



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

Inspection Report ID Number: 588

Inspection Fieldwork: September 2009 – March 2010

Publication Date: July 2010

Inspection Period: 11/12

*Safer Better Care*



# About the Health Information and Quality Authority

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

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

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

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

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

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

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

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



# Contents

<b>Executive summary</b>	<b>v</b>
<b>Recommendations</b>	<b>xi</b>
<b>1 Introduction to foster care</b>	<b>1</b>
<b>2 Methodology</b>	<b>5</b>
<b>3 Profile of foster care services in HSE Dublin North West Area</b>	<b>9</b>
<b>4 Findings</b>	<b>11</b>
4.1 Concerns raised in the review of the initial HSE data	11
4.2 Findings on the provision of the social work service for children in foster care	13
4.3 Findings on the provision of link social workers for the foster carers	20
4.4 Safeguarding and child protection	28
4.5 Governance and management	38
4.6 Day-to-day experiences of foster children in the sample group	49
<b>5 Actions requested of the HSE to date</b>	<b>63</b>
<b>6 Conclusions</b>	<b>65</b>
<b>7 Next steps</b>	<b>67</b>
<b>8 References</b>	<b>68</b>
<b>9 Glossary of terms</b>	<b>69</b>
<b>Appendices</b>	<b>71</b>
Appendix 1 Findings in relation to statutory duties of the HSE Dublin North West Area to children in foster care	71
Appendix 2 Organisational structure of HSE Dublin North West Area Social Work Department	73
Appendix 3 SSI inspection team members	74



# Executive summary

## 1 Background

The Social Services Inspectorate (SSI) of the Health Information and Quality Authority (the Authority), which comprises of 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 West Area in July 2009 and inspection fieldwork started in September 2009. At the start of the fieldwork, it was found that there were 378 children placed with 248 foster carers in HSE Dublin North West, 148 of whom were relatives or someone known to the child. Of the 378 children, 187 were placed with general (non-relative) carers, 186 were placed with relative carers, and full placement details for five were not provided.

This inspection report provides findings and judgments on significant shortcomings and concerns in relation to the foster care service operated by the HSE Dublin North West Area (see also Appendix 1) and makes recommendations to address these deficiencies. It also highlights areas where good practice was evident during the inspection. This report should be read in conjunction with the Authority's 2010 reports on HSE foster care services in Dublin North Central (ID number 587) and Dublin North (ID number 586), which are available on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie).

Deficiencies within the foster care service in this local health area can be traced back to 2004 when this area was part of the former Northern Area Health Board, and when Health Board data demonstrated that the Board was not fully compliant with child care regulations<sup>†</sup> and the *National Standards for Foster Care* (2003)<sup>‡</sup>. 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.

## 2 Concerns raised in the review of initial HSE data

During the first 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 region 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 managers<sup>§</sup>.

\* 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 that 118 of 148 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 Authority then commenced a wider and more detailed inspection of the quality, safety and management of foster care services in the HSE Dublin North West 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 HSE Dublin North West Area, to see how the HSE was managing and monitoring the foster care service. The second phase involved a detailed review of the care and support provided to a sample of 38 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 West Area, 47% of the foster children were not assigned a social worker, contrary to the child care regulations and National Standards.

The inspection methodology involved inspecting data required to be kept by regulations for the 403 children in foster care initially identified. However, during the inspection fieldwork this number reduced to 378 children. Overall, inspectors found that out of that total number, 201 (53%) had an assigned social worker and 177 (47%) did not. Most of the children without an assigned social worker were managed by the "Looked After" team, a team responsible for children in long-term care in the Dublin North West Area. Inspectors found that of the 177 children who did not have a social worker, 92 (52%) were in the care of relatives or a person known to the child and 85 (48%) were in general (also known as non-relative) foster care.

There were poor child protection practices. Findings indicated that some children had not been visited by a social worker for a number of years, and therefore there had been no checks to ensure that these children were safe. It was also found that care planning for many children was either non-existent or of a poor quality. The HSE Dublin North West Area had not checked that all fostered children's needs were being met or whether some could return to their birth families through regular care plan review meetings. It 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 many of the children who had assigned social workers. However, inspectors noted that 38 of the children whose cases were allocated 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.

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

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

It was of concern to inspectors that 118 relative carers out of 148 in total (80%), had not been assessed by a link social worker as to their suitability to be foster carers and approved by the HSE in accordance with regulations, and were less likely to have been assigned to fostering link social workers. Figures provided by the HSE indicated that 55 out of 248 foster carers had no assigned link social worker. The majority of carers (50) without a link social worker were relative carers.

In most cases, inspectors did not find evidence on case files 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 had serious concerns about the management of child protection concerns in the Area. There had been several changes in the child care manager post. 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 IMPACT trade union and Eastern Regional Health Authority management agreement in 2001 pending the allocation of additional social work resources. This agreement had not been reassessed since this time.

The practice of assessing and managing child protection concerns, specifically allegations against foster carers, was unsafe. In the course of the examination of all the case files in the Area, inspectors were aware of two children who had been left in unsafe placements, even though allegations of abuse had been brought to the attention of the Social Work Department and they were found to have been subject to abuse. The HSE did not have a robust system to ensure that foster carers, who were found to be unsuitable or had their approval withdrawn in one HSE local health area, could not foster in another HSE area.

The Local Health Manager and General Manager of the Local Health Office were aware that there were significant numbers of children without assigned social workers and of un-assessed and unapproved carers. There was evidence that over a period of years the managers did not deal effectively with these deficiencies in their service.

The initial response by the HSE in managing safeguarding and protection concerns highlighted to it by the Authority fell short of standard practice and, on further review, the Authority requested that these concerns be assessed again by the HSE. The subsequent assessment was found to be of an acceptable standard. From reading the HSE case files, inspectors found 59 child protection concerns and additional safeguarding concerns relating to 54 children and information on these cases was

also provided to the HSE. These related to carers not being vetted, poor or no risk assessments following significant events and other concerns which impacted on the safety of children.

As an additional safeguarding measure, the Authority asked the HSE to review all allegations made by children in foster care in the 10 years prior to the inspection to ensure they were managed in accordance with *Children First: National Guidelines for the Protection and Welfare of Children* and that children were informed of the outcome.

### **3.4 Governance and management**

The governance of the foster care service in the Area was found to be poor and the social work management structure weak, with a number of key manager posts vacant for a number of years. There were five social work teams working with children and families based in four main office locations in the HSE Dublin North West Area. The majority of cases of children in care were managed by three teams. One of these teams functioned well with a good manager and deputy manager, a stable team and evidence of good social work practice involving high risk and complex cases. The remaining two social work teams, which dealt with most of the foster children in the area, had a high staff turnover and long-term vacancies in team leader posts. There were inexperienced social workers in these two teams who were working with high risk and difficult families and children, without adequate policies, supervision or leadership. There was no service planning for foster care services and no management of the risks to children by the social work managers.

The Authority requested the HSE to establish an external review of the management of fostering social work services in HSE Dublin North West Area.

In reviewing the case files for all children, 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 with all information on each child. There was no up-to-date central register of children in foster care nor an up-to-date panel of carers, as required by the child care regulations. The Area's Social Work Department struggled to provide a definitive list to the Authority of children in foster care.

Some of the case files for children with assigned social workers were of a good standard. However, some of the files for children without social workers were in exceptionally poor condition. As a result, the Authority notified the Office of 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 with the assistance 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 38 children and their carers independently selected by the Authority, based on the profile of the children. This review included questionnaires and interviews with children 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 for the children from the HSE.

Inspectors informed the HSE of 49 concerns about the management of access between children and their birth families. Inspectors found that generally, when children had been assigned social workers, there was regular access with families. This depended on whether or not they were placed with relative or general carers. In the case of general carers, it was less common for a child's access with family members to continue when there the case was unallocated. Children with relative carers, whether the cases were allocated or not, were more likely to maintain high levels of access with members of their extended family. The Standard on positive sense of identity was not met in relation to 78 of the children, and inspectors made recommendations for the HSE to rectify this. 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.

## 4 Actions requested of the HSE to date

Issues which arose during the course of the inspection, and which required immediate attention, were notified to the HSE during the inspection. At the request of the Authority, HSE managers in the Area provided an action plan to address the Authority's concerns and assembled a project team to coordinate its actions.

Early actions by the HSE included visits by social workers to all children in foster care, as requested by the Authority. The majority were being cared for safely and well. Nonetheless, several foster carers and children were angry about the lack of support from the HSE. There was evidence that some children did not know that they were in care and that they had birth parents and siblings. There was also evidence that some carers, particularly relative carers, did not expect to have a social worker assigned to them. 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 who had not been assessed.

Senior HSE managers met regularly with the Chief Inspector of Social Services in the Authority, Deputy Chief Inspector and inspectors in the Authority to report on their progress to address 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 Region), Local Health Managers (Dublin North Central and Dublin North West Areas), and the Project Manager and Child Care Specialist for the Area.

At the request of the Authority, a national audit of foster care services was carried out in late 2009 by the HSE 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 be holding further discussions with the HSE on the implementation of the action plan to address the serious concerns raised in this report and will be conducting a follow-up inspection to assess whether the actions taken are consistent with the requirements of the child care regulations and National Standards and to check that measures have been taken to ensure that improvements are sustained.

## **5 Conclusions**

This inspection found that the HSE did not discharge its statutory duties to a significant number of children in foster care in the HSE Dublin North West Area. As a result of these deficiencies, the needs of many children in foster care in the HSE Dublin North West Area went unmet, carers received inadequate support and some children were placed at unnecessary risk. The child protection system was not sufficiently robust to ensure the safety of all children and did not effectively manage the known risks to some children in foster care.

## **6 Next steps**

The following steps will be taken by the Authority in conjunction with the HSE:

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 monitor progress in meeting these recommendations and previous actions outlined.
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 ensure that practice is safe and complies with *Children First: National Guidelines for Protection and Welfare of Children*. 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 West Area. Recommendations are made throughout the report and can be found at the end of each section dealing with a specific standard. The summary of recommendations provided below is in keeping with the order of the report. These recommendations should be read in conjunction with the Authority's recommendations on HSE foster care services in Dublin North Central and Dublin North (ID numbers 587 and 586), which are available on the Authority's website, [www.hiqa.ie](http://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 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.

## **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 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 foster carers' 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 an appropriate 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 social workers
- satisfy itself that all non-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 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 an appropriate 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 social 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 West 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 central register of all allegations made by children against foster carers

- ensure that foster carers files 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)
- ensure that in any respite or child-minding 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 West 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 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
- provide social workers with specific training in the assessment of risk
- issue guidance to social workers and foster carers on the management of allegations of abuse against foster carers
- conduct a review (external to the Area and independent of the Executive) of the two cases identified to the Dublin North West Local Health Area where children had been left in unsafe placements.
- review all allegations made by children in foster care in the Dublin North West Local Health Area in the 10 years prior to the inspection.
- assess the 70 cases of retrospective abuse allegations that were identified during the inspection.
- provide updated reports to the Authority on child protection concerns arising as a result of this inspection and notified to the Dublin North West 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 a 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 all children in foster care.

