cases without an allocated social worker were managed by the "Child in Care Team"; a team responsible for children in long-term care.

Findings indicated that 53 children had not been seen by a social worker for a number of years, and that care planning for these children was either non-existent or of a poor quality. There were also some deficiencies in child protection practices found in relation to some of these cases. The social work department had not adequately checked that these children were safe through social work visits to the children, and had not checked that their needs were being met or whether they could return to their birth families through regular care planning processes. The social work department was also unable to confirm that a small number of children were still living in their foster care placements.

There was evidence of good practice with children who were assigned social workers. However, inspectors noted in the review of case files that 38 of the children assigned a social worker did not have care plans. Inspectors were told by social workers that the pressures of court-related work, or more urgent cases, often took priority over care planning and visits to some children.

3.2 Findings on the provision of link social workers for the foster carers

The *National Standards for Foster Care* requires that each foster carer should have an assigned social worker known as a link social worker, to supervise the standard of care and to support carers. Link social workers should meet with foster carers and their children regularly. They should ensure that foster carers understand, accept and operate within all relevant standards, policies and guidance of the HSE. They also recruit and assess new foster carers, support and review current carers, and provide training for carers.

Generally, it was a concern to inspectors that the children with relative carers were less likely to have social workers, their carers generally had not been approved or assessed, and they were less likely to have assigned fostering link social workers. Figures provided by the HSE indicated that 122 of the carers had no assigned link social worker. The majority (96) of these were relative carers.

Inspectors could not find evidence of formal contracts between the HSE and foster carers for each child living with foster carers, as required by child care regulations.

3.3 Child protection and safeguarding

Inspectors found that the majority of child protection cases relating to children in foster care were well managed through good social work practices and the internal child protection system. From inspectors' household visits to children in the sample, inspectors found that children were being well cared for. It was found that *Children First: National Guidelines for the Protection and Welfare of Children* (1999) had not been implemented in the Area under an agreement between the IMPACT trade union and Eastern Regional Health Authority management in 2001 pending the allocation of additional social work resources. However, the Dublin North Central Area had a comprehensive local policy document based on the Children First guidelines. The Area had a child protection notification team who met monthly to discuss notifications of child protection concerns.

The case records indicated that 21 of the children assigned a social worker in the sample were visited on a regular basis and that the children were receiving good quality care from their foster carers. Inspectors interviewed a number of social workers and found evidence that they were committed and dedicated professionals, concerned about the welfare of children.

However, there were some significant deficiencies found in HSE child protection practices in this HSE Area. The factors which contributed to these were that there was no:

- system to safely manage the high number of cases of children awaiting the assignment of a social worker. The length of time cases went without an allocated social worker varied from case to case. One child had not been assigned a social worker since 2001

- uniformed approach across all social work offices to the supervision of social workers
- standardised risk assessment model to support social workers to make assessments about the safety of children following an allegation or concern about their care
- guidance for social workers in the community and foster care teams on managing allegations made by children against their foster carers, including liaising with other local health areas
- child protection committee as required under *Children First: National Guidelines for the Protection and Welfare of Children* for sharing information between professionals and agencies about child protection concerns.

Inspectors noted cases whereby allegations or concerns about a foster carer were not shared with social workers for other children living in the same placement. The HSE did not have a robust system to ensure that foster carers found to be unsuitable in one local health area could not foster in another area.

Inspectors found that the Foster Care Committee was not routinely informed of allegations against foster carers.

Following a review of the case files, the Authority notified the HSE of possible child protection concerns for 18 children. Updates from the HSE were provided to the Authority in relation to these cases, and on foot of this information, inspectors found that the majority of these were found to be appropriately managed by the HSE. The remaining cases continued to be monitored by the HSE.

Inspectors found additional safeguarding concerns relating to 38 children and information on these cases was also provided to the HSE by the Authority.

3.4 Governance and management

There were two social work departments in the Area – Ballymun and Mountjoy Square – providing services to children and families. There were four social work teams in each social work department. Generally, inspectors found that where children were assigned a social worker there was a good standard of work across all teams. The main risks were for children who had not been assigned social workers. The majority of these cases (154) were held by the “Child in Care Team” in Mountjoy Square.

In interviews inspectors found that senior HSE managers for this team were aware of the numbers of children who had not been assigned social workers. They were also aware of the issue of un-assessed and unapproved carers. This information was provided through both internal and external agency reports. There was evidence that the managers did not deal adequately with these concerns.

There was poor service planning for foster care services and poor management of the risks to children not assigned social workers. The governance of the foster care service in the Area generally was poor. The Authority requested the HSE to conduct an external review of the management of social work services in Dublin North Central Area.

In reviewing the case files for all children in foster care in the Area, inspectors found that the HSE information management system was poor. The electronic Social Work Information System (SWIS) – which was the main source of information for children and families – was cumbersome and the information was not up to date. There were no master files that contained all information for each child. There was no up-to-date central register of children in foster care or an up-to-date panel of carers. The two social work departments in the Area struggled to provide a definitive list to the Authority of children in foster care. The inspection methodology involved inspecting regulatory data for 344 children in foster care initially identified by the HSE. However, during the inspection fieldwork this number was found to be reduced to 316 children[¶].

Some of the case files for children assigned social workers were of a good standard. However, some of the files for children without assigned social workers were in exceptionally poor condition. As a result, the Authority notified the Data Protection Commissioner in November 2009 of the deficiencies in information management and storage of personal information. The HSE agreed to address these deficiencies assisted by the Office of the Data Protection Commissioner.

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

The inspection methodology included a review of a representative sample of 32 children and their carers, based on the profile of the children and independently selected by the Authority. This review included questionnaires and interviews with children, their birth parents and their foster carers. The children presented as being well cared for. Many of the foster carers who had contact with social workers spoke highly of them. The foster carers' experience of fostering was in the main positive. Inspectors found some evidence of good social work practice for children assigned social workers. Other foster carers spoke of their frustration at the lack of support from the HSE for the children, in particular for those children without social workers, and themselves.

Generally, inspectors found that when children were assigned social workers there was regular access with birth families. Where children were not assigned social workers, contact with birth families had weakened. Inspectors informed the HSE of four concerns about the management of access between children and their birth families. Inspectors also made recommendations for 44 children under the Standard dealing with positive sense of identity. Inspectors found that some children were being referred to by several different surnames across a variety of social work reports.

While inspectors found evidence on file that a number of social workers consulted children about their care plans and sought their views, overall it was difficult to establish how the rights of all children were respected and promoted.

¶ Reasons for this included children transferring to another area, children returning home, or children who were over 18 years of age.

4 Actions requested to date of the HSE

Issues that arose during the course of the inspection and required immediate attention by the HSE were notified by the Chief Executive of the Authority to the Chief Executive of the HSE during the inspection period. At the request of the Authority, HSE management in the Area provided an action plan to address the Authority's concerns and assembled a project team to coordinate its actions on foot of these concerns. Early actions by the HSE included visits by social workers to all children in foster care, as requested by the Authority. The HSE reported that the majority were being cared for safely and well. Nonetheless, a number of foster carers and children were angry about the lack of support from the HSE. There was evidence that some children did not know they were in care and that they had birth parents and siblings. Other foster care placements were under considerable stress and were in need of significant support. The HSE also began to assess the needs of the children through the care planning process and to identify supports for the future. They began a process to assess and approve all carers.

Senior HSE managers met regularly with the Chief Inspector, Deputy Chief Inspector and inspectors to report on their progress in addressing the deficiencies that had been identified as the inspection progressed. Although various parties joined these meetings from time to time, the core group included the Regional Director of Operations (HSE Dublin North East), Local Health Managers (Dublin North Central and Dublin North West), Quality and Clinical Care Director, and the Project Manager and Child Care Specialist for the Area.

At the request of the Authority, the HSE carried out a national audit of its foster care services in late 2009 in order to establish if there were similar deficiencies in other areas. The outcome of this audit found similar issues to a lesser degree in other HSE areas around the country.

The Authority will continue to hold discussions with the relevant HSE management on the implementation of the action plan developed to address the serious concerns raised in this report. The Authority will conduct a follow-up inspection to assess the quality and effectiveness of the actions taken by the HSE and to check that improvements are sustained.

5 Conclusions

This inspection by the Authority found that the HSE did not fulfil its statutory duties to a significant number of children in foster care in the HSE Dublin North Central Area. As a result of these deficiencies, the needs of many children in foster care in the Area went unmet, some children were placed at unnecessary risk and carers received inadequate support.

6 Next steps

The Authority was satisfied that progress had been made to address some of the immediate concerns about the safety of children. However, the following steps will be taken by the HSE in conjunction with the Authority:

1. Within three weeks of publication of this report, the HSE will provide an updated action plan outlining its actions to meet all the recommendations in this report.
2. The Authority will be conducting a follow-up inspection to assess the quality and effectiveness of the actions taken and to check that improvements are sustained.
3. The Authority will publish its findings on these actions by the HSE in the last quarter of 2010.
4. The Authority will assess the quality and effectiveness of the HSE's response in addressing the child protection concerns identified in this report to review whether practice is safe and complies with *Children First: National Guidelines for the Protection and Welfare of Children* (1999). Any concerns about risks to children due to non-compliance with these guidelines will be notified to the HSE and the Minister for Children and Youth Affairs.

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 Central 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 West and Dublin North (ID numbers 588 and 586), which are available on the Authority's website, www.hiqa.ie.

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 Central Local Health Area must implement the recommendations above and:

- make every effort to minimise the number of changes in assigned social workers for individual children
- visit all children who have not been visited by a social worker within the statutory timescales
- review the case of one child in relation to the possible adoption of the child.

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.

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.

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.

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 Central 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 Central Local Health Area must implement the recommendations above and:

- carry out a systematic review of all case records for children in foster care in the area in order to satisfy itself that any and all child protection and child welfare concerns have been identified, notified and dealt with in accordance with the National Standards, regulations and *Children First: National Guidelines on the Protection and Welfare of Children*. Where necessary, the HSE must notify any concerns identified to the Garda Síochána
- issue guidance to social workers and foster carers on the management of allegations of abuse against foster carers
- provide social workers with specific training on the assessment of risk
- provide updated reports to the Authority on child protection concerns arising as a result of this inspection and notified to the Dublin North Central Local Health Area by the Authority.

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.

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 their need for care and protection

- as a matter of priority, review access arrangements for children not assigned a social worker.

Local

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

- review all cases where children are placed with relative foster carers in order to satisfy itself that their reception into care was based on their need for care and protection
- find alternative financial support to relative foster carers where reception into care is not necessary.

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 Central Local Health Area must implement the recommendations above and:

- ensure that any items intended for a child in foster care or a parent is delivered to the recipient unless there are specific risks attached with doing so.

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.

Local

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

- children in foster care have the same day-to-day experiences as their peers, and are fully integrated into the families in which they are placed
- the culture and heritage of children of non-Irish origin is promoted
- that all complaints are dealt with promptly.

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 take 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 Central 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 of 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 HSE Dublin North Central Area in July 2009. Pre-inspection fieldwork questionnaires were issued to the HSE as a normal part of such inspections. Serious issues arising from the information provided by the HSE were queried by the Authority with the HSE. Following further clarification from the HSE, the Authority halted the usual inspection process and commenced a broadened inspection using a revised methodology. Table 1 on page 10 sets out the methodology used by the Authority during this inspection.

The inspection was carried out against the relevant child care regulations and nine key representative National 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 19:** Management and monitoring
- Standard 23:** The Foster Care Committee

This inspection reports on findings under the National Standards in three ways:

- general findings from case files of 316 children in foster care*
- findings for a sample of foster children independently selected by the Authority
- analysis of HSE-provided data.

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

* Pre-inspection information provided by the HSE prior to fieldwork indicated there were 344 children in foster care in the Area. On examination of the records, inspectors found 35 of the children were not in foster care in the Area. These included children who had left care, had been transferred to another area or had come into foster care after the start of inspection. Inspectors found an additional seven children not on the original list, five of these children had transferred from another HSE area. Some of them may have transferred in the course of inspection.

2.1 First phase of the inspection

The first phase inspected how the HSE managed and monitored foster care services for all children. Inspectors examined:

- case files for all 316 children in foster care in the HSE Dublin North Central Area including information on the regulatory requirements of care planning and assigning of social workers to children
- data on relative foster carers and general (also known as non-relative) foster carers
- response from the Chairperson of the HSE Dublin North Central Foster Care Committee to a questionnaire
- HSE policies and procedures for foster care
- reports from the HSE Monitoring Officer – who has an oversight role in relation to fostering services in three Dublin local health areas.

Senior management in the local HSE area were interviewed about the provision and management of foster care services. Inspectors interviewed the:

- Fostering Team Leader
- General Manager
- Local Health Manager
- HSE Monitoring Officer
- Chairperson of the Dublin North Central Foster Care Committee
- Principal social workers for Ballymun Area and Mountjoy Square Area
- Acting Child Care Manager.

Fieldwork for the first phase took place during September 2009. Due to early concerns about the management of foster care services 455 case files for 344 children reported by the HSE as being placed in foster care in the Area were reviewed by the Authority. Inspectors informed the HSE of possible child protection concerns and other matters arising from the review of these files. This case file review took place between October and December 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 32 children, 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 the 32 children, 27 were interviewed (one by phone) by inspectors. Foster carers, social workers and the link social workers – who support foster carers – were also interviewed to assess the quality of foster care provided to these 27 children. In addition, eight birth parents were also interviewed by inspectors. Inspectors examined the following documentation for these children:

- information gathered during the inspection for the 32 children in the sample
- information on 19 foster care placements (32 foster carers in the sample group)
- case files, care plans and care plan reviews for the 32 children in the sample
- foster carer files for 32 foster carers (13 couples and 6 single carers) of children in the sample
- questionnaires (issued by the Authority) which were completed by social workers
- HSE policies and procedures.

During this phase, inspectors also inspected how child protection concerns for children in foster care were managed and examined information on child protection concerns or complaints relating to children in foster care in the 12 months prior to the inspection commencing (July 2009).

The fieldwork for the second phase (the sample group inspection) took place between late December 2009 and March 2010.

Inspectors informed all children in foster care by letter, through their 215 foster carers in HSE Dublin North Central Area, about the inspection that was taking place. Inspectors visited 13 households of the 32 children in the sample group, and also interviewed three foster carers by phone. Six households were not visited for various reasons including: death / serious illness of birth parent/s during inspection fieldwork period, carers moving house, carers and children did not wish to be involved in the inspection. However, one carer whose home was not visited met with inspectors outside of the family home for interview.

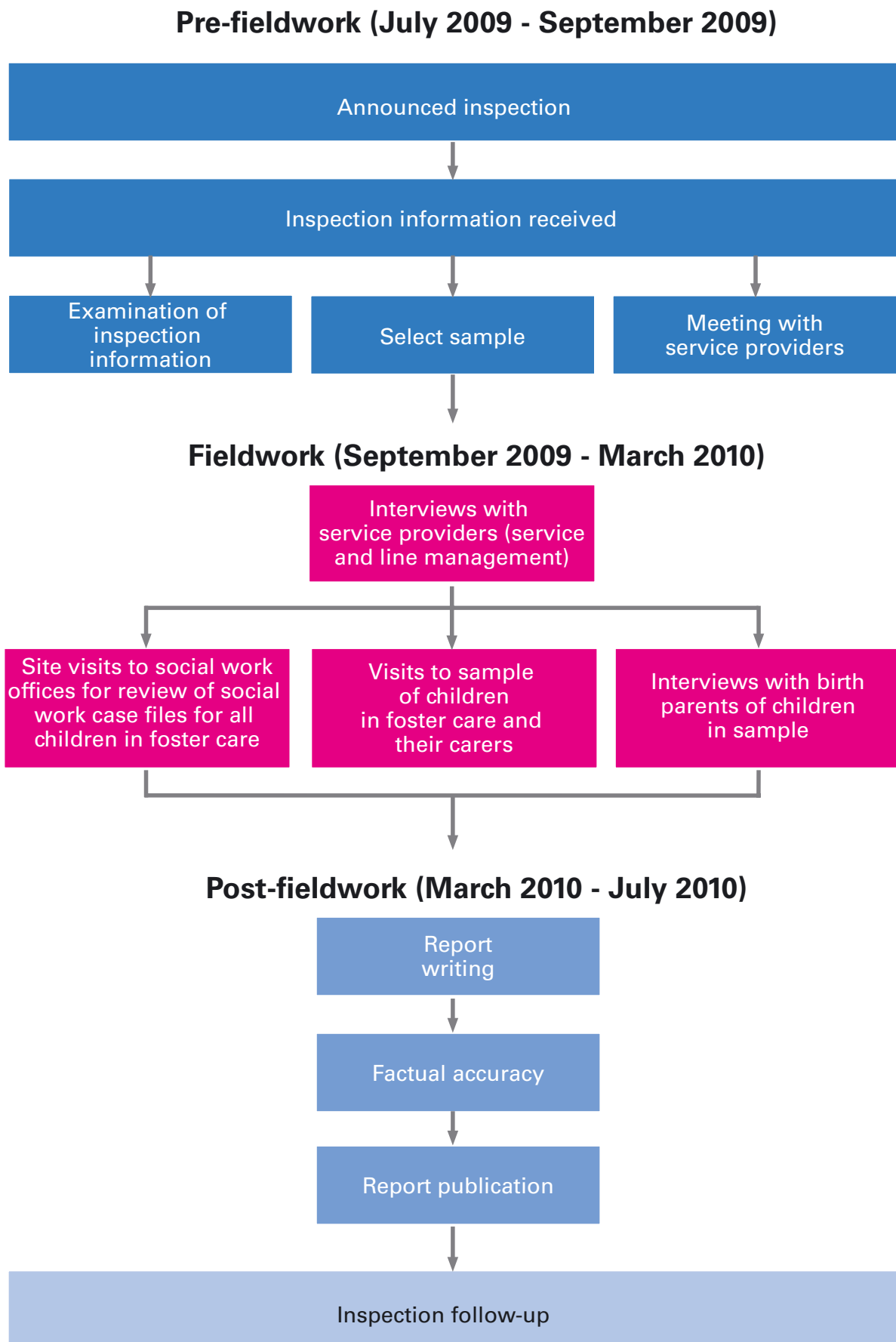
Visits to foster households were arranged directly by inspectors following receipt of foster carers' contact information from the social work departments in the HSE Area, subsequent to the independent selection of the sample by the Authority. Inspectors met with the carers and foster children and in some cases spoke to the carers' own children and young people over 18, who had remained in their foster placement having been discharged from care. Inspectors also viewed the foster children's sleeping accommodation.

For the purpose of presentation, the findings of this inspection are grouped into themes as follows:

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

The following chapters outline the findings under each of these themes.

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



* Issues that arose during the course of inspection which required immediate attention were notified to senior Health Service Executive management

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, and for the friendly way in which they were welcomed into foster carers' homes. Inspectors also wish to acknowledge the level of cooperation, assistance, and professional courtesy extended by social workers, administrative staff and senior managers in the HSE Dublin North Central Area during the inspection period.

3 Profile of foster care services in HSE Dublin North Central 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 of a number of social work teams, each team led by a social work team leader, under the direction of a principal social worker.

Dublin North Central Local Health Office provides services to the communities of Ballymun, Santry, North Inner City, Drumcondra, Dollymount, Fairview, and Clontarf.

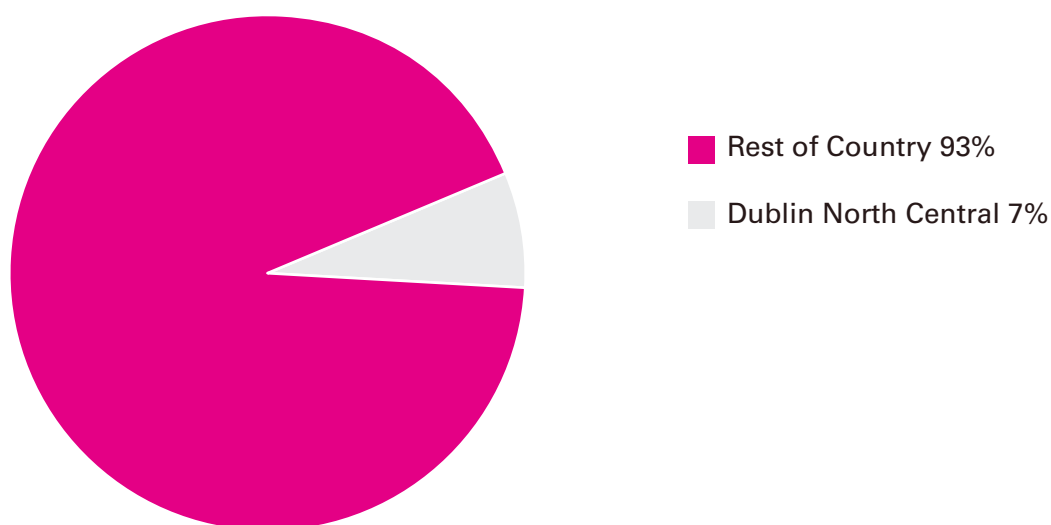
HSE data indicates (see Table 2 below) that in 2008, 310 children were in foster care in HSE Dublin North Central Area, and this amounted to 7% of the 4,742 children in foster care nationally in 2008 (see Chart 1 below).

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

	National	Dublin North Central
Number of children in care 2008	5,347	356
Number of whom in foster care	4,742	310
Percentage of whom in foster care	89%	87%
Number of admissions to care 2008	2,013	130
Number of whom were to foster care	1,585	99
Percentage of whom were to foster care	79%	76%

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

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



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

The Dublin North Central Area had two social work departments, for the Ballymun area and for the Mountjoy Square area. Inspectors were told that this was due to the density of the population and levels of social deprivation in the locality. HSE data indicated that there were 39 social worker posts with 5.4 social work posts vacant. There were eight team leaders, three of which were in acting* positions and two Principal Social Workers across the Area. The organisational structure of the Dublin North Central Area Social Work Department line management structure in its Ballymun and Mountjoy Square offices is outlined in Appendix 2 and 3 respectively on pages 72-73.

All teams had responsibility for children in foster care as well as children and families in the community. The majority of these foster care cases (154) were held by the Children in Care Team based in the Mountjoy Square offices, with 38 foster care cases awaiting transfer from the North Great George's Street Duty Team. At the time of inspection, this Children in Care Team had one acting team leader and three social workers, with two social worker posts vacant.

There was one fostering team, managed from Mountjoy Square, with eight fostering link social workers and one team leader. This fostering team supervised and supported the 215 foster carers in the Area. The Local Health Manager delegated responsibility for liaising with the inspectors to the General Manager, who was responsible for both social work offices. During this inspection the Local Health Manager at the time vacated the post and the General Manager became the Acting Local Health Manager.

3.1 HSE Monitoring Officer for Foster Care

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

* A post usually vacant and temporarily filled by a relevant qualified member of staff pending the appointment of a permanent person.

4 Findings

This section sets out the findings of the inspection of fostering services in the Dublin North Central Area under a number of themes, as follows:

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

4.1 Concerns raised in the review of the initial HSE data

Information gathered during the first stage of the inspection resulted in the decision to halt the standard inspection process, to proceed with a much broader inspection of the foster care service and to seek immediate actions to address the deficiencies in statutory duty by the HSE.

Inspectors examined the initial data returned from the HSE and found a significant number of children had not been visited for a number of years by social workers. There were also a significant number of un-assessed** and unapproved relative carers (see Table 3 on the next page).

In response to specific requests from inspectors, the local health Area struggled to provide a definitive up-to-date list of children in foster care in its Area. There was no register for children in foster care as required by the 1995 child care regulations and no panel of foster carers maintained for or by the Area.

There were also a significant number of un-assessed and unapproved relative carers without assigned fostering social workers. The findings, following an analysis of the information returned by the HSE, are summarised in Table 3.

Inspectors requested information from the HSE on the assigned of social workers, care planning and social work visits as of 30 September 2009. The findings, following an analysis of the information returned by the HSE, are summarised in Table 3.

** Under the regulations the HSE is required to formally assess the suitability of candidates to be foster carers or relative carers.

Table 3. Findings on analysis of information provided by the HSE for children in foster care on 30 September 2009.

	Dublin North Central	%
Number of children in foster care (general and relative) by area	316	100%
Number of children without an assigned social worker	94	30%
Number of children who had not been visited in the past six months by a child and family social worker	99	31%
Total number of foster carers (general and relative) by area	Total 215 (80 general carers and 135 relative carers)	100% (37% general carers and 63% relative carers)
Number of unapproved relative foster carers	135	100%
Number of foster carers without a link social worker	Total 122 (26 general carers and 96 relative carers)	57% (33% of general carers and 71% of relative carers)
Number of children with no review in the 12 months prior to the inspection fieldwork	155	49%
Number of children without care plans	53	17%

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. Inspectors met with 26 children in foster care out of the 32 in the sample independently selected by the Authority, and their carers, to assess the quality of care provided to them. In addition, a telephone interview with one child was conducted. The profile of the sample of children included 13 children who were placed with relative foster carers and 19 who were with non-relative foster carers. Fourteen children were in voluntary care, and 16 were on full care orders and one was on a wardship order. Seventeen were in short-term placements, two were in long-term placements.

4.1.2 Profile of the foster carers in the sample group

Of the 32 carers in the sample, 14 were general foster carers and 18 were relative carers. There were six single carers and 13 couples. Inspectors examined records of all the carers in the sample and found that in total 21 carers were assessed in accordance with the National Standards.

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 have an assigned 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.

4.2.1 Findings from the review of HSE case files on social workers for children

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

4.2.2 Information from HSE data – assigning of a social worker

This Standard was not met in full.

Inspectors found that 197 children (62%) had an assigned social worker and 94 (30%) did not. Full information was not provided by the Dublin North Central on 25 children. The majority of these cases were held in the Mountjoy Square social work office by the Child in Care Team. Inspectors found that 55 children in relative care (42%) did not have a social worker compared with 39 (25%) of children in general foster care. When children do not have a social worker then they may be not routinely or regularly visited by a social worker in accordance with the National Standards.

In the Area, case files indicated that some children did not have up-to-date care plans and were not met with in private by an assigned social worker. Therefore, there was no reliable means by which the HSE could be assured that all of the children in its care were being looked after safely and well. Table 4 illustrates the findings following analysis of initial material provided by the HSE of the allocation of social workers to foster children in the Dublin North Central Area.

Table 4: Summary of findings following analysis of initial material provided by the HSE to inspectors on type of care and assigned social worker

Type of foster care in HSE Dublin North Central Area	Children	%
ALL FOSTER CARE	316	100%
Assigned a social worker	197	62%
Not assigned a social worker	94	30%
Full information not known to the Authority	25	8%
GENERAL FOSTER CARE	160	100%
Assigned a social worker	121	76%
Not assigned a social worker	39	24%
RELATIVE FOSTER CARE	131	100%
Assigned a social worker	76	58%
Not assigned a social worker	55	42%

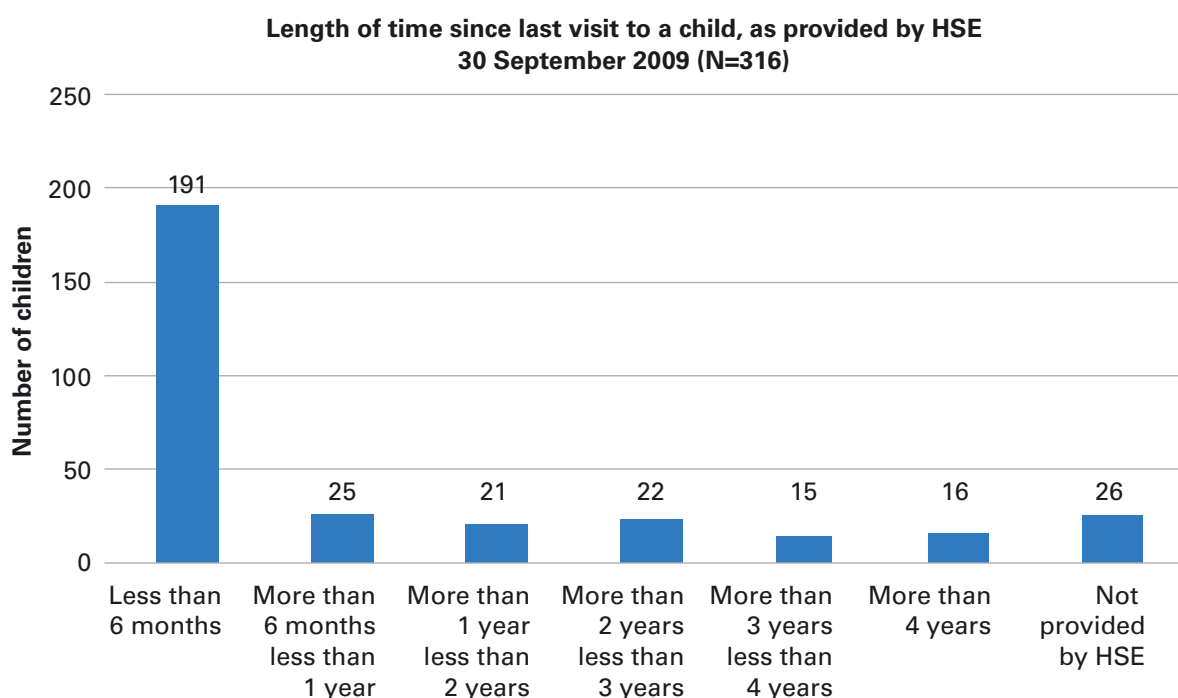
4.2.3 Information from HSE data – social work visits to the children

Under the child care regulations children are required to be visited by their social worker at a minimum of six-month intervals when in placement for over two years. In the initial stage of this inspection, inspectors were told there was a strong possibility that there were a number of children that may not have been visited by a social worker for some time. Many of these children were living with relative carers that had not been assessed or approved by the HSE.