### Local

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

- children placed a considerable distance from their families have regular opportunities for access, and children not placed with their siblings have opportunities for high levels of contact
- children are informed of the death of a birth parent in a timely and sensitive manner.

## 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 the child's 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 West Local Health Area must implement the recommendations above and ensure that:

- the case of one child in the sample, whose parents are deceased and whose siblings are in care in a neighbouring local health area, is reviewed and that consideration is given to transferring the case in order to maintain strong attachments between siblings
- any items intended for a child in foster care or a parent is delivered to the recipient without delay.

## **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 clearly aware of their duty to promote, protect and facilitate them
- ensure 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 West 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, for example to receive pocket money age-appropriately, and are clearly fully integrated into the families in which they are placed
- the culture and heritage of children of non-Irish origin is promoted
- children's privacy is promoted and they have suitable, adequate and appropriate accommodation.

## **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 West 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 the HSE Dublin North West 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 8 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 378 children in foster care<sup>1</sup>
- 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.

<sup>1</sup> Pre-inspection information provided by the HSE prior to fieldwork indicated there were 403 children in foster care in the Area. On examination of the records, inspectors found 29 of the children were not in foster care in the Area. These included children who had left care, transferred to another area or had come into foster care after the start of inspection. Inspectors found an additional four children not on the original list. The number referred to in the report is 378.

## 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 378 children in foster care in the HSE Dublin North West Area including information on the regulatory requirements of care planning and the assignment of a social worker to children
- data on relative foster carers and general (non-relative) foster carers
- response to a questionnaire from the Chairperson of the HSE Dublin North West Foster Care Committee
- 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 managers in the Dublin North West 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 West Foster Care Committee.

Fieldwork for the first phase took place during September 2009. Due to early concerns about the management of foster care services, the Authority reviewed all 647 case files for 378 children reported by the HSE as being placed in foster care in the Area. Inspectors informed the HSE of 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 38 children, independently selected by the Authority as representative of foster children in the region. This sample was based on the profile of the children in foster care (for example age, gender, length of time in placement). Of these, 36 children were interviewed by inspectors. Their 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 them. Inspectors examined the following documentation for these children:

- information gathered during the inspection for the 38 children in the sample
- information on 43 foster carers in the sample group
- case files, care plans and care plan reviews for the 38 children in the sample

- foster carer files for 43 foster carers of children in the sample
- questionnaires (issued by SSI) which were completed by social workers
- HSE policies and procedures.

During this phase, inspectors inspected the processes by which child protection concerns for children in foster care were managed and also examined information on individual child protection concerns, or complaints, relating to children in foster care in the previous 12 months. The fieldwork for the second phase (the sample group inspection) took place between late December 2009 and March 2010 and included interviews with the following:

- 36 out of the 38 children
- 39 foster carers
- 12 social workers for the children in the sample group
- 11 fostering social workers for foster carers in the sample
- 3 social work team leaders
- a small number of birth parents by telephone
- the HSE Monitoring Officer
- a community-based social care leader
- an access worker.

Inspectors informed all children in foster care by letter, through their 248 foster carers in HSE Dublin North West Area, about the inspection that was taking place. Inspectors visited all households of the 38 children in the sample group.

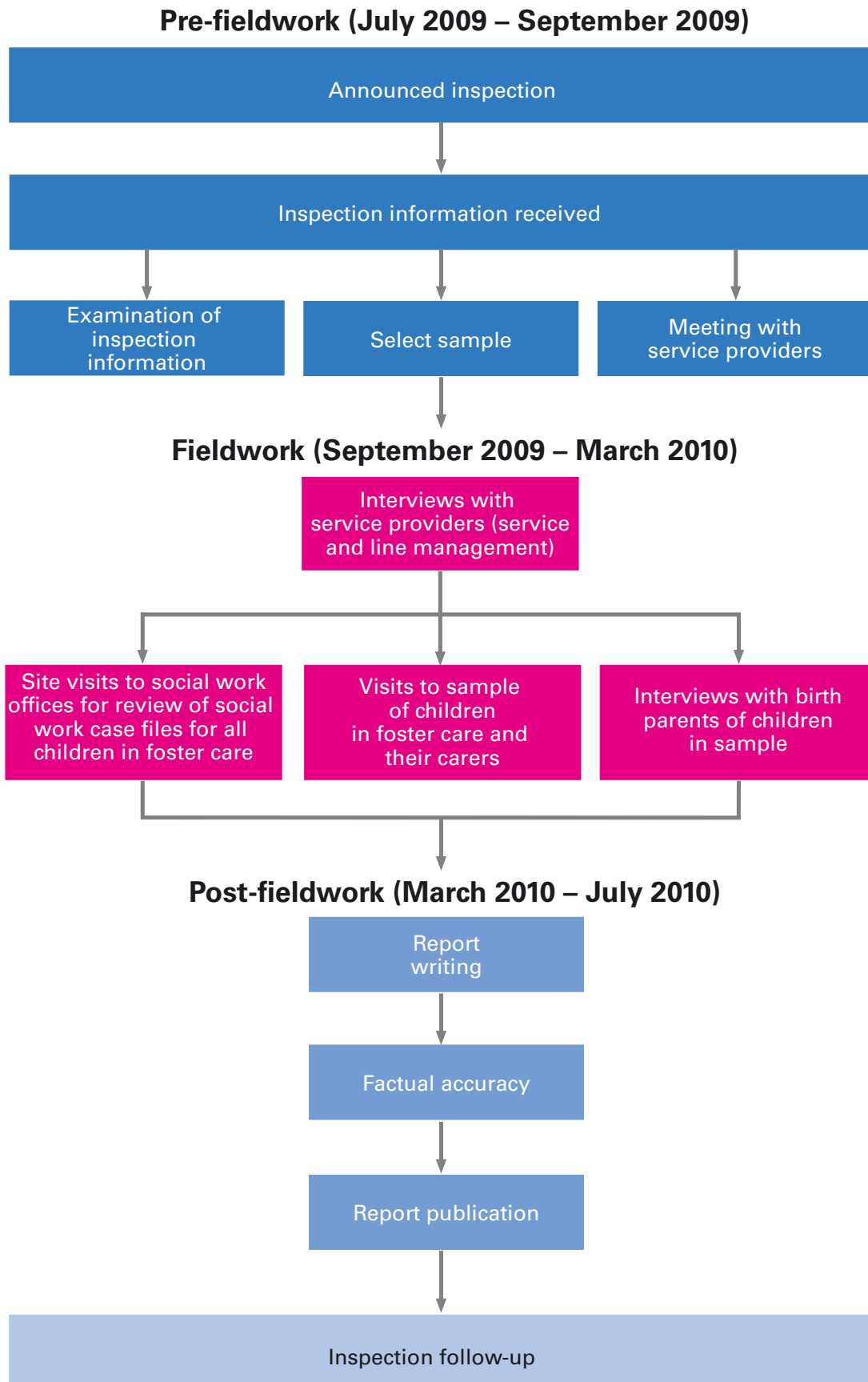
Visits to foster households were arranged directly by inspectors following receipt of foster carers' contact information from the Social Work Departments in the HSE Area, and subsequent to the independent selection of the sample by the Authority. Inspectors met with the carers and foster children and in some cases spoke to the carers' own children. 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
- finding on the provision of the social worker 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 West 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 foster carers and foster children for their openness and courtesy during the inspection process. Inspectors wish to express their gratitude for the friendly way they were welcomed into foster carers' homes, thank birth parents for their support and acknowledge the level of co-operation of social workers and senior managers in the HSE Dublin North West Area.

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

Dublin North West provides services to the communities north of the River Liffey, in Clonsilla, St Margaret's, Finglas, Blanchardstown, Glasnevin, Castleknock and Cabra.

HSE data indicates that Dublin North West Area had responsibility for 373 children in foster care in 2008 (see Table 2 below), which was 8% of the foster care population in Ireland in 2008 (see Chart 1 on the next page).

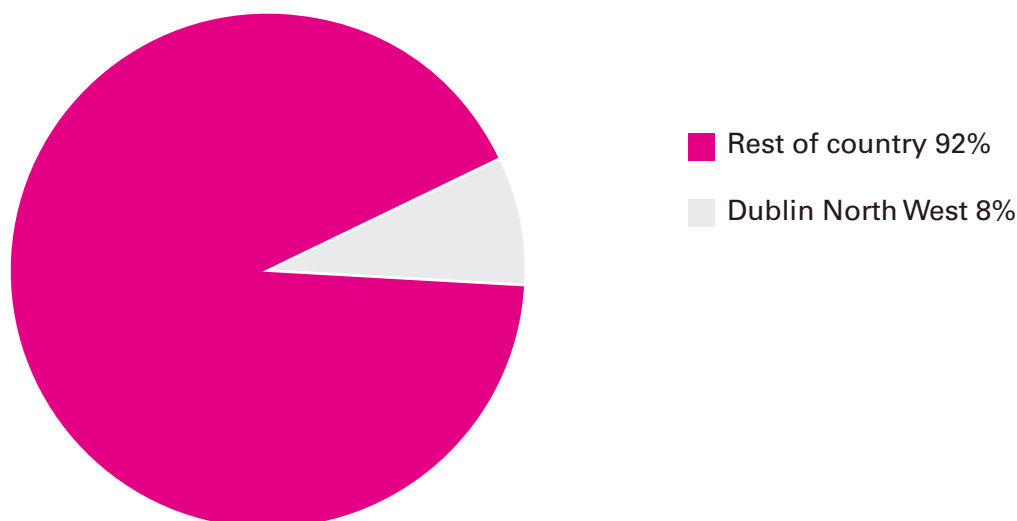
In 2008, Dublin North West had the highest number of children in care of all local health areas throughout the country. It also has the highest level of relative material deprivation as measured by the Small Area Health Research Unit's (SAHRU) – Deprivation Index for Health.

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

	National	Dublin North West
<b>Number of children in care 2008</b>	<b>5,347</b>	<b>430</b>
Number of whom in foster care	4,742	373
Percentage of whom in foster care	89%	87%
<b>Number of admissions to care 2008</b>	<b>2,013</b>	<b>133</b>
Number of whom were to foster care	1,585	110
Percentage of whom were to foster care	79%	83%

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

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



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

At the time of the inspection, the HSE Dublin North West Area had one Social Work Department with one principal social worker post filled in an acting capacity\*\*. The organisational structure of the HSE Dublin North West Area Social Work Department is outlined in Appendix 2 on page 73.

At the time of inspection, there were five social work teams with 42 social workers including the fostering team. There were three vacant social work posts.

There were five social work team leader posts, two of which were vacant at the time of the inspection. The child care manager post was also vacant and had been since 2007. The Acting Principal Social Worker was covering the work of the child care manager and two vacant team leader posts. The principal social worker had been in the post in an acting capacity since 2005.

### 3.1 HSE Monitoring Officer for Foster Care

There was one HSE monitoring officer for foster care in HSE Dublin North West who also had responsibility for the monitoring of HSE foster care services in two other local health areas. The role of the HSE monitoring officer is to report annually, at a minimum, on the compliance of the HSE with foster care National Standards and child care regulations to the relevant local health management. The Monitoring Officer reported directly to a senior manager in childcare, but was managed separately from the line management in the Dublin North West Area. She reported to one local health manager with responsibility for the monitoring officers' functions across three HSE local health areas. The HSE Monitoring Officer provided reports to inspectors from 2007 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 Authority's findings in relation to its inspection of fostering services in the HSE Dublin North West Area under a number of themes, as follows:

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

### 4.1 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 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 (see Table 3) and found that 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<sup>††</sup>.

In response to 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 child care regulations.

Inspectors requested information from the HSE on cases allocated to social workers, care planning and social work visits as of 30 September 2009. The information returned by the HSE is summarised in Table 3 on the next page.

<sup>††</sup> Under the child care regulations the HSE is required to 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.**

	HSE Dublin North West	%
Number of children in foster care (general and relative)	378	100%
Number of children without an assigned social worker	177	47%
Number of children who had not been visited in the past six months by a child and family social worker	131	35%
Total number of foster carers (general and relative)	248 (100 general carers and 148 relative carers)	100%
Number of unapproved relative foster carers	118	80%
Number of foster carers without a link social worker	55	22%
Number of children without care plans	43	11%

Initial information provided by the HSE indicated there was an equal distribution between the number of children in relative care and in general foster care.

#### 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 38 children in foster care, independently selected by the Authority, and their carers to assess the quality of care provided to them. As was age appropriate, inspectors interviewed 36 of these children.

In the sample group of 38 children, there were 20 boys and 18 girls. They ranged in ages from one to 18 years. The sample included 10 sets of siblings, 11 children placed with other fostered children, and eight placed on their own. One was a ward of court, 24 were on care orders, and 13 were in care under voluntary agreements. The average length of placement for the sample was six years, with a range of 9 months to 15 years.

Twenty-one were placed with general foster carers and 17 were placed with relatives. Of the 21 children in general foster care, eight were in long-term foster care, 12 were in short-term placements, and one was in supported lodgings. In interviews, inspectors were told that “short-term” meant up to six months. None of the 11 placements described as short-term matched the definition, their average length being seven years, with the longest at 12 years.

Of the 17 children placed with relatives, the average length of placement was just over four years. Five of the children were in medium-term care (from 6 to 12 months), and 12 were in long-term care.

Inspectors found that 31 children in the sample had either no previous placements or had only one previous placement. Half (19) of the children were in their first and only placement. Twelve had been in one previous placement, and six were placed between two to four times. One of the children had been in eight previous placements in the first 18 months of life before being placed with long-term foster carers.

#### 4.1.2 Profile of the foster carers in the sample group

Of the 43 carers in the sample, 25 were general foster carers and 18 were relatives. There were four single carers. Inspectors examined records of all the carers in the sample and found that only six couples (12 carers or a little over one quarter) were assessed and approved in accordance with the child care regulations.

## 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 their 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 Area and the inspectors' review of the sample of children in foster care in the Area. The HSE Dublin North West was found to be in breach of its statutory duty in relation to social work visits to children in foster care and care planning.

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

Non-validated information returned by the HSE indicated that out of the total of 378 children, 196 (52%) had an assigned social worker and 177 (47%) did not. Full information was unavailable from the HSE for five children. The majority of these children were managed by the Looked After Team, a team responsible for the care of children in long-term care. Information supplied by the HSE indicated 92 children in relative care (49% of all children in relative care) and 85 children in general foster care

(46% of all children in general care) did not have a social worker. When children do not have a social worker then they may not be visited routinely or regularly by a social worker in accordance with the National Standards. Therefore, there was no reliable means by which the HSE could be assured that all 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 assigning of social workers to foster children in the HSE Dublin North West Area.

**Table 4: Summary HSE data from initial material provided by the HSE to SSI inspectors on type of care and assigned social worker**

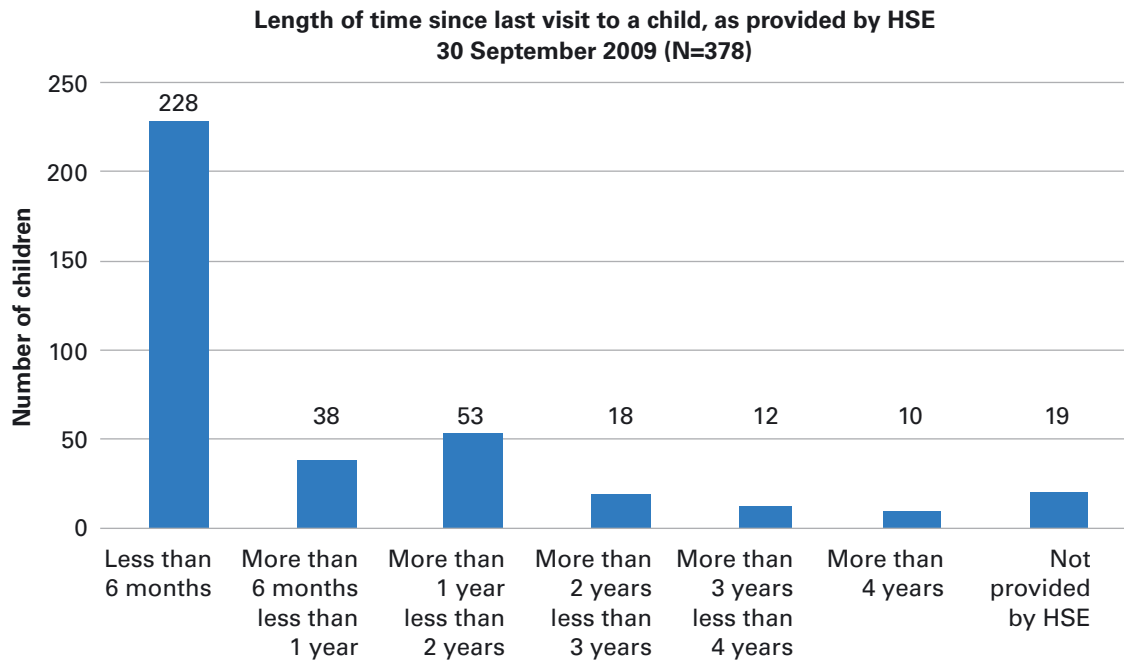
Type of foster care in HSE Dublin North West Area	Children	%
<b>ALL FOSTER CARE</b>	<b>378</b>	<b>100%</b>
Assigned a social worker	196	52%
Not assigned a social worker	177	47%
Full information not known to the Authority	5	1%
<b>GENERAL FOSTER CARE</b>	<b>187</b>	<b>100%</b>
Assigned a social worker	102	54%
Not assigned a social worker	85	46%
<b>RELATIVE FOSTER CARE</b>	<b>186</b>	<b>100%</b>
Assigned a social worker	94	51%
Not assigned a social worker	92	49%

#### 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 that there was a strong possibility that there were a number of children that may not have been visited by a member of the Social Work Department for some time (see Table 5). According to information provided by the HSE, 228 (60%) children had been visited by their social worker in the six months prior to inspection fieldwork, and 93 (25%) children had not been visited for more than a year. Forty-seven children (12%) had not been visited since 2007. This information was confirmed through the inspection fieldwork and was a serious concern to the Authority given that the HSE had no reliable means to ensure that children were still in the placement, that all children were safe and that their needs were being met.

Inspectors were told that when children were without assigned child and family social workers, the Social Work Department tried to ensure that they were placed with foster families with assigned link social workers. This was so that a link social worker who was visiting the foster household could inquire about the welfare of the child. However, inspectors found that this was not consistently applied in practice and were not assured from interviews that all link social workers always met with children without assigned social workers on their visits to foster households.

**Table 5. HSE data provided to the Authority on the last previous contact that all children in foster care in HSE Dublin North West 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. Article 11 of the child care regulations requires the HSE to ensure that each child has a care plan before being placed with foster carers, or as soon as practicable after placement in the case of an emergency. The plan should identify the needs of the child and set out the 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.

Information initially provided by the HSE indicated that 43 out of 378 children had no care plan (see Table 6). However, the review of the case files by inspectors identified 84 children without care plans. Of the remaining 290 children with care plans, many of the care plans were of poor quality containing little information. Many were not fit for their purpose to plan for the child’s future or ensure that identified supports for the child were in place. Some care plans had blank sections such as no information on the assessed needs of the child or no life history about the child.

Under Part IV, Article 18 of the 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 an HSE appointed social worker. These regulations outline the key requirements of the care planning review process including their frequency, the information required, arrangements for visits with family members, whether the placement continues to be suitable for the child’s needs and whether it would be in the child’s best interest to return to his/her birth parents’ care. Inspectors found evidence that the HSE Dublin North West Area was in breach of this requirement of the child care regulations for 56 children in foster care.

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

	Figures provided by HSE	Figures gathered through inspection from review of case files by the Authority
Children with care plans	316	290
Children without care plans	43	84
No information provided	19	4
<b>Total</b>	<b>378</b>	<b>378</b>

Inspectors found that 105 children did not have their care plans reviewed within the frequency required by the child care regulations. The majority of these children did not have an assigned social worker or historically had periods of time without a social worker. By failing to review care plans frequently the HSE could not check, even when the carers were looking after the children well, that the placement remained suitable for the needs of the child or that the child’s welfare would be better served by return to the care of birth parents. The HSE, by failing to plan the care of some children adequately, could have been depriving some children of the opportunity to grow up in their own families.

From the review of the case files, inspectors found that 63 children had remained with the same foster carers from their initial placement in care and 116 children had only one prior placement. A small number of children (25) had five or more placements. In reviewing the files, inspectors noted that five children that had moved to numerous different placements had no care plans. This means that the impact of these multiple moves were not considered and adequately addressed. This was a serious matter of concern as early intervention and robust planning is essential for these children to prevent them experiencing further distress from the chaotic and disturbing nature of multiple moves within the care system.

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

Care planning is also the means by which the HSE identifies and supports children who are leaving care. Inspectors were told that some children had turned 18 without social work interventions or guidance prior to this time.