This information was provided by the HSE during the pre-inspection fieldwork phase as detailed in Table 5. Fifty-three children (17%) had not been visited by a social worker in the two years prior to the inspection. Some children had not been seen for a longer period of time. This was of serious concern to inspectors given that the HSE had no means to ensure that these children were still in the placement, that they were safe and that their needs were being met.

Ten of the children not assigned a social worker had visits by link social workers. Inspectors were told that children not assigned a social worker were placed with foster families with assigned link social workers – so that as a minimum safeguard this link social worker was visiting the child. However, this was not evident from the case file data, as inspectors found that 34 of the 94 children without social workers were living with relative carers without link social workers.

Table 5. HSE data provided to the Authority on the last previous contact that all children in foster care in HSE Dublin North Central had from a social worker



4.2.4 Information from HSE data – 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 1995 child care regulations, 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 evidence that the HSE Dublin North Central was in breach of these regulations for a significant number of children in foster care.

Inspectors noted from the review of case files that five children who had no care plans were moved to numerous different placements, while there was evidence that the impact of these multiple moves were not adequately addressed. This was a serious matter of concern given that early intervention and robust planning are essential for these children to prevent them experiencing further distress from the often chaotic nature of multiple moves within the care system.

Children’s case files should adequately record the number and type of care placements for each child. From the review of case files for 344 children, inspectors found that 29 did not have this information on record, and a further 21 did not have this information recorded to a good standard. As such, an adequate level of information was found to be in place for 294 children. This was particularly disappointing as children’s care plans had a specific section in which this information should have been recorded.

Inspectors found that three of these 294 children had remained with the same foster carers from their initial placement in care, while another 151 had one previous care placement. It was not possible for inspectors to assess whether this data indicated stability for these 154 children, considering the number of children who did not have adequate care planning or case reviews. However, it may be a positive finding for many of these children, as it provided an opportunity for positive attachments to develop. The case file review also showed that 131 children had in excess of two placements prior to their foster care placement. There was a small cohort of children (five) who had had a significant number of care placements (10 or more). It was not possible for inspectors to determine the reason for every placement move.

Information initially provided by the HSE was that 53 children (22%) in foster care in the HSE Area had no care plan (see Table 6). Inspectors found from the review of the files that the number of children without care plans was higher than figures provided initially by the HSE. Sixty-three (26%) rather than 53 (22%) of children had no care plans and 111 children did not have their care plan reviewed as required by the regulations. The majority of these children were not assigned a social worker or historically had periods of time without a social worker. Some of the children without care plans or recent visits were assigned a social worker but these regulatory tasks were not completed.

By failing to review care plans the HSE could not verify that even when the foster carers were looking after the children well, the welfare and best interests of some children would not be better served by returning to the care of their birth parents. By failing to adequately plan for the children’s care, the HSE could have been depriving some children of the opportunity to grow in their own families.

Table 6: Care plan details for all foster children in HSE Dublin North Central Area

	Figures provided by HSE	Figures gathered through inspection from review of case files by the Authority.
Children with care plans	247	241
Children without care plans	53	63
No information provided	16	12
Total	316	316

4.2.5 Information from HSE data – preparing children for leaving care and adult life

Inspectors were told that some children had turned 18 without any social work interventions or guidance prior to this time. Inspectors were told of concerns about the vulnerability of some children leaving foster care. There was evidence that other children stayed on in their foster care homes when they turned 18 years of age. Inspectors noted from information provided by the HSE that four children had turned 18 and had no care plan reviews or social work visit in the three years prior to leaving care. There were two HSE aftercare workers in the Area. The Authority recommended that all children be adequately supported in leaving care as in Dublin North Central, there were 35 children aged 16 and over in foster care at the time of inspection.

4.2.6 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 fostering link social worker completes a matching assessment of the foster carers and both reports are presented to the foster care committee for approval.

In Dublin North Central, there were very few assessment reports on file for the process of matching of short-term placements to long-term carers.

A key issue for the HSE to address was the retrospective approval of long-term placements. Inspectors noted that 76 children were living in short-term placements for over six months. Approximately 10 of these children had been in these placements for over 10 years. The lack of assessment and approval of carers was unacceptable.

4.2.7 Findings from the sample of children on social workers for children

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

4.2.8 Foster children sample – assignment to a social worker service

Thirteen of the 32 children were assigned a social worker and 19 were not. Inspectors found from case files and interviews with children and foster carers, that practices were generally good when a child was assigned a social worker. These included good contact between social workers, children and foster carers, regular visits to children, and good planning in relation to a child's immediate and future needs. Inspectors also found that a high value was placed on maintaining family contact.

Some foster carers queried the effectiveness of some social workers and referred to the various levels of experience of social workers. Some foster carers, particularly relative carers, spoke of the perceived power differential between them and social workers. Some foster carers were worried that raising concerns with the social workers may result in the children being removed from their care.

One relative carer, who had been caring for his/her foster child for a number of years, told inspectors that he/she was concerned that the child's parents could arrive unannounced on his/her doorstep to see the child. However, he/she was worried about bringing this to the attention of the HSE social worker.

There was evidence that being assigned a social worker did not always ensure a better service or good practices. The majority of children were found to have had numerous different social workers within short periods of time. For example, one had four social workers over a three-year period, one had nine social workers in a 12-year period and one had eight social workers in an eight-year period.

For the 19 children in the sample who had not been assigned a social worker, the foster family was assigned a link social worker who carried out many of the duties associated with a child's social worker. These included arranging and deciding access visits between children and their families, decisions that should be made within the statutory review and care planning processes. In some instances, link social workers arranged case reviews, having liaised with the children's social work team leader, and reported back to the team leader on outcomes. Some fostering social workers said they recorded information on foster carer's files, not on children's files.

There was evidence of good practice by the fostering link social workers. For example, they had made referrals for specialist interventions and dealt with day-to-day issues that emerged in some foster placements. Some foster carers told inspectors that they "would be lost" without these supports and valued them.

Where neither the child nor the foster carers were assigned a social worker, inspectors found significant deficiencies in areas such as visiting by a social worker (to ensure the ongoing safety of the child), care planning, consultation and decision making amongst others. In one case, inspectors found that visits had not been made to the foster care household, the child did not have a care plan on file, there was no evidence of a child-in-care review ever being held and the foster family had no supports. In one case, a parent of a child had died during the inspection fieldwork, and foster carers told inspectors that no support had been provided to the child or the carers at that time. In another case, inspectors found evidence that access between the child and their parents was poor and chaotic – the foster carer was unsure as to the appropriateness of this access at times, and told inspectors she/he had little or no support in relation to this matter.

4.2.9 Foster children sample – notification of significant events

There was no universal definition by the Social Work Department of a significant event that required notification to managers. Notification of such events such as the death of a parent was found to be at the discretion of individual social workers and they were also found to be inadequately recorded in case files.

4.2.10 Foster children sample – social work visits

This Standard was partly met. Inspectors found evidence that 21 of the 32 children in the sample had been visited within the frequency required by the regulations. When visits took place, inspectors found from interviews with children and carers, and case records, that social workers met children alone from time to time and viewed their accommodation and sleeping arrangements. Inspectors found that 11 children were not visited by social workers within the statutory timescales. Eight had not been visited by social workers in a significant period of time. For example, four had not been visited since 2007, two since 2006 and two had no records of visits before 2008. The six children not visited since 2006 and 2007 were not assigned a social worker and the two who had no record of being visited before 2008 were assigned a social worker at the time of inspection, but were not assigned one for periods of time before 2008.

4.2.11 Foster children sample – care plans and reviews

This Standard was met in part in the sample group. Inspectors found that 24 of the 32 children had a care plan on file. Ten were up to date and 14 were not. One had not been updated since 2007. Seventeen of the 24 care plans on file were of good quality and contained all relevant information. The remaining seven were not. Where care plans were good, inspectors found high levels of consultation, and this was confirmed by children, birth parents and foster carers interviewed. There were also good assessments of the needs of individual children and planning for their future. Most of these care plans were supported by reports from other service providers and disciplines such as education, family support and psychology. Actions to be taken were clear and responsibilities were outlined. Case records held reports written by young people which contributed to the decisions made about them, and a significant amount of them attended their child-in-care reviews. This was typically the forum in which decisions were made. Inspectors found no evidence of young people being provided with a copy of their care plans, or evidence of care plans being presented to children in a way that was accessible to them in an age-appropriate manner.

Where the quality of care plans was poor, or required some improvement, inspectors found that there was low levels of consultation, report templates were incomplete, reports were unsigned and / or undated and contained incorrect information such as dates of birth and/or children's names. One child in care since 2001 had never had a care plan, and due to the poor quality of information on this child's file, it was impossible for inspectors to assess whether the possible risks to this child, and / or his/her needs, had been adequately assessed.

Inspectors found evidence of the negative impact of poor care planning, or the absence of care plans, on several children in the sample. One foster family wished to adopt a child. He/She had not had a care plan reviewed since 2006 and her/his current care plan was of poor quality. Inspectors were told that the Adoption Board had stated that to process the adoption further, the Social Work Department was required to carry out certain tasks. The foster carer reported being unaware of what was being done, whether they could adopt the child or not and who was attending to this. This was a child whose future was very uncertain.

Case records and interviews with children, foster carers and social workers provided evidence that 25 children had a child-in-care review during their time in care. Twenty-one were not held within the statutory timescales. Some children attended their child in care review meetings and others submitted written and / or verbal reports. Where children did not attend, there was little evidence to show that outcomes had been fed back to them by social workers.

Inspectors found that 25 children had a copy of their child-in-care review meeting minutes on file and seven did not. One child had never had a child-in-care review and two had a gap of four years between reviews and in another case, there was a three-year gap.

Another child had not had his/her care plan updated since 2005. This was a child with acute learning and behavioural problems that had yet to be definitively assessed or fully diagnosed and required 24-hour care. She/he was not assigned a social worker at the time of the inspection fieldwork. A further child who also had a learning disability had a care plan that was dated 2006. His/her foster carer told inspectors that she/he had little social work interventions or support. The child was not assigned a social worker. The foster carer had met with his/her link social worker once in the year prior to inspection. Inspectors found evidence that any services that children with disabilities had received were due to the resilience and determination of the foster carers involved, not as a result of appropriate planning and securing of services by the HSE Social Work Department.

Other examples included a sibling group who had not had a care plan updated since 2006 and inspectors found that links with their extended birth family and birth father were poor. These young people were not assigned a social worker.

Two relative foster carers told inspectors that in the absence of care plans and ongoing meetings and social work contact associated with the care planning process, the status of reunification between children and their birth parents was unclear. They were unable to tell inspectors what the long- or medium-term plan was for the children in this context, other than to say that they would keep the children for as long as was necessary. These were children who had not been assigned social workers to advocate for them, or work with their birth parents to see if they would be able to care for their children in the future. Neither of these children had up-to-date care plans.

Inspectors also found that some children were not familiar with the information on their family background as detailed in their care plan. Inspectors acknowledged that social workers may have assessed the risks attached to making this information available to some children. However, in other cases this was not so. This was not good practice. One child told inspectors that he/she did not wish to read this information and was not told of it before he/she had access to the document. Social workers told inspectors that when a case was transferred to them they were not always aware of what information the child had had access to previously, or if they had ever read a previous care plan. Inspectors found this to be unacceptable practice.

Inspectors found two cases where one child living with siblings with a relative was in the care of the HSE and the others were not. It was possible that there were other similar situations.

The foster care allowance was paid for by the HSE and was more than the alternative guardianship allowance provided by the Department of Social Protection. Inspectors were told by a social work team leader that it was general social work practice for children to be placed in voluntary care with appropriate relatives in order to facilitate payment of the foster care allowance. Social workers viewed this payment as a means of helping children stay within their extended families. This practice should cease for a number of reasons:

- a child should not be needlessly placed in the care of the state if the child could be cared by a relative with the support of a guardianship allowance
- a monetary incentive could create barriers in reunifying children with their birth families due to the loss of income for the relative
- and it creates a false need for regulatory social work requirements for the child.

The HSE should examine this issue and ensure that children only come into the formal care of the state due to a need for care and protection.

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 Central Local Health Area must implement the recommendations above and:

- make every effort to minimise the number of changes in assigned social workers for individual children
- visit all children who have not been visited by a social worker within the statutory timescales
- review the case of one child in relation to the possible adoption of the child.

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

Each foster carer should have an assigned social worker known as a link social worker assigned to supervise and support them. Under the National Standards the link worker has the key role on behalf of the HSE for the supervision and support to the foster carer(s). 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.