Inspectors were told of concerns about the vulnerability of some children leaving foster care. Inspectors noted that, of four children who had turned 18 in the year prior to the inspection, three had no care plans on file and one had a care plan dated 2006. One child who had left foster care a year previously was homeless and was reported to have serious mental health difficulties.

Inspectors also met four young adults over 18 years of age still living in their original foster home. The expectation of their carers was that they would leave when they felt ready to. Inspectors viewed this stability and attachment as being significantly positive for the children. The Authority recommends that all children be adequately supported in leaving foster care, as in Dublin North West, there were 38 children aged 16 and over 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 for Foster Care* is 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 it is the role of the child's social worker to complete a detailed report of the child's life history and needs. In the model of assessment used in Dublin North West Area this is known as "Form E". 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 HSE Dublin North West, there were few assessment reports on file to evidence the process of matching children in need of care with a suitable foster placement.

A key issue for the HSE to address was the retrospective approval of long-term placements. Inspectors noted that 117 children were living in short-term placements for over six months. Eight of these children have been in these placements for over 10 years. This 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 West Area and the inspectors' review of the sample of children in foster care in the Area.

#### 4.2.8 Foster children sample – assigning to a social worker service

Inspectors found that Standard 5 of the National Standards was not met in the sample group.

Inspectors were told, in interviews with social workers and social work managers, that there had been a rapid turnover of social work staff in all but one of the four social work offices in the local health area. Thirteen of the 38 children in the sample group were assigned to a social worker in accordance with the child care regulations. Even for them, there was no continuity of social work intervention.

Many of the children in the sample had experienced loss and bereavement. However, the evidence in case files was that the impact of this on the children was not fully appreciated by some social workers. In one case, there was a gap of eight months between a child's father dying and the foster carers and the child being informed. In the same case the death of a grandparent of the child was not communicated to the carers until they were about to visit the grandparent, months later.

For the children in the sample group, inspectors were of the view that, in the main, social workers were not holding cases long enough to form good professional relationships with children in care. Many social workers were both the social worker for the birth family and the child in care. In some instances social worker's direct work with the birth family took priority over the work with the child in care. Other parents had no social work involvement once their children came into care. This was evident in the case of two siblings whereby the death of a parent three years prior to the inspection was not recorded in the children's files. In another case a homeless parent had become untraceable.

Some children had more social work input. For example, a one-year-old child had seven files, which were primarily the product of extensive court proceedings. Two others, in care since the mid 1990s, had one file between them, a testimony to their having no social work input for the first seven years of their placement and only four social work visits in the eight years prior to the inspection.

The Standard on the coordination of care by social workers was not met. As a consequence of cases either being unallocated or having a rapid turnover of social workers, there was a serious lack of consistency in the care planning and placement supervision. The HSE did not ensure compliance with statutory requirements and National Standards. Some of the children did not have care plans and reviews within statutory timescales and actions agreed at care planning to help children and their carers were not followed through. In some cases, the views of children and their families were sought, but this was the exception rather than the rule.

#### **4.2.9 Foster children sample – notification of significant events**

In interviews with foster carers, inspectors found that there were no clear guidelines for foster carers about the sort of significant events they should report to the Social Work Department. Those who had link social workers said that they would inform them of significant incidents, but they were unsure about what would necessitate a notification other than an accident or situation in which a child required medical treatment. Other events such as a child going missing, being bullied or other significant incidents would not necessarily be notified as there was no specific guidance to cover them. Some foster carers who had gone through an assessment process had also received induction training. In this training they were told about their duty to notify the Social Work Department about anything significant. However, the majority of carers either had not been assessed or did not receive the training.

#### **4.2.10 Foster children sample – social work visits**

Visits to the 13 children with assigned social workers in their foster homes were not carried out within the frequency required by the child care regulations. Information provided to inspectors by social workers in questionnaires indicated that visits to children had taken place but there was no record to this effect on the case files.

Information was not accurate. On five of the 38 files, there was no record of any visit to children who had been placed between five and 13 years prior to the inspection. Another six had only one social work visit in placements lasting between one and 15 years and in another five cases, there had been only two visits in placements lasting between five and nine years. Others, who had been seen more frequently, had significant gaps of one to four years between visits.

In interviews with six foster carers, inspectors were told that the children had never had a social worker. While many of the children were being cared for well, inspectors found that some children with specific health needs did not receive adequate supports.

Inspectors found that one relative carer had significant medical needs unknown to the HSE and another relative was assisting in caring for the children. This carer had not been assessed or approved by the HSE. Inspectors had concerns that two other children were no longer living in the placement but were being cared for by a different relative in a nearby address.

#### **4.2.11 Foster children sample – care plans and reviews**

The standard on care planning was not met in the sample group. While 37 of the 38 children in the sample had care plans, only five had been prepared within the statutory timescales and many were of poor quality. Fifteen were prepared two years and more after placement. The template for care plans runs to many pages and inspectors found that several sections of care plans for many of the children were incomplete and that siblings had the same plans under different names. One child who did not have a care plan had been in foster care for six years.

In some instances, contact with birth families had diminished and in some cases ceased altogether. In one case, the HSE was unaware that the parent of two of the children had died three years previously. Inspectors were made aware of this by the foster carers.

In the case of a child in the sample with severe multiple disabilities, the standard of care planning and review was particularly poor and demonstrated a degree of insensitivity and lack of respect. A life-limiting condition was described in the care plan in 13 words, a diagnostic summary, using a colloquialism to describe a serious physical defect, without any evidence of a social work assessment. The care plan was unsigned, undated, without any background history or aims and objectives for the placement. There was a three-year gap between the formulation of the care plan and a review. The review consisted of 15 lines of text and nothing more. Fortunately, one of the carers was suitably qualified to respond to the complex health needs of the child. While the child had only one social work visit in the five years between placement and the inspection, a link social worker had been in regular contact with the carers over the past three years, and issues to do with the care of the child were raised with him. However, this contact did not compensate for lack of care planning to meet the child's needs.

Nineteen children (half of the sample) did not have any care plan reviews and of the 18 with care plans reviews, only one was developed within statutory timescales. On some of the files read by inspectors there was reference to reviews and forms completed by children and foster carers, but there was no accompanying evidence of a review meeting.

The Authority recommends that the HSE ensures that it fulfils its statutory duty in reviewing care plans properly within the timescales required by the child care regulations.

## **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 of effective monitoring of systems that:
  - assess and manage 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.

### **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. 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 National 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 have an assigned 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. Overall, the Standard was only partly met in HSE Dublin North West.

### 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 data indicated that this Standard was met in part only. The fostering team had 9.5 fostering social worker posts and one team leader. They supervised 193 foster carers and the remainder (55) were not supervised (see Table 7).

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

Foster carers with/without assigned social link workers	Number	%
<b>All foster carers</b>	<b>248</b>	<b>100%</b>
Assigned a social worker	193	78%
Not assigned a social worker	55	22%
<b>General (non-relative) foster carers</b>	<b>100</b>	<b>100%</b>
Assigned a social worker	95	95%
Not assigned a social worker	5	5%
<b>Relative foster carers</b>	<b>148</b>	<b>100%</b>
Assigned a social worker	98	66%
Not assigned a social worker	50	34%

It was a concern to inspectors that generally, relative carers had not been assessed and approved and were less likely to have assigned fostering link social workers. Figures provided by the HSE indicated that 55 carers had no assigned link social worker. The majority of these (50) were relative carers.

The fostering team provided regular group meetings for carers to come together and discuss issues relevant to them. The child care worker on the fostering team worked closely with the link social workers in devising training programmes and running support groups for carers on a regular basis. The training unit in the area also provided regular programmes of training to foster carers. These support groups and training programmes were strengths in the fostering service although inspectors were told that attendance at training was poor at times.

#### **4.3.2 Reviews of foster carers**

The fostering team in HSE Dublin North West did not carry out reviews of foster carers as required by the National Standards. This is a mechanism in which the vetting, quality and training needs of carers are reviewed and these reviews should be urgently implemented as required by the National Standards.

#### **4.3.3 Policies for foster carers**

Inspectors were provided with policies in the Area for foster carers. The fostering team leader attended the local fostering forum on developing best policies and practices. Inspectors found that 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. However, the social care leader on the team was actively involved in providing training for foster carers and this was considered a valuable resource to the team. This community care worker also carried out supportive work with foster carers and children as an additional support for placements.

#### **4.3.4 Foster carer sample – supervision and support findings**

Inspectors found that Standard 15 was partly met in the sample group. Unlike the findings in the case file review, records of the sample group showed that the majority of the foster carers, 37 out of 43, were assigned a fostering link social worker, and six (two single parents and two couples) were not. Most of the foster carers interviewed told inspectors that they valued this support and had access to a link social worker when they needed it. Inspectors found that they did not have a concept of being supervised and regarded the link social worker as someone they would call on whenever they needed support, but otherwise did not expect to see often. Inspection of the files showed that in some cases prior to the inspection much of the interaction between carers and link social workers was conducted over the phone. A complaint was made by one foster carer about a link social worker on the basis of a disagreement about an expectation of the carer. This was appropriately dealt with and resolved.

Inspectors found that training was offered to only a minority of carers in the sample, and for most of them it had been induction training at the time of assessment. In the case of two relative carers, specific training was identified, but it was reported that they were not assigned a link worker at the time and that they heard no more of the course. They told inspectors that nine months later they telephoned the specialist clinic providing the training to discover that a referral for training had not been received. Inspectors found a blank referral form on the file of one of the fostered children in this case.

Where there was no social worker assigned either to the foster carer or the child, inspectors found that the roles sometimes overlapped, and in particular link social workers were involved in tasks such as applications for passports and referrals for assessment that should normally be within the remit of the child and family social worker.

## 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 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 foster carers' 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 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 and the foster care committee is satisfied as to the suitability of the person to act as foster carers, it will approve the person as a foster carer for the area. Inspectors found the HSE Dublin North West 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 all files for children living with foster carers. Contracts were found on some foster carers' files in the sample, but not all. The Fostering Team Leader told inspectors that the use of this contract was not standard practice.

According to information provided by the Area, 100 of the 248 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. However, inspectors were subsequently informed of eight general carers that had not been assessed or approved.

There was no record of how checks with other 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.

### **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 an appropriate 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 social workers
- satisfy itself that all non-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 non-relative foster carers are identified and addressed in an effective way.

#### **4.3.6 Assessment and approval of relative foster carers**

Potential relative carers for a specific child must undergo a formal assessment and under the National 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 inspected 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 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 do allow for a child to be placed with relatives in an emergency prior to the completion of a full formal assessment. This is subject to initial checks 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 found that HSE Dublin North West Area was in breach of all of these child care regulations for the 118 un-assessed relative carers in the area.