This Standard requires that foster carers are assigned a fostering link social worker that supervises standards of care of foster carers. They also recruit and assess new foster carers, support and review current carers, and provide training for carers.

This Standard was partly met in Dublin North Central, as outlined in the following sections.

4.3.1 Analysis of HSE data on link social workers

Inspectors analysed data provided by the HSE in the initial phase of the inspection. The fostering team had eight fostering social worker posts and one acting team leader. One fostering social work post was vacant. They supervised 93 foster carers and the remaining 122 were not supervised (see Table 7).

Table 7: HSE information on fostering link social workers in HSE Dublin North Central Area

Foster carers with / without assigned social workers	Number	%
All foster carers	215	100%
Assigned a link social worker	93	43%
Not assigned a link social worker	122	57%
General (non-relative) foster carers	80	100%
Assigned a link social worker	54	67.5%
Not assigned a link social worker	26	32.5%
Relative carers	135	100%
Assigned a link social worker	39	29%
Not assigned a link social worker	96	71%

It was a concern to inspectors that the children with relative carers were less likely to have social workers, their carers generally had not been approved or assessed and were less likely to have assigned link social workers. Figures provided by the HSE indicated that 122 carers had no assigned link social worker. The majority of these (96) were relative carers.

The training unit in the Area provided regular programmes of training to foster carers alongside the link social workers. However, inspectors were told that attendance at training was poor at times. This issue is explored further among the sample group of carers later in this report.

4.3.2 Reviews of foster carers

Dublin North Central link social workers did not carry out reviews of foster carers every three years as required by the National Standards. This is a mechanism in which the vetting, quality and training needs of carers are reviewed and the outcome brought to the Foster Care Committee. These reviews should be urgently implemented as required by the Standards.

4.3.3 Policies for foster carers

There were no policies for foster carers provided by the Area. National policies, such as the Joint Protocol between the Garda Síochána and the HSE for Children Missing in Care, had not been shared with carers. The fostering team was unaware of other

national polices such as arrangements for children to sleep over with friends or guidelines for arranging babysitting.

4.3.4 Foster carer sample – supervision and support findings

Foster carers told inspectors that they valued the contact provided by their link social worker and had access to them when they needed. Link social workers were in regular contact with the carers and visited them on a regular basis. Eighteen foster carers in the sample were found to have been assigned a fostering link social worker, and 14 were not.

Where there was no link social worker assigned to the foster carer, inspectors found that the child's social worker filled both positions. While this demonstrated a flexible approach by the fostering social work team, this was not in accordance with the National Standards in that each child should have social worker and each foster carer a separate link social worker. Inspectors found that this was occurring for all children without social workers and social workers reported that this was not ideal, as there was a potential for a conflict of interest, particularly where there was a child protection concern.

Where neither the foster carers nor the child was assigned a social worker, foster carers told inspectors that they felt abandoned by the system and not valued or supported. Several were angry that the HSE in Dublin North Central had left both the family and the child unchecked for long periods of time and made the point that these were vulnerable children who deserved to be protected by the system.

Inspectors found that training was offered regularly to foster carers in the sample group by the fostering link social workers. This was notified in writing to carers by the Social Work Department. However, the attendance was poor. Some foster carers told inspectors that they did not attend due to a lack of babysitting arrangements and / or no interest in the area of training that was offered. Nonetheless, there was evidence that fostering link social workers had consulted with carers on required or interesting areas of training, and had acted on this information. While some training was provided to non-relative carers no training had been provided to relative carers. This was being addressed by the HSE Child Care Training Unit and a programme of training for relative carers occurred during the inspection period.

Generally, inspectors found that some foster carers (particularly relative carers) experienced episodes of lack of confidence in their ability to parent the children, and required emotional support and assurance from a social worker. This was particularly evident where no social worker was appointed to them or to the child in their care.

There was a general consensus amongst foster carers that social workers had a heavy workload and as a consequence there was little to be achieved in making complaints to them. This was not satisfactory. Areas highlighted by carers included securing medical cards, consent issues for routine matters relating to the child, uncertainty about access arrangements or aspects of the family access. Where foster carers were assigned a link social worker they sought advice and direction from them on these issues.

One of the key complaints raised by some carers was the uncertainty about the placement of the children with them. As there were deficiencies in the care planning process for some of the children, some foster carers were unsure as to the long-term plans for children.

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.

4.3.5 Assessment and approval of general foster carers

Persons who apply to become foster carers must undergo a formal assessment and under the Standards this should be 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 not fully 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, the foster care committee considers the application for approval as carers for the specific child. Inspectors found that the Dublin North Central Area was in breach of these child care regulations for a number of foster carers.

Part III, Article 9, of the child care regulations also requires that there is a formal contract between the HSE and the foster carer for any child placed with him/her. Inspectors could not find evidence of these contracts on file for all of the children living with foster carers. The Fostering Team Leader told inspectors that the use of this contract was not standard practice in this HSE Area.

4.3.6 Model of assessment

Social workers were trained in the model adapted locally from the British Association of Adoption and Fostering (BAAF) Form F fostering assessment which was accompanied by an assessment tool. Generally, inspectors found that assessments did not occur within the 16 weeks required by the Standards. Inspectors were told about delays in approving foster carers by the Foster Care Committee as assessments were oftentimes returned as incomplete with the Committee seeking additional information or documentation. One assessment report was returned three times by the Foster Care Committee.

According to information provided by the Area, 80 of the 215 foster carers in the area were general foster carers. Inspectors were told in interview that all of the general foster carers had been vetted, assessed and approved in accordance with the child care regulations.

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.

4.3.7 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 reviewed the assessment and approval of relative foster carers in the Area against Standard 14.b of the *National Standards for Foster Care*:

Standard 14.b

Relatives 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 partly met.

Similar to general foster carers, the child care regulations (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 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, the foster care committee considers the relatives' application for approval as carers for the specific child. The child care regulations 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 by the HSE with the full assessment to be completed within 12 weeks. The initial checks are a visit to the home by a social worker, interviews with carers and the child, application for a Garda Síochána check and sourcing references. Inspectors were told that, while these initial checks had been carried out, full assessments and subsequent approval of the majority of the 135 relative carers had not occurred.

4.3.8 Analysis of HSE data – assessment of relative carers

While the majority of children living with relative carers may be cared for safely, the requirement for assessment of carers is to reduce potential risks for all children concerned. Inspectors found that two child protection cases reported in this report were about children living with relative carers. These relative carers had not been assessed and approved and after the placement serious concerns arose about the capacity of the carers. One child was subsequently moved following a serious incident of domestic violence. In the second case, a group of siblings were found to be at risk due to the lack of capacity of the carers. Both the children and their carers had no social work support. An immediate child protection case conference was called and one child was removed and a number of protective strategies were put in place.

There was no record of how checks with other HSE areas were carried out about whether the foster carers had previously fostered in another HSE area. There was no formal process for this to occur.

4.3.9 Foster children sample – assessment of relative carers

Inspectors were told that relative carers had an initial assessment which included checks by Garda Síochána and obtaining references. It was not evident from the review of files for relative carers in the sample that these checks had been completed for all relative carers. Inspectors found evidence that nine of the 18 relative carers in the sample had undergone an initial assessment. There was no evidence of seven having been assessed.

4.3.10 Foster children sample – assessment of their general foster carers

This Standard was partly met. Inspectors found that all 14 general foster carers in the selected sample of children in foster care were assessed to a satisfactory standard. Garda Síochána checks were on file for six of the 14 general foster carers, evidence was not found in relation to another six and records were unclear for two. Eight had two references on record and six did not. Most of the foster carers told inspectors that they either read or were provided with a written copy of their assessment and its findings and none had made an appeal in relation to these.

4.3.11 Foster children sample – vetting of their relative carers

The Standard was partly met. From the 17 link social worker files available, there was evidence that seven relative carers had been checked by the Garda Síochána and nine had not. Five had two or more references on file, one had one and two had evidence of phone references being sought. Eight had no references on file.

Most of the relative carers that inspectors interviewed were unclear as to whether they had been assessed and some told inspectors that the length of the placement was undecided. All of the carers interviewed by inspectors fully understood the purpose of assessment and some were anxious to have an assessment completed to “validate” their position.

4.3.12 Maintenance of fostering link social worker records

This Standard was partly met. Inspectors found that case records on foster carers, both allocated and un-allocated, varied in content and standard. Therefore, information related to particular foster carers was either of a good standard or scarce, unrecorded or recorded to an unsatisfactory standard. There was no uniform approach to the recording or structuring of these case files and information was difficult to ascertain.

4.3.13 Emergency approval of foster carers in HSE Dublin North Central Area

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.

Information from the HSE Monitoring Officer’s report in July 2009 stated that there were 17 foster carers with emergency approval. These placements were approved by the General Manager and Principal Social Worker. Generally, these carers were beginning or nearing the end of the assessment process. The Monitoring Officer noted that the number of placements with these emergency approved carers varied

from three to 22 children. There was no evidence that these emergency approvals were monitored, nor if these carers were prioritised for assessments and approval. Inspectors found that one non-approved, non-assessed relative carer was now caring for a non-relative child.

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.

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 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 not met in full.

Inspectors obtained information on cases of child protection concerns from three main sources:

1. Inspectors were provided with information on child protection concerns relating to 19 children that had been managed by the HSE in the year prior to the inspection.
2. Inspectors identified possible child protection concerns for a further 18 children arising from the review of the HSE's case files and an additional 37 safeguarding concerns which may present in future as more serious concerns.
3. The HSE identified child protection concerns for seven children from safeguarding visits by a temporary foster care project team established by the HSE as part of its action plan in response to the initial concerns raised by the Authority.

4.4.1 Information on child protection concerns for 19 children managed by the HSE prior to the inspection

The HSE provided inspectors with information on child protection concerns and allegations made by 19 children during 2008 and 2009. Fourteen were allegations and concerns against foster carers who were providing foster care placements at the time of inspection. Four were concerns about medical needs of children and one was a concern about possible risks from a family member to a child. These concerns had been dealt with by the Social Work Department in HSE Dublin North Central and these files were examined by inspectors.

Of the 14 allegations and concerns about foster carers:

- two of these cases related to allegations of emotional abuse
- four related to allegations of physical abuse by carers
- three related to situations whereby children were allegedly at risk due to poor supervision
- two related to allegations of emotional and physical abuse
- two related to allegations of neglect
- one related to allegations of sexual abuse.

All of the allegations of physical abuse related to the use of physical punishment, that is slapping to discipline children.

There was evidence that all of these allegations had been investigated by the HSE and outcomes reached. One foster carer was deemed unsuitable to continue fostering and was formally removed from the panel of carers in the HSE Area through the Foster Care Committee. Four children were removed from their placements due to concerns about the capacity of their relative carers to provide safe care.

While the majority of these cases were managed appropriately, inspectors found evidence of some deficiencies in the process in assessing concerns. Inspectors requested that the management of allegations made by three children against two foster carers be reviewed by the HSE.

In one case, one child was allegedly slapped by carers on several occasions. The outcome of the assessment by social workers confirmed this incident as occurring but noted it as unconfirmed physical abuse. This child moved from the placement at the request of the carers. Inspectors found at the time of the inspection that there were two other children living with these carers. One child was from another HSE local health area. Another child living with these carers had not been interviewed during the initial assessment of the allegation. The social worker of the second child recently placed with these carers had not been informed about the recent allegation about the carers.

Inspectors asked for the management of this allegation to be re-examined and social workers for the other children to be informed of the concerns. Inspectors were subsequently informed that these carers would no longer be fostering due to concerns about their capacity to foster and the children were being moved to alternative placements.

In another case, a child who had previously lived with foster carers reported concerns about his/her care to two other children living with him / her. These concerns related to the alleged use of excessive physical discipline and were reported to the Social Work Department in August 2009. At the time of the inspection in October 2009, none of the children in this placement had been interviewed by social workers. The social worker of a third child living there had not been informed of the allegation. Inspectors requested these issues be addressed without delay. The Social Work Department and Acting Child Care Manager provided evidence that these concerns had been subsequently and appropriately managed and that the children's placements were being monitored and supports were put in place by the HSE.

The Acting Child Care Manager told inspectors that four of these 19 cases had been notified to the child protection management team in the previous year. The Acting Child Care Manager also stated that he had not been informed of the other allegations against foster carers as required under the Standards.

4.4.2 Information from HSE data – child protection and safeguarding concerns

Inspectors informed the HSE of possible child protection concerns arising from the inspectors' review of case files for all children in foster care in the Area.

Inspectors found possible immediate child protection concerns for 18 children from reading case files. The HSE stated that concerns relating to one child had been

addressed and this was reflected on the child's file. There were concerns about six carers of 10 of the 15 children.

Inspectors were informed that foster carers for two children were undergoing an assessment following notification by inspectors during the inspection period, that historical allegations had not been assessed since August 2009. Inspectors noted that one child from another HSE local health area was living with these carers and their social worker was not aware of these historical allegations. The HSE informed inspectors that this was also being addressed by the HSE Area's Social Work Department.

The HSE told inspectors that its social workers had visited the remaining children and stated that appropriate actions had occurred to address the concerns raised by inspectors. This included two children being moved into separate bedrooms, liaising with the Garda Síochána on a criminal investigation relating to a family member and continued monitoring of and support for one foster carer.

From the review of the case files, inspectors informed the HSE in Dublin North Central of other safeguarding issues for an additional 37 children. Some of these related to incomplete information on file and a lack of assessment of risk on reported concerns. These included poor risk assessments, foster carers not being vetted, and the inadequate management of risk all of which could increase the risks to a child, and develop into more serious child protection concerns.

4.4.3 Safeguarding visits

Inspectors were informed by the HSE of child protection concerns arising from safeguarding visits to children by the HSE as requested by the Authority.

Safeguarding visits were carried out by HSE social workers and from these visits, particular concerns about the safety and wellbeing of seven children arose. There were concerns about the emotional wellbeing of one child and there was evidence that two placements were at risk of breaking down. There was evidence that an allegation of sexual abuse made by a child against a birth family member had not been addressed. The remaining concerns related to alleged slapping of a child by a foster carer and concerns about alleged substance misuse by a child. The HSE informed inspectors that the Area's social workers were working with these children and carers to manage these concerns.