### 4.3.7 Foster children sample – assessment of their relative carers

The Standard was not met. Inspectors examined records of all the carers in the sample and found that only one relative carer couple were assessed and approved in accordance with the Standard. Of the 43 carers in the sample group, 18 were relatives. There were four single carers. Ten of the carers (three couples and four single carers) were not assessed in accordance with the Standard.

There were checks by the Garda Síochána in place for 10 of the 18 carers, only two of which were obtained prior to placement of the foster child. Inspectors could not find written evidence of checks by the Garda Síochána for eight of the 18 relative carers. In three cases there were incomplete checks as the application forms had not been sent to the Garda Síochána Vetting Unit.

There were no references for seven carers and only notes of verbal references with no written reference for three. The quality of some of the references was poor. In one instance, a reference was obtained from someone who last knew the carer 20 years before, and in another, a referee stated that his knowledge of the carers was poor as he had not been in contact with them for some time. There was no evidence on file that either of these were followed-up.

Similarly, the checks on some of the carers revealed a criminal history either in the case of a carer or of another member of the carer's household. Inspectors found no evidence that the HSE had an agreed practice about how to assess this information and come to a determination about the suitability of the household as a home for fostered children, nor was there any record that the information was discussed with the carers. This process has an added difficulty given the fact that, in 10 of the 11 households of relative foster carers in the sample, children were already placed prior to the receipt of vetting information by the fostering team.

Inspectors had concerns about the quality of assessment of carers. In one case, a child was placed with a relative carer despite evidence from the Garda Síochána of serious criminal histories of some adults in the family. The general practitioner (GP) also highlighted concerns about the health of the carer. The child was placed with the carer and numerous concerns were reported by members of the public, the school and the crèche about his/her care. The child was moved after a number of years and subsequently the child made allegations of abusive experiences in the foster home which were under assessment by the HSE at the time of inspection.

There were no medical checks in place for 12 relative carers who had also not been assessed in accordance with the child care regulations.

As in the previous section in this report on general carers, some of the relative carers, who were undergoing assessments in order that the HSE might meet the Standard, expressed serious concern to inspectors that they might be found unsuitable and have children whom they had cared for over many years removed from their care. As the programme of retrospective assessments coincided with the inspection, some believed that the inspection itself was part of their assessment.

Deficiencies in the duties and responsibilities of the Foster Care Committee should be remedied. However, it can create insecurity for carers and children who have formed strong attachments over several years and the matter should be managed in the best interests of the child.

#### **4.3.8 Foster children sample – assessment of their foster carers**

This Standard was partly met. Of the 43 carers in the sample, 25 were general foster carers. Inspectors examined records of all the carers in the sample and found that only seven general foster carer couples (14 carers or a little less than a third of the sample) were assessed and approved in accordance with the Standard.

Even within that group, assessments were unfinished in some cases, were of a poor quality and there were key aspects of assessments that were not satisfactory. Only three of the seven assessments had started prior to the placement of a child and there were significant gaps between the placement and assessment. For example, 14 months after placement in one case and two years after placement in another. Similarly, some of the assessments had started but were unfinished within an appropriate timescale. At the time of the inspection, a team of social workers were undertaking retrospective assessments and these included the completion of matching forms necessary for the approval of the placement of a child with foster carers by the fostering committee in those cases where this had not happened.

Standard number 14.a.4 requires assessments to be completed within 16 weeks and foster carers to be notified of reasons for any extension and given a new completion date. One of the carers interviewed by inspectors pointed out that he/she had taken one of the children he/she cares for as a newborn straight from the maternity hospital to his/her home more than a decade ago and while the child knew he/she was fostered, he/she had known no other home and no other family.

#### **4.3.9 Foster children sample – vetting of their foster carers**

Ten of the 25 general carers had no written evidence of checks by the Garda Síochána on files. For one carer there were notes of a “verbal” checks by the Garda Síochána. One assessed couple had no medical checks and another had only one reference for both carers. Only 12 carers (six couples – all of them approved) had received training. There was no system of supervision in place for foster carers in accordance with the National Standards. The understanding of the foster carers that were interviewed by inspectors was that social workers were there to provide support when the carers themselves requested it.

Inspectors found that checks had not been carried out on relatives of a general foster couple who occasionally looked after the children in foster care. In another household, the Foster Care Committee had asked that the background of an adult who regularly took care of the children be subject to a check with the Garda Síochána. There was no evidence on file that this had been done.

#### **4.3.10 Emergency approval of foster carers in the HSE Dublin North West 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 37 foster carers with emergency approval. This was the highest number of emergency approvals in an audit carried out by the HSE Monitoring Officer across 10 local health areas. This meant that children had been placed with foster carers that had not been approved by the Foster Care Committee. According to the Monitoring Officer’s report, 52% of these carers did not have formal approval from the Foster Care Committee with the other 48% being approved foster carers but having a placement that did not match the type of approval they had at the time. Some of these emergency approvals had been in place since 2007. Instead, according to the HSE policy on emergency placements, these placements can be approved by the General Manager and Principal Social Worker. Inspectors were told that one senior manager was unaware of this responsibility to approve these placements. Generally, these carers were beginning or nearing the end of the assessment process. The Monitoring Officer noted in July 2009 that these emergency-approved carers were caring for 52 children. There was no evidence that these emergency approvals were supervised by assigned social workers, the Foster Care Committee notified, nor if these carers were prioritised for assessments and approval.

Due to poor information in files, it was not possible to determine precisely how many non-approved relative carers were also caring for other children that were not related to them. However, inspectors found that at least six non-approved relative carers were also caring for other children that they were not related to.

## **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 an appropriate 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 social 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* (1999) – 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.

The Authority inspected 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.**

The Standard was mostly not met.

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

1. Inspectors were provided with information on child protection concerns relating to 18 children that had been managed by the HSE prior to the inspection.
2. Inspectors identified possible child protection concerns for a further 59 children arising from the review of the case files and an additional 54 safeguarding concerns which may escalate into more serious concerns.
3. Inspectors identified possible child protection concerns for another three children from fieldwork visits and phone calls to the office by foster carers.
4. The HSE identified child protection concerns for two children from retrospective 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 18 children managed by the HSE prior to the inspection**

The HSE provided inspectors with information on child protection concerns and allegations made by 18 children against their foster carers (10 couples and 4 single carers) in the year prior to inspection (2008). These concerns had been previously dealt with by the Social Work Department in HSE Dublin North West. These files were examined by inspectors. Two cases related to allegations of emotional abuse, two related to allegations of physical abuse, five related to allegations of physical and emotional abuse, four related to allegations of neglect and two related to allegations of sexual abuse.

The HSE assessed these allegations under its child protection processes and four cases were confirmed as having occurred through this assessment process. One couple was removed from the panel of carers through the Foster Care Committee by Dublin North West following the confirmation of abuse. None of the other carers were. However, inspectors were told that the area would no longer use them as carers.

In one of these cases, previously dealt with by the HSE, the Garda Síochána had sent a file in relation to the alleged abuse by a foster carer to the Director of Public Prosecutions. There was no evidence that the other three cases were notified to the Garda Síochána.

Three additional cases relating to two other carers were undergoing assessments at the time of the inspection. One had been ongoing since 2007.

The outcome of the remaining cases were judged by the HSE to be either unconfirmed or unfounded. However, inspectors had serious concerns about the quality of the assessments carried out by the social workers and link workers in four of these cases and requested the HSE to re-examine the management of allegations made by four children. In one case, inspectors were told that one child, who had run away from the carers amid allegations of physical and emotional abuse by them, was being returned to the carers by the HSE prior to the outcome of an assessment into the allegation. Inspectors informed the HSE that from the review of the case files that two other children had made previous allegations against these carers which had not been investigated and requested the management of these allegations against these carers be re-examined. Inspectors were subsequently told that the Garda Síochána had been notified of this case and a recommendation made by the social workers for the carers to be removed from the panel.

Inspectors also found that two other children had remained in unsafe placements for a number of years before being moved by the HSE out of these placements. For one of these children, members of the public had notified the HSE Dublin North West Area over a number of years about their concerns for one child in foster care. Social workers had assessed these concerns and deemed the carers' account of events as credible. This child was eventually removed by the Garda Síochána from their foster carer to a place of safety. The alleged abuse of this child over a period of years was subsequently confirmed through the HSE child protection system and, at the time of the inspection, a file had been sent to the Director of Public Prosecutions by the Garda Síochána.

For the second child, members of the public and staff at the child's school reported physical and verbal abuse of a child by their carers between 2006 and 2008. The carer confirmed the incident had occurred but the allegation was recorded as unfounded. There was no evidence that this incident had been notified to the Child Care Manager or to the local Foster Care Committee as required by the National Standards despite ongoing concerns about the child's care. This child remained in the placement for an unacceptable period of time before eventually being removed by the HSE in 2009.

Inspectors requested the HSE to undertake an external review of these two cases in order to establish if any actions, or inactions, by the HSE to notified concerns resulted in the children remaining in unsafe placements for a period of time. Inspectors also requested the HSE to identify any other similar cases and that these be similarly reviewed.

Inspectors informed the HSE of 59 possible child protection concerns from the review of case files for all children in foster care in HSE Dublin North West.

Inspectors reviewed 647 case files for 403 children initially identified by the HSE in Dublin North West. This review occurred between October and December 2009. The Authority put in place a protocol with the HSE that, when inspectors found information on files or during fieldwork that indicated possible risks to children, the Acting Principal Social Worker for the area would be informed immediately. The HSE

then proposed actions to inspectors to assess these concerns. Inspectors informed the HSE of concerns relating to 59 children. These included:

- incomplete or poor assessment by the HSE of allegations made by children against foster carers
- incomplete records on outcomes of criminal investigations by the Garda Síochána following confirmation, under the HSE assessment process, of abuse of children
- outstanding referrals for assessments of sexual abuse following allegations by children.

Twelve of the 59 concerns related to carers for 28 children. Inspectors highlighted their dissatisfaction with the management of current concerns about the care of children and the management of historical allegations made by children about their previous carers.

In addition to these 59 children, inspectors informed the HSE of possible safeguarding concerns for 54 other children. These included poor risk assessments, foster carers not being vetted, inadequate management of risk all of which could increase in risk and develop into more serious child protection concerns without appropriate intervention. The HSE provided actions to address these concerns and these actions were ongoing.

Inspectors informed the HSE of possible child protection concerns for three children following contact with the Authority by foster carers in Dublin North West. There were concerns about the case management of three children, two of whom are siblings. Inspectors wrote to the HSE about these children and their other siblings. Inspectors highlighted concerns about the multiple moves of these children in care and various risks that had not been appropriately managed.

Another concern related to concerns by foster carers of the HSE management of allegations of historical abuse made by a child in its care. The HSE was managing both of these issues at the time of inspection.

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

The HSE identified concerns about the wellbeing of some of these children and there were particular concerns about the safety and wellbeing of two children that were living in unsafe placements at the time of inspection. One child was originally placed with a relative carer in 2003 by the HSE but was moved by the carers to live with a family friend. The HSE had not approved this move to the family friend and the carer has not been assessed or approved. The social worker reported concerns about alleged criminal activity and drug use. The foster carers of the second child were subject to an ongoing allegation by other children in the household. The HSE identified actions to address these concerns.

#### 4.4.2 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 child care manager. At times the fostering team leader and link social worker carried out child protection assessments.

Inspectors had concerns, arising from the Authority's review of case files, about the HSE's management of 12 allegations against foster carers and notified the HSE of these concerns. The HSE provided detailed actions to address these concerns and these assessments were ongoing at the time of inspection.

Inspectors concluded that the system for managing child protection concerns for children in foster care was not safe. The factors which contributed to the deficiencies were that:

- *Children First: National Guidelines for the Protection and Welfare of Children* had not been implemented
- there was no agreed local child protection policy or risk assessment model to support social workers in making assessments about the safety of children following an allegation or concern about their care
- there was no child protection committee for sharing information between professionals and agencies about child protection concerns
- child protection case conferences were not occurring on a regular basis
- key managerial posts, including the child care manager and team leader posts, were vacant for a considerable period of time
- there was no supervision of social workers
- there was no system in place to manage children awaiting the assigning of a social worker.

Inspectors found that the child protection and social work service were under considerable stress. A number of key posts were vacant at different times in recent years. These posts included child care manager, principal social worker and two social work team leader posts. At the time of the inspection, there was one person, the Acting Principal Social Worker, maintaining all four roles at the same time. Inspectors were told that the child care manager role had been reduced to processing notifications of child protection concerns with the Garda Síochána due to workload.

There was no central overview of the child protection system. Inspectors were told that child protection case conferences were not occurring for children in foster care. Key local and inter-agency child protection committees for sharing information about child protection concerns were not in place as required under the Children First guidelines.

The Children First guidelines were not implemented. Inspectors were told by senior managers and saw written confirmation that an agreement was reached between the IMPACT trade union and the former Eastern Regional Health Authority in 2001 that the Northern Area Health Board would not implement the Children First guidelines due to inadequate resources in the social work departments. This agreement had not been reviewed since this time. If an area wished to implement Children First, the HSE had to re-negotiate the agreement with the union.

HSE Dublin North West Area had a Child Protection Procedures Manual dated December 2008. The document was produced by the local Child Care Manager and was intended as a tool for social workers and child care workers. The document was in line with the principals of the Children First guidelines from 1999 and reflected the ethos of the best practice. The manual was in draft form and had been circulated to social work departments for consultation and feedback in 2009. There was some confusion amongst senior managers and social workers as to the status of the document. HSE managers held the view that aspects of the procedure and tools included in the document were used by social workers. However, this was not evident in practice

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, and 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, HSE Dublin North West did not have a local child protection committee involving the Garda Síochána as required under Children First.

#### **4.4.3 Case examples of poor practice identified**

Inspectors notified the HSE of the 59 possible child protection concerns outlined earlier in this report. The initial response from the HSE to the first 11 cases highlighted concerns that social worker judgments on whether an allegation made by a child against their carers had occurred were based solely on interviews with the foster carers.

All of the children in the household were not always interviewed at the time of the allegation. Schools and other professionals were not always contacted. This was unsafe practice. Inspectors found that children were generally not informed of the outcome of an assessment into their allegation. Children should be informed of outcomes once they make a complaint or allegation. Not doing so reduces the likelihood of a child telling an adult of future concerns.

In one case, a birth family member reported concerns about the care of his/her three children in a placement. The foster carers denied the allegation and the HSE social worker deemed the allegation unfounded. Inspectors noted unsafe practices in the assessment. For example, none of the children were interviewed at the time. Two other children in foster care were living with these carers and their social workers were not informed of the allegation.

The cross referencing of previous concerns against foster carers was not evident in HSE assessments. Inspectors found evidence that foster carers with historic allegations of abuse by previous children were not known to the Fostering Team Leader assessing the most recent allegation. This was unacceptable.

Inspectors found that when a child had no assigned social worker, a link worker fulfilled some of these duties. Inspectors were concerned that information on child protection matters or concerns could be recorded on link workers' files and 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 also recorded in the child's file as appropriate.

Under the National Standards, the Foster Care Committee should be informed of all allegations made against foster carers and it should reconsider their approval as foster carers. Inspectors found that the Foster Care Committee was not routinely informed of allegations against foster carers.

There was no formal process for foster carers to be deregistered and removed from the panel in the area if they are deemed no longer suitable. Foster carers may be removed from a panel for health reasons, if they decide to stop caring, or if due to the outcome of an assessment or review that they are no longer suitable.

The National Standards also require the Child Care Manager to be informed of all allegations against foster carers. There was evidence that this had not occurred for the majority of the cases.

As allegations 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.

This should be addressed urgently.

The HSE did not have a national system for sharing information across local health areas nationally when foster carers have been removed from the panel of carers in one local health area due to confirmation of abuse of a child through the child protection system. This deficiency should be addressed urgently by the HSE.

Due to the numerous concerns about child protection practice during the inspection, the Chief Inspector requested the HSE Dublin North West to set up a group to review all allegations made by children in foster care in the Area in the 10 years prior to the inspection. This was to ensure that all child protection concerns had been managed appropriately and no child remained in an unsafe placement. The HSE commenced this review in January 2010 and was in the process of identifying child protection notifications for children in care and informed the Authority of a total of 167 families at the time of inspection fieldwork. Of these child protection notifications involving these families:

- 75 referrals were open and allocated
- 63 referrals were closed
- 39 referrals were still open and unallocated.

The HSE informed the Authority that further work is required to identify the number of these cases that specifically relate to allegations made by children against their foster carers. The HSE continues to update the Authority on this process. The Authority will be following up all matters raised in this report with the HSE Dublin North West.

#### **4.4.4 Concerns relating to the HSE child protection system for all children**

Inspectors identified further indications that child protection matters in the HSE Dublin North West were not adequately addressed. These included how the HSE was managing allegations of historical child abuse in the wider community (not necessarily in foster care placements) made by adults in the community who stated that they had been abused as children. Inspectors were told by social workers that over 70 cases of retrospective allegations of child abuse made by adults had not been assessed by the HSE Dublin North West for a number of years. This was confirmed by the Local Health Manager who told the Authority that these cases would be assessed and the HSE nationally would be informed of this process. Inspectors were concerned that persons against whom these allegations have been made could continue to have access to children.

Inspectors were concerned about the impact of the identified systemic deficiencies in child protection practice for children and families in the wider community in contact with social work services in the HSE Dublin North West. The line management of the social work and child protection system was the same for children in foster care as for children and families in the community. Inspectors were concerned about the:

- poor practices in the assessment and management of risk
- lack of leadership on some social work teams
- absence of a fully functioning child protection system identified in this inspection.

These findings would negatively impact on vulnerable children about whom there are child protection concerns in other care settings and in the wider community in that Area.

#### **4.4.5 Foster children sample – findings on safeguarding and child protection**

The Standard requires link social workers to prepare foster carers by training them in caring for children who have been neglected or abused. This should include safe care practices, recognising signs of abuse, understanding and managing challenging behaviour and keeping a record of significant events in the foster placement.

This Standard was partly met in the sample group. Within the sample group of 43 carers there were 16 who had received training that included safeguarding and recognising the signs of abuse. For some of them, the training predated the issue of the 1999 *Children First: National Guidelines on the Protection and Welfare of Children*.

In four cases, inspectors found that foster carers were dealing with problems of bullying encountered by foster children at school.

Inspectors also found that social workers looking to place a child were not made aware of child protection concerns in relation to potential foster carers (for example, if there was a complaint or an allegation against a foster carer). Inspectors also found that a child's social worker was not aware if a child was being placed with approved or assessed foster carer/s.

There was evidence on files of serious lapses in communication between the child and family and fostering social work teams. Similarly, inspectors were concerned to find that the independent element in investigations into allegations against foster carers was not present as required by the National Standards, and that it was not routine practice to give the Foster Care Committee notice of the allegations or the outcome of investigations. In interviews with carers, inspectors found that several of them would take their own initiative in referring matters to medical specialists or the Garda Síochána and they were unclear about their responsibility to notify social workers of any child protection concerns that arise.

#### **4.4.6 Foster children sample – safeguarding issues**

This Standard was partly met. All of the children who met with inspectors said they had an adult in whom they could confide, but none of the 13 with social workers named their social worker as one of them. Of concern to inspectors was that those who did not have an assigned 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 appropriate only when the concern was not in relation to the foster carers or another member of the family. Also of concern was the placement of children together who presented serious risk to each other and other members of the foster carers' household. There is a need for the introduction of a risk assessment that takes into account the potential for peer abuse in each new admission to a foster home.

#### **4.4.7 Good practices identified**

Inspectors noted that a number of social workers managed difficult and complex child protection concerns well. From their household visits to children in the sample group, inspectors found that these children were being well cared for. The foster carers presented as dedicated and committed carers. Many of the children told inspectors they were happy in their placement. There was evidence that notified child protection concerns were appropriately managed by the Acting Child Care Manager. The Acting Child Care Manager's files were in good order and had notified the relevant authorities of child protection concerns. One community social work team had developed a system to manage the families and children awaiting a social work service.

Inspectors interviewed a number of social workers and found them to be committed and dedicated professionals concerned about the welfare of children. There was evidence that some social workers liaised well with the Garda Síochána in managing specific cases and practices.

## 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 West Local Health Area in relation to *all children* in its care and *all additional children known* to the Area:
  - are adequate
  - keeps children safe and protected
  - have addressed all concerns notified to the Area
- develop, implement and monitor safe, effective and robust systems that ensure 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 central register of all allegations made by children against foster carers
- ensure that foster carers files 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)
- ensure that in any respite or child-minding arrangements social workers know exactly who is looking after a child in care and ensure that appropriate steps are taken to assess their suitability.

#### Local

To meet this Standard and the regulations the HSE Dublin North West 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 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

- provide social workers with specific training in the assessment of risk
- issue guidance to social workers and foster carers on the management of allegations of abuse against foster carers
- conduct a review (external to the Area and independent of the Executive) of the two cases identified to the Dublin North West Local Health Area where children had been left in unsafe placements.
- review all allegations made by children in foster care in the Dublin North West Local Health Area in the 10 years prior to the inspection.
- assess the 70 cases of retrospective abuse allegations that were identified during the inspection.
- provide updated reports to the Authority on child protection concerns arising as a result of this inspection and notified to the Dublin North West Local Health Area by the Authority.