4.4.4 Findings on the management of allegations

A child's social worker should coordinate the assessment of allegations made by a child in care. Best practice would dictate that the child's social worker should interview the child and other key people in his/her life to establish if there are grounds for concern. All children in the foster care household should be interviewed. The foster carers should also be informed about the concern unless to do so would prejudice any investigation by the Garda Síochána or put the children at risk. Following this process the social work team leader, in consultation with the social worker for the child, determines the outcome of the assessment and whether there are ongoing concerns about the child requiring notification to the child care manager.

The majority of cases were suitably managed through social worker practices and the internal child protection system. However, there were some deficiencies. The factors which contributed to these were that there was no:

- system to safely manage the high number of children awaiting the allocation of a social worker
- uniform approach to the supervision of social workers
- risk assessment model to support social workers in making assessments about the safety of children following an allegation or concern about their care
- guidance for social workers on the community and foster care teams on managing allegations made by children against their foster carers including liaising with other local health areas
- child protection committee as required under *Children First: National Guidelines for the Protection and Welfare of Children* for sharing information between professionals and agencies about child protection concerns.

There was evidence that neither the Foster Care Committee nor the Child Care Manager had an overview role in holding information on allegations or concerns about foster carers. The purpose and functions of the Foster Care Committee and Child Protection Notification Committee were not being coordinated. Inspectors found that the Foster Care Committee was not routinely informed of allegations against foster carers.

As allegations and / or complaints made by children against foster carers were held on individual children's files, the Foster Care Committee did not hold central information on all allegations or concerns about foster carers throughout their time as carers. There was no central system for monitoring complaints or concerns about individual foster carers.

Inspectors noted that the HSE did not have a national system for sharing information with other local health areas when foster carers had been removed from the panel of carers in one local health area due to confirmation of abuse or concerns about suitability. This deficiency should be addressed immediately by the HSE.

The Standards also require that the child care manager is informed of all allegations against foster carers. There was evidence that this had not occurred for seven of the allegations against foster carers in the HSE Area.

There was evidence of poor internal communications in the Social Work Department. For example, in interviews, inspectors noted that the Fostering Team Leader and Social Work Team Leader for the Child in Care Team each thought that it was the other's responsibility to notify the social workers of all children in the same foster care placement when an allegation had been made against a foster carer.

This should be addressed as a matter of priority.

The Children First guidelines were not being fully implemented. Inspectors were told by senior HSE managers, and viewed information showing, that an agreement was reached between employee trade unions and the former Eastern Regional

Health Authority in 2001 that a number of local health areas, including HSE Dublin North Central, would not implement the Children First guidelines due to inadequate resources in the social work departments. If an area wished to implement Children First, the HSE had to re-negotiate with the IMPACT trade union. This had not been reviewed since this time.

However, there was evidence that Dublin North Central had developed a local child protection policy that was similar to Children First and was generally working well in guiding child protection work. There were some deficiencies in relation to recording of child protection concerns following notification to the Garda Síochána.

In some files, inspectors found there was no follow-up information on subsequent actions or decisions following a positive HSE assessment of abuse during foster placement. It was not evident if a prosecution had occurred, nor the outcome of other protective measures. There was evidence that a lack of implementation of the Children First "Joint Action Record Sheet" between the relevant social worker and assigned member of the Garda Síochána contributed to this recording deficiency. Also the Dublin North Central Area did not have a local child protection committee involving the Garda Síochána as required under Children First.

In interviews, inspectors were told by the fostering and social work team leaders that the professional boundaries between link social workers and foster carers had not always been maintained. In one example provided to inspectors, there was evidence that a link social worker was aware that two young children had gone missing for some hours from their carers but did not notify the team leader or the social worker for the child. One of the roles of the child's social worker is to assess child protection issues while one of the functions of the link social worker is to assess the capacity and suitability of foster carers. It is essential that these roles are understood and adhered to.

Inspectors found that when a child was not assigned a social worker there were times when a link worker fulfilled some of the duties of the child's social worker. Inspectors were concerned that information on child protection matters or concerns may be recorded on link workers' files but not on the child's file. Due to these concerns, the Authority requested the HSE to complete an audit of link workers' files to ensure that any child protection matters on link workers' files were appropriately addressed and recorded on the child's file as required.

4.4.5 Foster children sample – findings on safeguarding and child protection

No child protection concerns emerged from the visits to the sample households. All of the children who met with inspectors said they had an adult in whom they could confide. Of concern to inspectors was that children who were not assigned a social worker said they would turn to a member of their foster family in the event of a problem arising. Inspectors were of the view that this was only appropriate when the concern was not in relation to the foster carers or another member of the foster family. What was also of concern was the finding that relationships between the Social Work Department and some children (particularly the older ones) were poor. The young people told inspectors that this was due to numerous social workers being assigned and alleged "broken promises". One foster carer told inspectors that she/he

was not adequately prepared for an incident when the mother of a previously fostered child asked her to baby-sit. She / he was unsure what her / his response should have been.

4.4.6 Foster children sample – vetting of foster carers in the sample

From the review of children's case files, inspectors found evidence that vetting of foster carers were incomplete in five instances. From the review of the fostering social workers' files for the sample group, inspectors found that checks by the Garda Síochána were on file for six of the 14 general foster carers. Evidence was not found in relation to six and records were unclear for two. From the review of relative carers' files, inspectors found evidence that seven relative carers had been checked by the Garda Síochána while there was no evidence on file for nine carers. This is a serious matter of concern as children should not be placed with carers that have not been appropriately vetted.

4.4.7 Foster children sample - safeguarding issues

The Standard requires link social workers to ensure that the preparation of foster carers includes training in caring for children who have been neglected or abused, and the training should include safe care practices, recognising signs of abuse and behaviour management, and the maintenance of a record of the foster placement.

Inspectors found that social workers were not routinely made aware of child protection concerns by fostering link social workers in relation to potential foster carers when looking to place a child. Inspectors also found evidence that a child's social worker did not know if foster carers had been assessed and approved nor did they seek this information. There was no protocol in place to ensure children's social workers had appropriate information on foster carers prior to placing children.

Only one out of 19 foster carers interviewed told inspectors they had been trained in child protection and safeguarding.

4.4.8 Good practices identified

From their household visits to children in the sample, inspectors found evidence that children were being well cared for. The case records indicated that the 21 of the children assigned a social worker in the sample were visited on a regular basis and that a number of children were receiving good quality care from their foster carers. All of the children inspectors spoke to were happy in their placements, and felt they were cared for and safe. Many of those with an assigned social worker spoke well of them, and enjoyed their visits. Where foster carers had link social workers, many reported good working relationships, and said meaningful support was provided to them.

Inspectors interviewed a number of social workers and found evidence that they were committed and dedicated professionals, who worked in complex and stressful situations, but held as their main concern, the welfare of the children on their caseload. The support provided by their colleagues and team leaders was of a high value to them.

The Dublin North Central Area had a comprehensive local policy document based on the *Children First: National Guidelines for the Protection and Welfare of Children*. The Area had a child protection notification team who met monthly to discuss notifications of child protection concerns. Notifications were issued by the Social Work Department following an initial assessment of a report received of a child protection concern. This team was chaired by the Acting Child Care Manager with representatives from public health nursing, psychology, social work, and speech and language therapy.

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 Central 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 Central Local Health Area must implement the recommendations above and:

- carry out a systematic review of all case records for children in foster care in the area in order to satisfy itself that any and all child protection and child welfare concerns have been identified, notified and dealt with in accordance with the National Standards, regulations and *Children First: National Guidelines on the Protection and Welfare of Children*. Where necessary, the HSE must notify any concerns identified to the Garda Síochána
- issue guidance to social workers and foster carers on the management of allegations of abuse against foster carers
- provide social workers with specific training on the assessment of risk
- provide updated reports to the Authority on child protection concerns arising as a result of this inspection and notified to the Dublin North Central Local Health Area by the Authority.

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.

This Standard was mostly not met.

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.

4.5.1 Register of children in foster care as required by child care regulations

The Area could not provide a register of children in foster care in the Area as required by the child care regulations. The electronic system for gathering and maintaining information for children in care was SWIS (Social Work Information System). This was the information management system for all children in the greater Dublin region. Inspectors were told 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.

Inspectors found, from social work records, that some of the information on children in foster care was inaccurate and not up to date. The SWIS Manager highlighted concerns about the capacity of the system to fulfil its function on numerous occasions to the relevant HSE senior management. There was no evidence that this had been addressed at the time of the inspection. The lack of planning for children in foster care was reflected in the lack of a reliable information system.

The child care regulations also require the HSE to maintain an up-to-date record for children in foster care and outlines the key information to be held, such as notes of social work visits, significant events, reviews and care plans. The child and family social worker keeps these case files. The child care regulations require these records to be kept in perpetuity. Other legislation governing the management of personal information includes the Freedom of Information Acts 1997 and 2003 and Data Protection Acts 1998 and 2003. Inspectors found evidence that the HSE Dublin North Central Area was in breach of the regulations and National Standards in maintaining up-to-date records which could be maintained in perpetuity.

4.5.2 Record management systems

Inspectors reviewed 455 files for 344 children provided by the HSE in the Area. Some children had multiple files. From the outset of the inspection, it was obvious to inspectors that there was no master file (electronic or paper) for each child that held a copy of all information generated or received by the HSE on individual children. Inspectors found that information was stored both electronically and in paper files. Electronic systems included SWIS and individual social worker's desktop computers. The overall finding was that there was no one dependable, comprehensive or up-to-date system which held all the necessary information on every child in foster care placements in the Area.

Inspectors found 35 files relating to children no longer in foster care having either turned 18, returned to the care of their parents or who were in residential care. There was no evidence that these files had been closed, secured and archived. The original file was missing for one child and could not be located. There was no dependable system for the management and maintenance of records on children in foster care.

4.5.3 Storage and security of social work case files

Inspectors found that the quality of case files varied. For the 197 children assigned a social worker, the most recent file was of good quality. Where inspectors found good quality files, they were:

- up to date (typically to within the previous month)
- held the regulatory information
- provided evidence of good practice such as:
 - direct working with children (life story work)
 - specialist interventions (such as educational, psychological, identity)
 - good care planning that included consultation with children and their families
 - responses and outcomes to child protection concerns
 - responses and outcomes to complaints
- secured by file covers that were sturdy and held the records safely
- legible (usually typed)
- divided into sections that made them more accessible than previous files.

Where the child was not assigned a social worker, the case file was not up to date, and many of them were of exceptionally poor quality. Where this was the case they were:

- unsecured (not safely bound, and did not safely hold records and / or mementos and other sentimental items belonging to children and their families)
- found not to contain up-to-date information
- found not to contain the regulatory information
- not accessible to children and young people
- poorly structured
- illegible
- not chronological
- found to hold incorrect information
- found to hold information belonging to other children not related to the child in question
- found to hold undated and unsigned documents
- found not to have the name of the child on the cover or held an incorrect name
- missing.

Due to the concerns about the poor management and storage of personal data for children in foster care, the Authority notified the senior management in the HSE and the Data Protection Commissioner of these findings. Actions taken by the HSE to bring about compliance with data protection and childcare child care regulations included the appointment by the HSE of a project manager to oversee information systems.

There was no evidence that case files had a dual purpose to record social work interventions and maintain a historical account of the child's life in care that could be accessed by the child at a later stage. Files are an important archive for children in care, being possibly the only continuous record of their lives. The record should be accurate, up to date and include information held on computers. Confidential information should be clearly identified and the circumstances, limitations and procedures for access to it should be clearly explained for the benefit of social workers keeping the record, as well as for those who are the subject of the recorded information.

4.5.4 Foster children sample – findings on case records

In the sample, inspectors were given information about two foster carers and children that was not accurate. Inspectors were provided with incorrect contact details for birth parents, received conflicting information on assigned social workers and / or fostering link social workers, and no information on a birth parent that had contact with his/her child.

A review of case files showed that children did not always have an individual case file. This was particularly the case where a sibling group were taken into care together, or where the parents of the children were known to social work departments prior to the birth of the children. In such cases, family files were opened and records for each child were held within them.

4.5.5 Management of foster care services

The Authority assessed against Standard 19 in relation to the management and monitoring of foster care services.

This Standard outlines the management role of the local health area managers in ensuring that the fostering services meets the needs of children in the area and that children are being cared for safely and well.

The inspectors explored whether there were clear management structures in place which defined authority and accountability, if the service to children in care had a clear direction and a commitment to improvement and if there were systems in place to effectively assess and manage risk.

This Standard was not met. The local health senior managers did not manage the foster services appropriately to ensure all children were cared for safely and well. Senior managers were aware of the numbers of children without allocated social workers and the numbers of un-assessed relative carers. There was evidence of no clear accountability by these managers to address these risks to children. There was no overall effective planning of foster care services at a senior management level.

The lack of effective governance of the two social work departments was a serious concern. Issues that should have been addressed by the management of the social work department, specifically for the Child in Care Team and Fostering Team in its Mountjoy Square office, included:

- 94 children not assigned a social worker
- children that had not been visited by a social worker
- children without care plans and reviews
- insufficient social work posts for the caseload of the Child in Care Team
- high numbers of un-assessed and unapproved relative carers
- functioning and management of the fostering social work team and
- inadequate numbers of foster carers to meet the needs of children.

Most of this information was known to the management of the social work departments through notification by team leaders, information provided on reports from SWIS and the HSE Monitoring Officer's report. Inspectors were told by senior managers that children had not been seen in years and also about the high numbers of un-assessed carers in the Area. There was no evidence of the accountability of the managers to address these risks to children.

4.5.6 Notification of regulatory deficiencies to senior management through HSE internal systems

Inspectors were told in interviews (and also viewed correspondence from April 2009) that concerns about the numbers of children not assigned social workers were raised by a team leader in one of the Area offices with their line manager.

Inspectors found that, since 2007, the HSE Monitoring Officer had provided written reports to local health managers and principal social workers on the compliance of the foster care services with key Standards and regulations. In February 2008 the Monitoring Officer issued a report on the Child in Care Team in Mountjoy Square that made recommendations for all children to be assigned a social worker and be visited as required under the child care regulations, and that this should be addressed as a matter of urgency. In the conclusion of the Monitoring Officer's report it was stated that as "children are not being visited, there cannot be confidence that they are being cared for safely and that their needs are being met".

In July 2008, a second report by the Monitoring Officer to the line managers on the Fostering Team in Mountjoy Square highlighted the serious concerns about un-assessed and unapproved relative carers. The report stated that: "The situation with regard to relatives needs urgent attention in Dublin North Central. There are high numbers un-assessed and un-allocated, thereby not safeguarding the children placed with these carers. Some of these carers are slipping through the vetting process and have children placed for many years."

Inspectors could not find evidence of a response to the concerns raised in these reports.

4.5.7 Notification of these concerns through previous SSI inspection reports

In 2004, the Social Services Inspectorate at the time requested that a self-audit be carried out of foster care services in the then 10 health board areas, and a pilot inspection in three areas. At that time this local HSE health Area was part of the Northern Area Health Board. The Board submitted information on its foster care services which demonstrated that the Board was not fully compliant with child care regulations and standards.

At the time of the self-audit there were 69 relative carers in that former community care area in the Northern Area Health Board with whom children had been placed but who had not been approved by the then Northern Area Health Board's Foster Care Committee. A much smaller number of general foster carers were looking after children without formal approval at that time. Of those children in unapproved placements, a significant minority in the area were not assigned a social worker and the then Health Board was unable to provide data concerning the children's care plans. The Northern Area Health Board indicated at the time of the audit that the issue of unapproved placements, in particular, was one that it was very much aware of and committed to addressing. However, the findings of this report, and HSE data provided to inspectors, indicated that these deficiencies had increased to the majority of 135 relative foster carers since that time.

Inspections of foster care services carried out by the Authority in 2007 in Meath and in 2008 in Dublin South West also highlighted the issue of children placed with carers who had not been formally assessed and approved. The latter report, published on 1 September 2008, contained the following recommendation: "The HSE nationally should, as recommended in previous reports, audit and resolve the issue of retrospective approval of current relative foster carers as a matter of priority."

There was some evidence that local line managers for the Children in Care Team and Fostering Team in Dublin North Central had highlighted their concerns to senior managers in the Area. However, no effective measures were taken to address these regulatory deficiencies which placed children at greater risk of harm and neglect within the care system.

4.5.8 Service planning

Inspectors were told by the Fostering Team Leader that the foster care service was not adequate enough to meet the needs of children in the Area. Standard 10.6 of the *National Standards for Foster Care* states that generally there should be no more than two children placed in the same foster care home at any one time except in the case of sibling groups, and that these are not placed with other fostered children.

One family had six foster children (two groups of three siblings) and with an additional two former foster children over 18 years of age. One foster carer who lived in a two-bedroom house was caring for one child on a long-term basis, another on a short-term basis and had provided respite care for a sibling group on occasion. There was evidence that one young child slept in the same room as the carer. When respite care was provided, the siblings shared a bedroom with the child on a long-term placement. This child told inspectors he / she chose to have other children staying over. However, inspectors were concerned that this situation may not continue to be tenable.

Inspectors could not find evidence of the local health Area strategically planning for foster care services. Inspectors also found from the review of the case files that 39 children in foster care in the Area had a physical, intellectual and/or learning disability. There was no evidence of how the Area addressed the needs of these children. Inspectors also found that 35 of the children in foster care in the Area were not of Irish nationality or were from an ethnic minority and again there was no evidence that this information influenced service planning. There was also no evidence of foster carers being recruited to replace foster carers that had left.

Inspectors were told by the Fostering Team Leader that there were no children awaiting placements. However, a Principal Social Worker and the General Manager told inspectors that there were five children awaiting placements with one child waiting 10 months for a placement. There was overcrowding in some of the foster care households at the time of inspection. The managers did not know that the needs of children were not being met by the foster care service.

4.5.9 Transfer of children's cases between local health areas

The national transfer of foster children was found to be problematic. HSE national policy states that if and when a child and their carer transfer to another area then the child's case should be transferred to the local social work department. However, in practice if there was outstanding work such as an assessment or approval of foster carers, then the HSE Area in which the children had moved to did not accept these transfers. In Dublin North Central there were 35 foster carers throughout the country looking after children from the Dublin North Central Area, and the social worker in Dublin North Central continued to be the child's assigned social worker. This was an ineffective use of resources as children should have access to locally based services.

4.5.10 Case file review and foster children sample – social work caseload management

Inspectors analysed caseload management under Standard 5 of the National Standards in relation to the social worker for the foster child.

Social workers managed a number of complex cases well. Inspectors found that the social work teams in the Ballymun and Mountjoy Square Areas were well managed locally. The files of children with assigned social workers were generally well maintained and social work practice was of a good standard. The majority (97) of the 99 children in care in the Ballymun area had been assigned a social worker at the time of the inspection fieldwork.

The Child in Care Team in the Mountjoy Square Area managed the majority of the children in care cases (154). Ninety-four of these children were not assigned a social worker. There were a further 38 cases awaiting transfer from the Social Work Duty Team to this Team at the time of the inspection.

The HSE had no adequate risk assessment process to manage the cases of children without an allocated social worker. Inspectors were told that the children not assigned a social worker would tend to receive a social work service when it was triggered by an external agency or from notification of a child protection concern or complaint. Otherwise, they did not receive a social work intervention. A team leader had raised concerns about the management of these cases to the line manager in April 2009. There was no evidence at the time of inspection that these concerns had been addressed effectively.

Both of these social work offices were line managed by Principal Social Workers who reported to the General Manager and local health office management in Dublin North Central.

Inspectors found several social workers presented as stressed and anxious with the demands and volume of their work. Most of the social workers interviewed told inspectors that they felt unsupported by senior management and that the support that they received came mostly from their direct line managers (at principal social worker and social work team leader level) and colleagues. They told inspectors that data management systems such as SWIS did not help them in the delivery of their work. Inspectors also found that administration supports were insufficient. Social workers told inspectors of the constant struggle to balance their fieldwork with office duties which they said was difficult to achieve.

Inspectors found that individual social workers who were interviewed were allocated on average of 26 cases while some social workers were allocated over 30 cases. Many of these cases were family cases where there were a number of children. Where a social worker had a case that took a significant amount of time due to numerous court appearances or prominent issues of concern, such as challenging behaviour, their caseload was not reduced. Inspectors found that this impacted on the social worker's capacity to meet their regulatory duties for children in foster care. This was stated to inspectors by all social workers interviewed and inspectors found correspondence on children's files between the Dublin North Central Social Work Department and other agencies / individuals, stating that the HSE did not have the resources to allocate particular children a social worker.

There was no common risk assessment model for social workers and no system for risk assessing children on waiting lists for a social work service.

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.

4.5.11 Foster Care Committee

The child care regulations state that the HSE must set up a foster care committee with the function to approve foster carers based on assessments provided by the fostering social workers. The committee also approves the matching of long-term placements and removes foster carers from the panel as necessary. The committee also oversees reviews. The foster care committee has a key oversight role in foster care services and should be transparent in its decision-making process.

Inspectors assessed the performance of the service under Standard 23 of the National Standards 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.

This Standard was partly met.

The Foster Care Committee in Dublin North Central had been in place since 2007. There were 12 members on the Committee and it met on a regular basis. One member of the Foster Care Committee did not have a Garda Síochána check completed at the time of inspection. The minutes of the Foster Care Committee were not shared with senior management. There was no governance by senior managers of the work of the Committee. Dublin North Central had approved eight carers in 2009, four with conditions such as a carer to provide care for one child only. They had approved two long-term placements.

Inspectors were told by the Fostering Team Leader and the Chairperson of the Foster Care Committee that there was no comprehensive list of all foster carers as required by the regulations. 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 this transition was difficult and the Area was still establishing its definitive panel of carers.

The Foster Care Committee was not consistently notified of all allegations made by children against foster carers. One case of confirmed abuse of a child went to the Committee and the foster carer was being removed from the panel at the time of inspection. However, inspectors were informed of 11 other allegations against foster carers that did not go to the Committee. This deficiency in safeguarding practice must be addressed as a matter of priority.

The Foster Care Committee did not contribute to service planning for foster care services. Its views were not sought by local health management and managers did not receive minutes of Foster Care Committee meetings. Inspectors were told that the Committee lacked objectivity since it was localised, as many of the cases were known to the Committee members. There was also a discrepancy in the expectations of the content and quality of assessment reports between the Fostering Team and the Committee. Inspectors were told that very few foster carers were approved on first presentation of the assessment report to the Committee.

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.

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

The inspection looked at what day-to-day life is like for children living in foster care in the Area. As part of the inspection, inspectors interviewed 27 of the 32 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.

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

This Standard was met in part.

Inspectors found that, generally, when children were assigned a social worker there was regular access with families. When children were not assigned a social worker, contact with families had weakened. Following the review of the case files inspectors informed the HSE of four cases where requests by children to see more of their families and requests by parents to see their children had not been dealt with. None of these four children had been assigned a social worker on a consistent basis over the years. A further nine children not assigned a social worker were unaware they were in foster care. Some of these children had birth parents and in some cases siblings of which they had no knowledge. This was unacceptable.

There were 45 groups of siblings living together in foster care placements. It was difficult to establish how many siblings were living in separate placements as many children did not have individual files, but had one family file making it difficult to locate key information.

4.6.2 Foster children sample – relationships with family

Inspectors found that overall, a high value was placed on building and maintaining family contact by social workers and foster carers for the children in this sample. Where children were not assigned a social worker, inspectors found it was not unusual for the fostering link social worker to arrange access visits for them (see also social work role).

There were five sibling groups included in the sample and of those, three were placed together and two were not. Inspectors were satisfied that in one of these cases, every effort had been made to place a brother and sister together. In another case, inspectors were unsure as to why two siblings were in the same placement and another was not.

Relative and non-relative foster carers spoke openly with inspectors and the children about the children's birth parents, and facilitated access between them and other family members (including grandparents, older siblings and other relatives) from time to time. This included foster carers dropping children to and collecting them from family access visits. In some cases, access visits were held in foster carers' homes. Through interviews and a review of case records, inspectors found these arrangements to be positive experiences for the children involved. The majority of the children interviewed told inspectors that they were satisfied with the amount of access they had with their families and other relevant people in their lives. Some told of contact being maintained with previous foster carers who they had good relationships with, but with whom long-term placements were not available. This meant a lot to them. Three children told inspectors they would like more contact with their families and the Authority recommends that access arrangements for these children be reviewed.

In other cases, particularly where the children were not assigned a social worker, inspectors found that contact with birth parents had deteriorated. In one such case, a parent died in the year prior to inspection, and the two children involved had not had regular contact with him/her prior to his/her death. One of the children told inspectors that they had had little knowledge of or contact with this parent or extended family members before the parent had died, and that meeting estranged family members at the funeral had been a traumatic and overwhelming experience for him/her. She/he told inspectors that she/he had received little support from the Social Work Department at this time. This was confirmed by the foster carers for this child and his/her sibling. This child also told inspectors that he/she had one photograph of his/her parent that had died, and inspectors were aware of other photographs that were on the child's case file that had not been given to him/her. In this same case, the child told inspectors that he/she did not receive full information about one of his/her parent's life circumstances.

Several cases provided evidence of the negative impact on access for a child not assigned a social worker. Some foster carers told inspectors that access arrangements were made by them through direct contact with foster carers of other siblings and birth parents. These access arrangements were not made within the statutory care planning process. One set of foster carers told inspectors of their dissatisfaction at the level of access that his/her foster child had with his/her siblings, and that despite every effort made by them to arrange such visits, they were few and far between. This was particularly obvious at Christmas time, when the child in question only saw his/her siblings for a very short visit in early December 2009.

The lack of a social worker to oversee access arrangements also had safeguarding implications. In one case where the child was not assigned a social worker, the appropriateness of access between one child and a parent was a source of concern and anxiety for one foster carer. Another case highlighted the possible inappropriateness / negative impact of contact between a child and a parent with substance misuse problems.

4.6.3 Findings from interviews with birth parents in the sample

Inspectors interviewed the birth parents of eight children in the inspection sample. Nine parents were deceased and the remaining birth parents were either not contactable, did not wish to be involved in the inspection process or their whereabouts were unknown to the HSE. Inspectors found that of those interviewed, all were consulted in relation to decisions made about the care of their children. They had regular contact with the social work department, and could speak with foster carers directly if they wished to do so. They were all found to have confidence in the complaints procedures within the Dublin North Central Area, and could talk to a social worker should any difficulties arise. Inspectors also found that these parents were satisfied with the level of contact they had with their children.

Two young children from different families lost a parent during the period of the inspection fieldwork, and a parent of another was dying. The whereabouts of some parents, mostly fathers, was unknown to the HSE. This highlighted the importance of maintaining contact between children and their birth parents in keeping with children's best interests. This also highlighted the value of photographs and other memorabilia for children whose parents are at risk.

4.6.4 Foster children sample – friends

Inspectors had positive findings in relation to this area. All of the children visited told inspectors that they had friendships both in and out of school. This was confirmed by the foster carers. Many were involved and actively encouraged by their foster carers to join local activity and sports groups such as ice hockey and football teams. The children all reported that this was one area of their lives which they were satisfied with. Inspectors, when visiting the foster carers and children at home, saw children going out to play with their friends. One foster carer had concerns about the appropriateness of some of the friends that their foster child associated with, as the child was particularly vulnerable. This was being monitored by both the foster carer and fostering social worker.

Inspectors noted that social workers were unaware of the national HSE policy on permitting sleepovers for children in friends' homes.

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 their need for care and protection
- as a matter of priority, review access arrangements for children not assigned a social worker.

Local

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

- review all cases where children are placed with relative foster carers in order to satisfy itself that their reception into care was based on their need for care and protection
- find alternative financial support to relative foster carers where reception into care is not necessary.

4.6.5 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 Dublin North Central 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.

The Standard requires that the HSE tries to identify in the first instance a child's relative or friend to provide a placement for a child in need of care. It also states that priority should be given to placing siblings together, placed in their own community, and to remain at the school they attended prior to their placement.

This Standard was not met in full.