## 4.5 Governance and management

Standard 19 of the *National Standards for Foster Care* (2003) requires 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. The HSE should be able to provide evidence of good governance and accountability in its management of these services.

This Standard was not met.

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

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

There was no register of children in foster care 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 provided with information 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, to perform 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. Inspectors viewed records in which the SWIS Manager highlighted concerns about the capacity of the system to fulfil its function on numerous occasions to the relevant HSE senior management since 2006. 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 outline 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. The Authority notified the Data Protection Commissioner of its concerns around the management in the HSE Area of personal data for children in foster care. Inspectors found evidence that the HSE Dublin North West Area was in breach of the relevant regulations and the National Standards in maintaining up-to-date records which could be maintained in perpetuity.

#### **4.5.2 Record management systems**

Inspectors reviewed 647 social work case files for 403 children initially identified by the HSE Dublin North West Area across the four social work teams. 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) 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 dependable, comprehensive or up-to-date system which held the necessary information on children in foster care placements in the HSE Dublin North West Area.

Inspectors found that information provided by the HSE related to some children who were no longer in care or had transferred to another HSE area. There was no evidence that these files had been closed, secured and archived. 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. Managers of the social work teams, and HSE data protection officers, had not reviewed these files. Inspectors found that for the majority of children with assigned social workers, the most recent files were of good quality. Where inspectors found good quality files, they were:

- up to date (typically to within the previous month)
- found to hold the regulatory information required under the child care regulations
- provided evidence of good practice such as direct working with children (life story work), and:
  - specialist interventions
  - 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)
- accessible to children
- divided into sections that made them more accessible than previous files.

Where the child had no assigned social worker then 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)
- did not contain up-to-date information
- did not contain the regulatory information
- not accessible to children and young people
- poorly structured
- illegible
- 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
- documenting concerns / complaints with no follow up or outcome
- missing.

There was no evidence that these 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.

Due to the concerns about the poor management and storage of personal data for children in foster care, the Authority notified the Chief Executive of the HSE and the Office of the Data Protection Commissioner of these findings. Actions taken by the HSE to bring about compliance with data protection and child care regulations are set out in the conclusions section of this report. They include the appointment by the HSE of a project manager to oversee information systems.

#### **4.5.4 Foster children sample – findings on case records**

This Standard governing social work case records was partly met in the sample. Inspectors found that two children's case files in the sample were well maintained, held all of the statutory information and were bound securely. However, the files for the other 36 children had one or more of the following characteristics:

- not up to date
- held incorrect information
- referred to children by more than one name
- were poorly structured
- were not accessible
- were not bound securely
- were predominantly family files
- were cumbersome
- in some cases contained predominantly court documentation rather than documentation that related to care.

There were some good quality social histories on some of the files of the children in the sample. However, more often than not it was a requirement of a court procedure rather than good social work practice that determined whether there was a social history. Some social workers who had worked intensively on a case used the transfer summary as a means of summarising the overall history of the case. Evidence of consultation in gathering information was poor.

Inspectors also found that information provided at the time of the inspection fieldwork was not accurate or dependable. For example, inspectors were provided with incorrect contact details for birth parents, received conflicting information on assigned social workers and / or fostering link social workers and information about a parent that had died three years prior to the inspection.

Inspectors found that a record of a key issue raised by carers during a visit by a child and family social worker to a foster household in the sample group, and also discussed by the social worker and inspectors, could not be found in the case file by inspectors. This indicates a need for quality checks on records as well as a radical overhaul of the Social Work Department's policy and practice on the maintenance of files.

#### **4.5.5 Management of foster care services**

The Authority also inspected 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 with clearly defined accountability, responsibility and authority. Inspectors also assessed whether 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.

#### **4.5.6 Management of the social work service**

Standard 19 was not met. The local health and social work management did not manage the foster services appropriately to ensure that all children were cared for safely and well, as outlined in the following sections.

#### **4.5.7 Staffing and resources**

The lack of managerial oversight was compounded by the absence of key managerial posts. In the social work services there was a shortage of social workers for the total caseload, non-allocation of child-in-care cases, rapid turnover of social work personnel and a constant shift in key leadership posts, particularly social work team leaders. The Acting Principal Social Worker was also the Acting Childcare Manager and, at the time of the inspection, was also covering two vacant social work team leader posts in these teams. Three social work posts were vacant. Inspectors viewed correspondence from the team leaders and the principal social workers to local health management which detailed serious concerns about the impact of staff vacancies on children and families. This included high risk families placed on waiting lists, social workers carrying heavy caseloads and team leaders supervising up to 10 social workers. The Local Health Manager told inspectors of the difficulties in getting these posts filled due to the moratorium on posts in the HSE and complicated recruitment arrangements for other posts not affected by the moratorium.

It was unacceptable that a social work service for 8% of the population of foster children in care in the country did not have key managerial and child protection posts filled in a permanent capacity.

Social workers, who were interviewed by inspectors, indicated that there were significant problems in the management of cases. They identified one of the causative factors as being the rapid turnover of social workers in two area teams in the Dublin North West Area. Figures given to inspectors suggested there had been a turnover of 30 social workers in three years in one team involving a total of eight social work posts. Inspectors were told that social workers in another team stayed only a matter of months, and others on that team had significant absences. Inspectors were also informed that in the Looked After Team – a team responsible for children in long-term care – there had been no consistent team leader for a couple of years with crises

covered by team leaders from other offices as an interim measure. It is likely that staff turnover will be high when social workers are overwhelmed, lack supervision and when risks are not managed.

Another consequence of the shortage of staff to deal with the demands of the overall caseload was that nearly half of the children in foster care were without social workers. This was stated to be the case by the managers of the service and verified through numbers provided by the HSE.

Inspectors noted that the fostering team had 10 social worker posts with one team leader and a child care worker. They worked with 193 out of the total 248 carers in the area and provided supervision and support to the remaining 55 foster carers who did not have a link social worker. There were no vacancies on this team. There was no evidence of how carers were prioritised for support and supervision.

#### **4.5.8 Notification of regulatory deficiencies to senior management through the HSE internal systems**

Inspectors were informed by social workers that the foster care service was in crisis management. There were a number of issues in the Social Work Department that required immediate action. The Authority requested an action plan from the HSE and continues to liaise with the HSE on these matters. Issues which required an immediate response included:

- 189 children needing assigned social workers
- children in foster care that had not been visited for a number of years
- children without care plans and reviews or poor quality care plans and reviews
- insufficient social work posts for the caseload of the Looked After Team
- high numbers of un-assessed and unapproved relative carers
- functioning and management of the fostering social work team
- inadequate numbers of foster carers to meet the needs of children.

The information on insufficient social workers, care planning and unapproved carers was known to managers of the Social Work Department through notification by team leaders, information provided on reports from SWIS and the HSE Monitoring Officer's report in 2007. There was no evidence of effective actions to address these risks to children.

In the HSE Dublin North West Area, the HSE Monitoring Officer for foster care services issued a report in September 2007 to senior local health management in the HSE that made recommendations for all children to have an assigned social worker and visited as required under the child care regulations.

A second report on the assessment of carers, issued in June 2009, states that: "The situation with regard to relative placements needs urgent attention in Dublin North West. There are high numbers of un-assessed and un-allocated, thereby not safeguarding the children placed with these carers." The findings from this inspection indicate that no effective actions were taken to address these deficiencies.

#### **4.5.9 Notification of these concerns through previous SSI inspection reports**

In 2004, the SSI at that time, piloted a self-audit of foster care services by the HSE in the then 10 health board areas and published the findings of a pilot inspection in three areas. At that time, this local health Area was part of the Northern Area Health Board. The then Health Board submitted information on its foster care services which demonstrated that the Board was not fully compliant with child care regulations and National Standards.

At the time of the 2004 audit, there were 77 relative foster carers in the relevant former community care area in the Northern Area Health Board with whom children had been placed but who had not been approved by the Health Board's Foster Care Committee. A much smaller number of general foster carers, four, were looking after children without formal approval. Of those children in unapproved placements, a significant minority in the area did not have assigned social workers and the Northern Area 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 inspection in 2009 and 2010 indicate that these deficiencies had increased from 77 unapproved relative carers to 139 since 2004. This represents a significant deterioration in the quality and safety of foster care services provided by the HSE in this Area over this time.

The Authority completed inspections of foster care services in 2007 in Meath and in 2008 in Dublin South West. These inspections highlighted the issue of children being placed with carers who had not been 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 no evidence that the HSE managers for Dublin North West took effective measures to address these regulatory deficiencies which placed children at greater risk of harm and neglect within the care system.

#### **4.5.10 Service planning**

Inspectors were told by the Fostering Team Leader that the foster care service was inadequate to meet the needs of children in the Area. Inspectors noted that the lack of adequate care planning and review, together with the high number of children in care, were contributing factors. Inspectors noted that 10 of the 100 general foster carers were caring for three and more foster children. One family had five foster children (two groups of two siblings and another child). At least two non-assessed and non-approved relative carers were caring for children who were not related to them.

Inspectors could not find evidence of the local HSE health Area strategically planning for foster care services or of targeted recruitment campaigns for specific types of placements. Inspectors also found from the review of the case files that 52 of the population of fostered children had a physical and/or learning disability. There was no evidence of how the Area addressed the needs of these children. Inspectors also found that 57 of the children 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.

The foster care allowance is paid for by the HSE and is more than the alternative guardianship allowance provided by the Department of Social Protection. Inspectors were told that it was general social work practice for children to be automatically 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 which include that:

- 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
- this practice creates a false need for regulatory social work requirements for the child.

#### **4.5.11 Transfer of children between local health areas**

Inspectors found that the transfer of foster children's cases was problematic. The 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, the HSE area in which the children had moved to did not accept these transfers. In the HSE Dublin North West, there were 18 foster care placements managed by the HSE Dublin North West where the foster carers and children in foster care were living elsewhere throughout the country. They remained on the caseload of HSE Dublin North West. This was an ineffective use of resources as children should have access to locally based services.

In the sample group of 38 children in foster care and their carers, foster carers based at a distance from the local health area expressed dissatisfaction with the level of support, while link social workers informed inspectors that there were limits on their travel to distant foster homes. This situation could be resolved in several of the 10 cases in the sample group if the HSE policy on the transfer of cases was implemented fully. In one case, both the parent of the child and the relative foster carers lived in the southeast of the country and a local service would have made sense. In another, the child placed with foster carers was accessing local services such as psychology and psychiatry and a consultant for a health problem, and had no current links with his family in the Dublin area. In the view of inspectors, this was a case that would merit consideration of a transfer.