Inspectors found that 131 children (45%) of 291 children (whom the Authority had full information on out of 316 children in foster care in the Area) were living with their relatives. Inspectors were informed that in the first instance placements with relatives or adults known to the child are sought. Inspectors found that 55 of the children were living outside of Dublin with 35 foster carers as far away as Limerick and Cork. Sixteen of these carers were relative carers and the remainder were general foster carers. Inspectors were told that due to historical shortages of foster carers, children were placed outside of Dublin a significant distance from their community. In some instances the carers may have moved out of Dublin and into these counties and the child and foster carers were not transferred to the local HSE health area social work department.

From the review of the case files inspectors found evidence of good life story work done with some children by social workers and community child care workers. Some foster carers had also worked closely with the HSE in ensuring children were aware of their life history and the story of their life to date. Files showed evidence of some workers actively seeking early childhood memories from birth parents about the child and ensuring this was shared.

Inspectors found that issues arose under this Standard for 44 children out of the 291 in foster care in the Area. The recommendations ranged from the need for the HSE to agree and use the correct name for a child, to a child not being aware he was in care. Inspectors found evidence of records that regularly referred to children using the surname of their respective foster carers and not their birth name. In some cases this was a well documented matter of choice by a child or young person. In other cases, how this decision was made was not evident. The lack of policy was a concern especially for children too young to be consulted. Inspectors also found that children were referred to by several different surnames across a variety of reports. In two cases, inspectors found that the child's full name had been changed (first and surname), although the child was not adopted. There was no evidence of these issues being addressed with foster carers by the HSE.

Inspectors found evidence that children's birth dates were wrong in court reports and other records which raised concerns about the date on which a child celebrated his/her birthday. Inspectors also found that several of the children, although aware they had been placed in care, thought they had been adopted. It was not until foster carers went ahead with adoption proceedings that this became problematic, as this procedure entails talking with children about their current circumstances and history.

Inspectors found personal items and precious keepsakes on file for children with no recorded reason why they were there. As a result of the case review by inspectors one child had a present and letters delivered to him/her five years after the mother had left them with the Social Work Department. Inspectors found photographs and letters from children to parents on files, many of which were not safely secured and were lying loose in the filing cabinets.

4.6.6 Foster children sample – findings on their sense of identity

Overall, inspectors found that foster carers and social workers promoted a positive sense of identity for the children in the sample group. The children interviewed told inspectors that they were aware they were in foster care and why this was the case. Some referred to having two mothers, one being their foster mother and the other their birth mother. They were able to differentiate between the two. Foster parents and children interviewed spoke openly about family circumstances and backgrounds, and case files showed that children were helped understand their backgrounds by foster carers, social workers and child care workers. Where there was no allocated social worker, fostering link social workers conducted some of this work. All of the children told inspectors that they liked their placements and their carers. Inspectors observed affectionate interactions between carers and children on the home visits.

Most of the children were placed in or close to the community from which they were either born or spent most of their lives before being taken in to care. Several were not. Most of these were placed with relative foster carers who ensured regular family contact with relevant family members, and although schools had been changed for these young people, inspectors found that this was done to facilitate better access to schools, and the children were happy about this.

During visits to foster homes where more than one child from different families were placed together, individual children maintained their identities and were aware that the other children in the foster home were not their siblings, but also foster children. Inspectors found that each of the children visited were accepted as part of the foster family and in as much as inspectors could assess during one visit, were treated equally to other family members.

Inspectors found that some children's files contained only basic information on the children's birth families. In some incidences, inspectors acknowledged the complexity of the cases and also the circumstances in which children were received into care. For example, one child's mother was not from Ireland and had limited contact with the Social Work Department after the child was received into care. All contact had ceased for some time prior to inspection. Efforts had been made to trace this parent in their country of origin with little success.

Thirteen children in this sample were placed with relative carers. The remaining 19 were not. Case records (such as case transfer reports and care plans) indicated that efforts had been made to secure relative placements for these children but had been unsuccessful.

Maintaining family contact was one way in which inspectors found that a positive sense of identity was promoted by social workers and foster carers.

4.6.7 Children in the foster care sample with a disability

Four children in the sample had a disability and inspectors found that foster carers were doing their best to ensure these children received the level of care they required. One foster carer told inspectors that the, “[child] is older now and things have settled down. That was not the case six or seven years ago. Everything he got we had to fight for and get ourselves. It didn’t have to be so hard for us. We could have been supported more. I didn’t even know what he was entitled to. I still don’t know what we are entitled to”

Another foster carer told inspectors a similar story. Their foster child had significant disabilities, the full extent of which had not been assessed and diagnosed. Their fears were for the future, and planning for the child in the context of their future needs.

In one case a child’s views were not sought due to the child’s disability. This was recorded in the child’s care plan. In two cases, assessments and services had been secured for children by foster carers as the children were not assigned social workers. Inspectors were concerned about the vulnerability of these children, particularly when they were not assigned a social worker and / or when the foster carer also was not assigned a social worker. Inspectors found that a young person with a disability was attending access visits with the family of two unrelated children placed in the same foster care placement. The foster carer told inspectors that this was due to a lack of child minding options. This was not appropriate.

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 Central Local Health Area must implement the recommendations above and:

- ensure that any items intended for a child in foster care or a parent is delivered to the recipient unless there are specific risks attached with doing so.

4.6.8 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 here:

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.

4.6.9 Information from HSE data – overall findings

This Standard was not fully met.

Inspectors found evidence on file that a number of social workers consulted with children about their care plans and sought their views. In September 2009, the Children in Care team held a consultation day with a small number of children in foster care in partnership with the Irish Association of Young People in Care (IAYPIC). The purpose of this process was to seek children's views on their social workers and care planning. This was a positive initiative.

However, it was difficult to establish overall how the rights of children were respected and promoted. The high numbers of children not assigned social workers, without care plans or reviews, without social work visits and with no method of seeking their views on an ongoing basis reflected a system that was not child centred.

There was no written policy for children to make complaints. As part of the fieldwork, inspectors sought information on the number and type of complaints made by children in the previous year. The HSE was unable to gather this information as there was no formal process in place for recording it. There was also confusion about the difference in what constituted a formal complaint requiring resolution and a complaint which may also be a child protection concern.

Inspectors formed the view that the main protectors and promoters of the rights of the children were some individual social workers and foster carers. Inspectors found that the foster care service needed to review and change practices generally, to become more pro-active in promoting children's rights through its policies and guidance.

4.6.10 Foster children sample – children's rights in relation to dignity

Inspectors found that the children they visited were well cared for and they all said they felt respected and listened to by their carers. Inspectors found through interviews with foster carers and children that children were encouraged to be people in their own right in an age-appropriate manner.

4.6.11 Foster children sample – children's rights in relation to privacy

Inspectors found that the majority of children had their own bedrooms and they all told inspectors that they had a place in the house they could be alone to listen to music or make a phone call and their privacy was respected. However, some of the homes were very busy places due to the number of people living there and / or the number of people that visited.

Children invited inspectors to view their bedrooms. Many contained games and toys age appropriate to the child. In two instances inspectors found children sharing bedrooms with other foster care children. The HSE should satisfy itself that living arrangements provide adequate privacy for children in a way that is proportionate to their age.

4.6.12 Foster children sample – choice

Inspectors found that children were consulted about aspects of their care including clothes, food, activities and family holidays. They also told inspectors that they could exercise their choice not to attend access visits if they so wished, and contributed to planning about their lives.

Where a child-in-care review had not been held or was not held within the statutory timescales, inspectors were of the view that these children did not have adequate input into the decisions on their current or future lives (see also care planning and reviews).

4.6.13 Foster sample children – access to information

Inspectors were told by some children that they were aware that they could have access to information on file about them. There was no evidence that children had accessed this information. Social workers told inspectors that they were aware children could access their case files, however, some were of the view that this could only be achieved when children had reached adulthood, following a request under the Freedom of Information Acts, which was not correct.

Inspectors found that all children did not know how they could see their case files. The files were generally poorly organised, cumbersome files containing reports written in a language suitable only for adults. They did not contain a confidential section in which reports not to be made available to children for various reasons could be held. Inspectors found little evidence, through the review of HSE records or interviews with social workers, that social workers routinely encouraged children to access their files or prepared them for all information held on them and their families.

4.6.14 Foster children sample – children’s knowledge about making complaints

Inspectors were told by children that they knew they could make a complaint. The children said that they had someone to talk to if they needed to complain about something and they were confident they would be listened to. Where a social worker was allocated, children said they would complain to them. In the absence of a social worker the children said they would talk to either a relative or a foster carer. Inspectors noted that some foster carers had foster care handbooks in their homes which were available to children and carers. A number of children were aware of the Irish Association of Young People in Care (IAYPIC) and were engaged with them.

One young person made one complaint to inspectors and this was passed on to the HSE during the inspection. When asked why he/she did not make the complaint directly to the HSE, the young person told inspectors that he/she had poor experiences of taking issues to the Social Work Department and had little confidence in the systems designed to support young people in such incidences.

Inspectors also found that there was no complaints section within the children’s individual files or a central complaints register in individual social work offices. Inspectors recommend that this be considered by the Area.

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.

Local

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

- children in foster care have the same day-to-day experiences as their peers, and are fully integrated into the families in which they are placed
- the culture and heritage of children of non-Irish origin is promoted
- all complaints are dealt with promptly.

5 Actions requested to date of the HSE

Due to the seriousness of the concerns raised in the initial stages of this inspection, the Authority halted the standard inspection process on 25 September 2009. The Chief Executive Officer of the Authority notified the Chief Executive Officer of the HSE of these serious concerns and sought an immediate response to address the breaches of statutory duty and to ensure the safety of children in foster care in the Area. The HSE committed to immediate action through the development of an action plan overseen by the HSE Regional Director of Operations, HSE Dublin North East.

The HSE appointed a project team to coordinate the required actions to deal with the concerns raised by the Authority. The HSE recruited temporary social workers to visit all children to ensure they were safe. They sought contact with birth parents and foster carers about the current needs and future planning for the children. They also recruited a principal social worker and two team leaders to address the gaps in the social worker managerial structure. Additional social workers were recruited on a full-time basis to address the caseload management in the Area. Work commenced on resolving the information management system in the Area. Training was provided to social workers and foster carers. The HSE informed the Authority that considerable progress was made in addressing the immediate concerns and acknowledged that work was ongoing to ensure changes were sustainable into the future.

The Chief Inspector of Social Services and Deputy Chief Inspector of Social Services in the Authority met with senior HSE management seven times between October 2009 and March 2010 to monitor the implementation of the HSE action plan while the HSE inspection continued. A further meeting was held in April 2010 with the HSE's Acting National Director of Integrated Services – Performance and Financial Management and the four regional Directors of Operations to address the issues arising from the National Audit of Foster Care Services which had been requested by the Authority to be undertaken during this inspection.

The Authority informed the Board of the HSE, the Minister for Children and Youth Affairs and Minister for Health and Children of its findings. Table 8 outlines the immediate actions required by the Authority and implemented by the HSE at the time of this report:

Table 8. Immediate actions required by the Authority

Requested actions to be completed by HSE	Date completed	Ongoing actions
1. All children to be visited by a social worker in the local health area.	Completed January 2010. The HSE recruited a team of temporary social workers to complete a one off visit to children that had not been visited in some time. The HSE reported that the majority of children were being cared for well.	The HSE committed to all children being assigned a social worker in each area. The HSE was recruiting a number of social workers to meet this aim.
2. All foster carers to be assessed and approved.	Ongoing	The HSE has identified the carers requiring assessment and approval and have commenced this process. The HSE has indicated that this work should be completed by October 2010.
3. All notifications by the Authority of possible child protection concerns to be addressed by the local health Area.	The HSE has provided details on the plan to assess and manage these cases.	The governance and management of these cases will be reviewed by the Authority through the inspection follow-up process.
4. The HSE to complete a National Audit of Foster Care Services	Preliminary report provided to the Authority in January 2010 and final report in May 2010.	The HSE has provided national and regional implementation plans to the Authority to address regulatory deficiencies across the country.
5. The HSE to recruit external child care consultants to review the governance deficiencies in the Area and report on findings.	External consultants recruited in January 2010.	The report on the findings from the external consultants was due in June 2010 and the Authority has requested a copy.
6. The HSE to liaise with the Data Protection Commissioner on managing records and information.	The HSE developed a project team to address deficiencies in its management of records and work is ongoing in this area.	The Authority will review the HSE information management systems in HSE Dublin North Central as part of the follow up to this inspection.
7. The HSE to provide evidence that system changes are sustainable.	The HSE has recruited social workers in the area. The social work governance and management is under review.	Inspectors will monitor the progress on this issue in the follow up to this inspection.

6 Conclusions

This report outlines the main findings of the inspection of HSE foster care services in HSE Dublin North Central carried out by the Authority. The inspection found evidence of significant deficiencies in the provision of these services.

Information initially provided by the HSE led the Authority to halt its standard inspection process, to commence a much wider and broader inspection of the foster care service in the HSE Area and to seek an immediate response from the HSE to its concerns.

HSE data showed that approximately a third of the children in foster care in the Area did not have a social worker assigned to them. In addition, the inspection found:

- lengthy periods when children were not visited by a social worker
- inconsistent social work practice
- significant deficiencies in the vetting, assessment and approval of carers
- concerns in relation to child protection practice locally
- evidence of poor record keeping practice
- poor governance and management of foster care services in the Area.

The HSE Dublin North Central did not check through social work visits that all children in foster care were safe or that their needs were being met. It did not check through the care planning process that all children were in the right placement and whether some could be returned to their birth families. It did not ensure all children were cared for by fully assessed and approved carers.

The findings from this inspection indicated that the HSE fostering service in Dublin North Central was in a state of crisis at the time of inspection, and that the HSE management was not safely, effectively or strategically organising these services.

The system for managing allegations made by children against foster carers was unsafe. The evidence demonstrated an unsafe approach to protecting and safeguarding children in foster care in the Area and was unacceptable.

It did not keep information about all children safe or record information consistently. The HSE senior management did not engage in appropriately assessing risk and there was evidence of a lack of a meaningful response by senior management to concerns articulated by its own social work staff.

There was also evidence of a history, at senior manager level, of non-compliance with the child care regulations. Inspectors were of the view that there was a lack of acknowledgement by senior management that the child care regulations exist in order to safeguard and protect vulnerable children.

The inspection also found some evidence of good practice with children who had been assigned a social worker, while children in the sample group interviewed by inspectors presented as being well cared for and carers interviewed spoke highly of the social workers.

The Authority acknowledges the progress to date by the HSE in responding to the concerns highlighted by the Authority about children in HSE foster care in Dublin North Central.

However, the findings in relation to the quality and safety of foster care services, and the child protection service, provided by the HSE in the Dublin North Central Area, demonstrated a significant and serious shortcoming in the duty of care to some children. These deficiencies had been known, through a variety of reporting mechanisms, for a number of years. The fact that these shortcomings were present in 2009 and 2010, outlined serious deficiencies in the effectiveness of the accountability, governance and management of these services, and the emphasis on a child-centred culture, at all levels of the HSE. This needs to be addressed and resolved with immediate effect.

Consequently, the Board of the HSE must satisfy itself, and report regularly to that end, that the recommendations contained in this report are effectively being implemented, with clear delegated accountability for improving the safeguarding of children in its Dublin North Central Area, and nationally wherever similar deficiencies exist.

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.

The Authority will continue to meet with senior managers in the HSE to monitor the implementation of these recommendations.

7 Next steps

The Authority was satisfied that progress had been made to address some of the immediate concerns about the safety of children in foster care services in order to address the deficiencies in its breaches in statutory duty to these children. However, substantial work remains to be done to ensure that HSE foster care services in Dublin North Central are safe, robust and efficient. Therefore, the following steps will be taken by the HSE in conjunction with the Authority:

1. Within three weeks of publication of this report, the HSE will provide an updated action plan outlining its actions to meet all the recommendations in this report.
2. The Authority will be conducting a follow-up inspection to assess the quality and effectiveness of the actions taken and to check that improvements are sustained.
3. The Authority will publish its findings on these actions by the HSE in the last quarter of 2010.
4. The Authority will assess the quality and effectiveness of the HSE's response in addressing the child protection concerns identified in this report to review whether practice is safe and complies with *Children First: National Guidelines for the Protection and Welfare of Children* (1999). Any concerns about risks to children due to non-compliance with these guidelines will be notified to the HSE and the Minister for Children and Youth Affairs.

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

Data Protection Act, 1988. Dublin: The Stationery Office; 1988

Data Protection (Amendment) Act 2003. Dublin: The Stationery Office; 2003

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

Freedom of Information Act 1997. Dublin: The Stationery Office; 1997

Freedom of Information (Amendment) Act 2003. 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.

Supported lodgings: according to HSE policy, supported lodgings is the provision of support and accommodation to children in care aged 15 and over who require less supportive environments than younger or more vulnerable children. Providers of supported lodgings are vetted in accordance with HSE policy but are not assessed to the same criteria as foster carers.

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

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

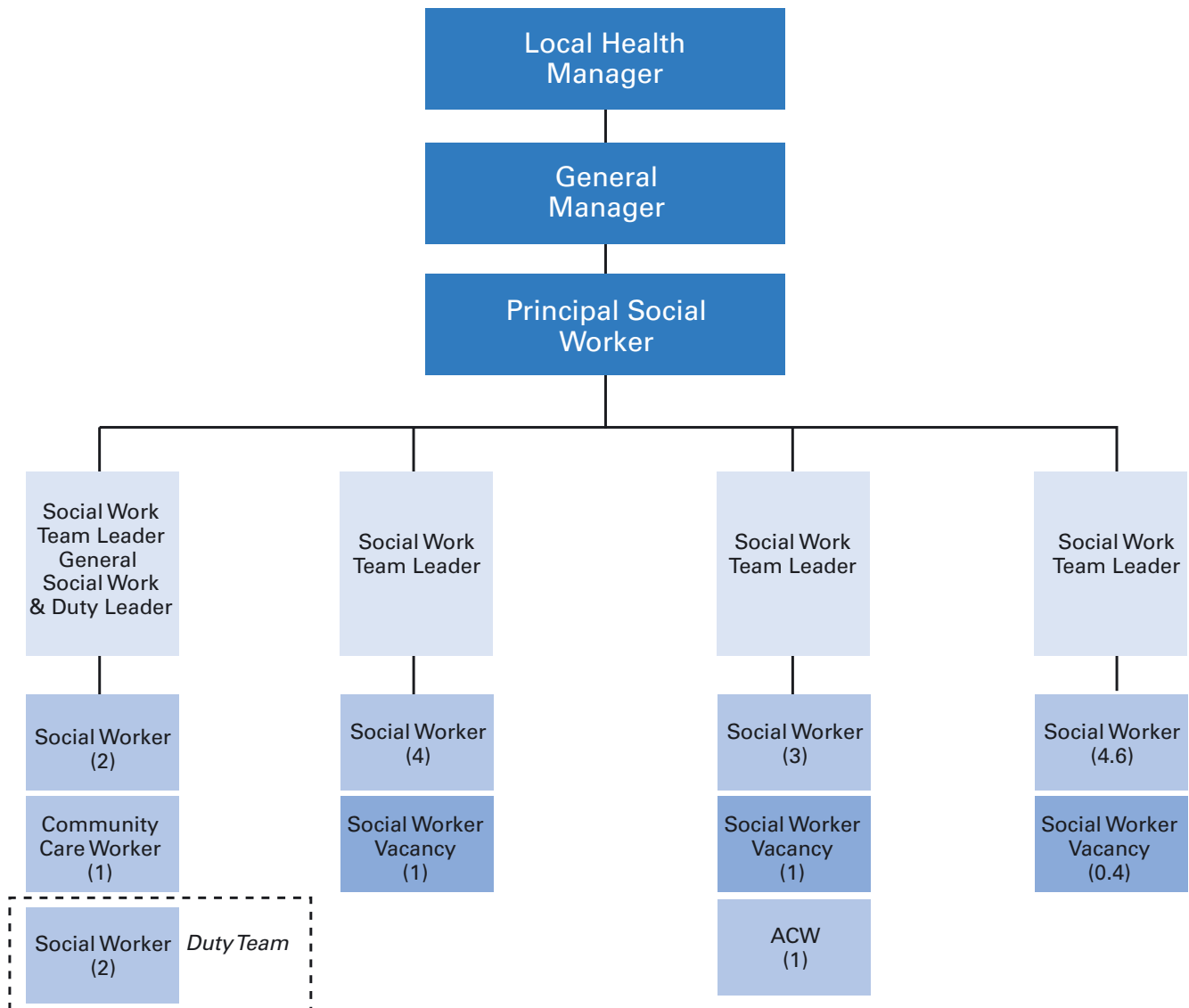
Findings of breaches in statutory duties of the HSE Dublin North Central Area to children in foster care. (Breaches have occurred in all or in specific parts of the Child Care Act, 1991, regulations and/or the National Standards referred to in this report, and listed below.)

1. Failure to assess relatives pursuant to Regulation 5 of the relative child care regulations prior to planned (non-emergency) placement.
Regulation 5 of the relative child care regulations.
2. Failure to assess relatives pursuant to Regulation 5 of the relative child care regulations within 12 weeks of the date of emergency placement.
Regulation 6(2) of the relative child care regulations.
3. Failure to approve foster parents pursuant to Regulation 5 of the foster child care regulations prior to placement of a child with those foster parents.
Regulation 5(2)(c) of the foster child care regulations.
4. Failure to have a child visited by an authorised person (a social worker) within the timeframes outlined.
Regulation 17(1) of the relative child care regulations.
5. Failure to have a child visited by an authorised person (a social worker).
Regulation 17 of the foster child care regulations.
6. Failure to allocate a social worker to a child in the care of relatives / foster parents.
Standards, Appendix 1, Section 5
7. Failure to allocate a “link social worker” to a relative foster carer.
Standards, Standard 15
8. Failure to allocate a “link social worker” to a non-relative foster carer.
Standards, Standard 15
9. General failures (in light of the above failures) i.e. in any matter relating to the placing, review of, or removal of, a child placed with relatives, failure to regard the welfare of the child as the first and paramount consideration.
**Regulation 4(i) of the relative child care regulations.
Section 3 of the Act**
10. General failures (in light of the above failures) i.e. in any matter relating to the placing, review of, or removal of, a child placed with foster parents, failure to regard the welfare of the child as the first and paramount consideration.
**Regulation 4(i) of the foster child care regulations.
Section 3 of the Act.**
11. Failure to carry out an assessment of the circumstances of a child pursuant to Regulation 7 of the relative child care regulations prior to planned (non-emergency) placement with relatives.
Regulation 7(1) of the relative child care regulations.

12. Failure to carry out an assessment of the circumstances of a child pursuant to Regulation 7 of the relative child care regulations as soon as practicable following emergency placement with relatives.
Regulation 7(2) of the relative child care regulations.
13. Failure to carry out an assessment of the circumstances of a child pursuant to Regulation 6 of the foster child care regulations prior to planned (non-emergency) placement with foster parents.
Regulation 6(1) of the foster child care regulations.
14. Failure to carry out an assessment of the circumstances of a child pursuant to Regulation 6 of the foster child care regulations as soon as practicable following emergency placement with foster parents.
Regulation 6(2) of the foster child care regulations.
15. Failure to put in place a care plan in relation to a child placed with relatives.
Regulation 11 of the relative child care regulations.
16. Failure to review a care plan in relation to a child placed with relatives.
Regulation 18 of the relative child care regulations.
17. Failure to put in place a care plan in relation to a child placed with foster parents.
Regulation 11 of the foster child care regulations.
18. Failure to remedy any matter not in compliance with the relative child care regulations, following a visit by an authorised person (social worker) to a child placed with relatives.
Regulation 17(4) of the relative child care regulations.
19. Failure to remedy any matter not in compliance with the foster child care Regulations, following a visit by an authorised person (social worker) to a child placed with foster parents.
Regulation 17(4) of the foster child care regulations.

Appendix 2

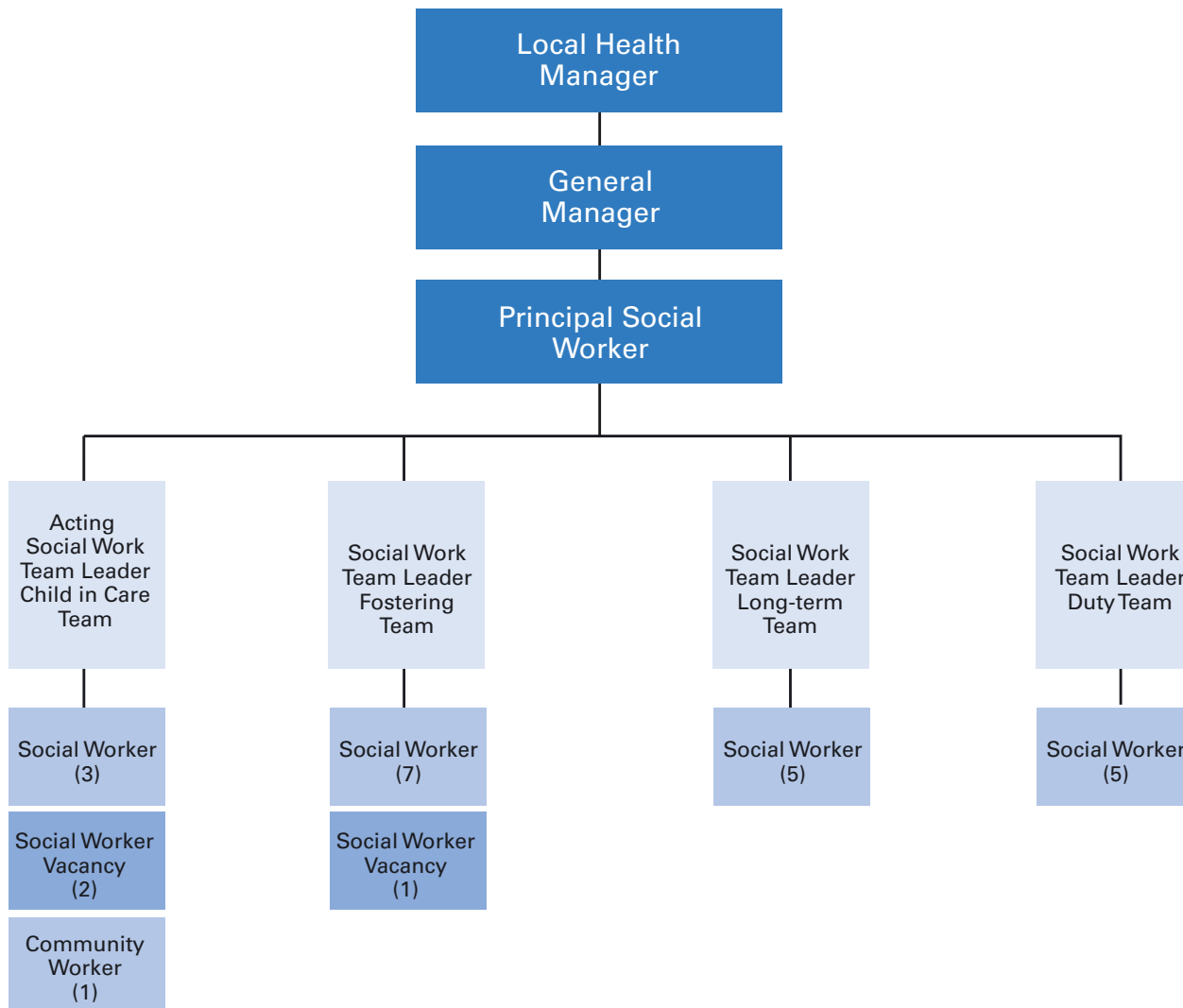
Organisational structure of HSE Dublin North Central Social Work line management for the Ballymun Area*



* With the exception of the Duty Team, all other teams are general social work teams with a caseload that includes long-term cases, children in care and children at home. There is no specific child in care team.

Appendix 3

Organisational structure of HSE Dublin North Central Social Work line management for the Mountjoy Square Area



Appendix 4

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 Central Area:

Nuala Ward, Lead Coordinator

Bronagh Gibson, Lead inspector (case file reviews and selected sample)

Patrick Bergin, lead inspector (notified cases of child protection – overall sample)

Sharron Austin

Kieran O'Connor.

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