#### **4.5.12 Supported lodgings**

Supported lodgings – which are family homes for older children needing less support – were effectively being used as foster care placements for 10 children aged 14 and under. Inspectors were told by managers that this was due to the shortage of foster care placements. The HSE policy states that these supported lodging services are specifically for children 15 years of age and over who require a less supportive placement than other children. Generally, carers wishing to provide supported lodgings undergo a less detailed assessment than general foster carers and are not vetted and approved by a foster care committee, but are approved locally by the Principal Social Worker. Inspectors found that a child as young as 10, and a child with

challenging behaviour, had been placed in these services. This was a serious concern. The Chief Inspector requested the HSE to review its placements in supported lodgings and to undertake an audit of all supported lodgings nationally to ensure the safety and welfare of children. The Authority has been informed that this audit had commenced at the time of this report.

#### **4.5.13 Case file review and foster children sample – social work caseload management**

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

From the analysis of the case files, and interviews conducted during the foster-child-sample fieldwork, inspectors found that the standard of management across the various social work teams varied. One social work team was seen to be well managed. Social work practice was generally good. The files were generally well maintained and reflected good social work practices. There was a system for managing the waiting list and staff turnover was low.

In the remaining two teams – where key managerial social work posts were vacant for significant periods of time – inspectors found social workers were not supervised. Case management meetings were held as and when they were needed. The short-term tenure of the team leader posts meant that there was insufficient continuity of leadership to ensure that a proper agreed model of supervision was implemented in accordance with HSE policy. This was a serious deficiency in a profession where there are acute pressures and clients have high levels of vulnerability. The supervision of social workers is one means whereby managers can ensure that statutory and other requirements are met within a culture of safety and accountability and that staff, particularly recent graduates, receive the support and guidance required for challenging caseloads.

The majority of social workers on the community social work teams were relatively inexperienced. While many of the social workers presented as committed and dedicated individuals, they spoke of operating in a vacuum of accountability, supervision, support and leadership. Inspectors were told of their frustration in the absence of responses from HSE management to concerns about over-burdened caseloads and risks to children and families.

Inspectors were informed in interviews with social workers that their working time was spent in court, in child-access or on administrative work. There was evidence that staff turnover was high in these two teams.

Managers had no agreed assessment model for managing risk including a system for risk assessing the cases of children waiting for a social work service.

Inspectors were informed that the children in foster care, without assigned social workers, would tend to receive a social worker 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 and the HSE had no means to satisfy itself of their safety and wellbeing.

## 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.

#### 4.5.14 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 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.**

The Standard was met in part.

The Foster Care Committee (FCC) in the HSE Dublin North West Area 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 Garda Síochána checks completed at the time of inspection.

In 2008, 10 foster care applications were recommended for acceptance and one was recommended for refusal. The FCC received one interim report on which it gave direction and it deferred decision making on one application which required further information. Only one care plan was received during 2008. The Chairperson of the Foster Care Committee wrote an annual report in 2008 summarising activities in the Committee to senior HSE management. This 2008 annual report highlighted the need to recruit more foster carers from the local community as well as the number of outstanding assessments which prevented long-term matches being made for children in foster care.

Inspectors were informed that, up until 2007, there was one centralised foster care committee for the former Northern Area Health Board. This function was then devolved into HSE local health areas. Inspectors were informed that this transition was difficult and the Area was still establishing its panel of carers.

Inspectors were informed about delays in approving foster carers by the FCC as assessments were oftentimes returned as incomplete with the Committee seeking additional information or documentation. Inspectors were also informed that it was rare for an assessment report to be approved on its first presentation.

There was evidence that the Committee was not consistently notified of allegations made by children against foster carers. This safeguarding deficiency must be addressed.

The Committee's views were not sought in service planning for foster care services either locally or nationally. Its views were not sought by local health management. Minutes of decisions made by the Foster Care Committee should be provided to local HSE management.

## **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 a 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 36 of the 38 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.**

The Standard was mostly not met.

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 had assigned social workers, there was regular access with families. When children did not have assigned social workers, contact with families had weakened. From the review of the case files, inspectors informed the HSE of concerns about the management of access between 49 children and their birth families. Some of these were requests on file from children and parents for more access with no record of how these requests had been dealt with. Some were concerns about poor management and coordination of access between siblings. There were letters from siblings on file and photographs with no recorded reason why they were there.

A further eight children without an assigned social worker were unaware that they were in foster care. Two of these children have extended families of which they had no knowledge. This was unacceptable.

### 4.6.2 Foster children sample – relationships with family

Inspectors assessed whether the 38 children in the sample group had knowledge of, and contact with, their birth parents. They found that the parents of four children were deceased. In the view of inspectors, these significant losses impact on the emotional wellbeing of the children early on in their lives and compound separation from families in several cases. Inspectors found that there were considerable variations in the ways in which deaths of parents and significant others were communicated to children, and that for children old enough to avail of bereavement counselling, this was made available for only one child. Five other children did not know either parent. Twenty knew their mother only, one knew his father only and only six children knew both of their parents. Ten were placed in foster homes at a considerable distance from their families and, as a consequence, had infrequent contact and access with them.

In the cases of 12 of the children in the sample group, contact with their family included informal access with natural parents and four of them had daily access but not all relative placements were the same.

This Standard was partly met in the sample group. Inspectors found that overall, a high value was placed on building and maintaining family contact by social workers (where assigned) and foster carers for children in this sample. The majority of the children interviewed told inspectors that they were satisfied with the amount of access that they had with their families and other relevant people in their lives. Contact with family was not the primary consideration when placing children away from their families, but it was facilitated. The placement of children outside their local area was based on the availability of a suitable resource to meet the child's needs.

Inspectors found the way certain family relationships were being managed by the Social Work Department unsatisfactory. Several of the social workers interviewed by inspectors described the primary functions of their workload as being predominantly legal work and time spent in court followed by supervision of access for some children with their families. Two social workers described access arrangements for children placed well outside the local HSE area, and who were separated from siblings, as taking up a full day of their time in terms of coordination, travel and supervision.

The criterion in the National Standards of ensuring that siblings who are not placed together have high levels of contact with each other was not met. It was clear from interviews with social workers that there were conflicting views about the underlying principles of access. One view was that access should be limited in order to support the child making good attachments with the foster carers. Another was that access is a child's right and should be facilitated. In practice, this meant that for some of the children in the sample group, access with natural parents and siblings in care elsewhere was predictable and frequent. For one young child, whose parents were both deceased, access with four siblings was restricted to four times a year. This should be reviewed in the best interests of the children to maintain kinship ties. His/her siblings were in care in a neighbouring local HSE health area and the availability of staff to supervise access was a problem that sometimes meant that an access visit was cancelled.

Article 9 (3) of the United Nations Convention on the Rights of the Child requires all states parties to "respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except where it is contrary to the child's best interests".

Inspectors found that over time, access gradually diminished for several children for a variety of reasons, such as the difficulties parents had in sustaining contact, and practical difficulties in managing access visits. The circumstances of parents and children changed rapidly in some cases and the separation of siblings made the coordination of access visits more challenging.

While children in foster care have to be assisted to settle and integrate with their foster family, attention should also be paid to maintaining contact with the child's family, unless this has been formally assessed as detrimental to the child. Some access was court directed in the early stages of a case, and in one particular case in the sample there was an intensive programme of supervised access designed to assess the possibility of the child returning to the care of his/her mother. There was no policy or guidance on decision-making criteria or the assessment and management of risk where there was a concern that access or contact was not in the best interest of the child.

Inspectors found that some carers and social workers believed that contact between the children in foster care and their birth parents would be too upsetting for the child. In the case of long-term placements where they had integrated the children fully into their foster families, they did not promote and facilitate the right of the child to contact with his/her birth family.

Inspectors found that it was rare for a child's family to visit them in their foster homes in accordance with Standard 2.9 of the National Standards which states that, where possible, access takes place there. There was evidence of problems in two cases in the sample group where birth parents had discovered the whereabouts of the foster home, and in one of the cases there had been a fear expressed about a possible abduction. However, access in the foster care home can be hugely beneficial for the children involved if properly managed.

In 19 (half) of the cases in the sample group, birth families were involved in the care of the children to some degree. In some cases, exclusions from involvement in care were clearly documented. However, there was no formal risk assessment process on which decisions were based, the legal basis for such decisions, and there was no facility for review or appeal.

There were no procedures setting out how arrangements for contact between children in foster care and their family and friends are established, maintained, monitored and reviewed. Children were encouraged to use a variety of media in contacting their family and friends. Assistance to facilitate access was provided in some cases, but it had been withdrawn in one. Access took place in the foster home in six cases in the sample. Otherwise, access mostly took place in the homes of relatives, or in the case of siblings placed in differing foster homes, in neutral venues.

Access for some of the children was supervised as a means of averting potential risk. However, in two cases incidents happened where children were at risk and the social worker stopped the access session. There was no evidence on files or in the accounts given to inspectors by parents and social workers that there was a system of regular review of decisions to supervise in place. The HSE Dublin North West Area had access workers who provided supervision, however, some of this duty also fell to social workers. Several social workers told inspectors that after court-related work, access was the most time-consuming intervention in their caseload.

Inspectors did not find evidence that birth parents were consistently and routinely kept informed of events in their children's lives. The degree to which birth parents were involved in children's lives was determined by the foster carers rather than the social workers.

The reasons why children do not have contact with parents was discussed with most of them. There was a delay in one case in letting a child know that her parents were deceased.

### 4.6.3 Foster children sample – friends

Among the children in the sample group, access to friends was mixed. All of the children were facilitated to mix with peers appropriate to their age, and children interviewed were able to identify friends from the local community and from school with whom they had sustained relationships. Many were involved and actively encouraged by their foster carers to join local activity and sports groups. The children all reported that this was one area of their lives that they were satisfied with. Inspectors observed children going out to play with their friends when on visits to the foster household. However, there were only a few vetting checks of households where children went for regular stays, and in the case of relative carers, none. Two of the children stayed overnight from time to time with relatives of the carer who lived in another jurisdiction. In another case, a child was taken on holiday outside of Ireland without the knowledge and consent of the HSE as required by the child care regulations.

## **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 all children in foster care.

#### **Local**

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

- children placed a considerable distance from their families have regular opportunities for access, and children not placed with their siblings have opportunities for high levels of contact
- children are informed of the death of a birth parent in a timely and sensitive manner.

#### 4.6.4 Positive sense of identity

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

As part of this inspection, the Authority analysed the HSE Dublin North West 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 was partly met.

#### 4.6.5 Information from the HSE data – findings on positive sense of identity

This Standard was partly met. Inspectors found that 148 carers were relatives or known to the child. Inspectors were informed that placements with relatives or adults known to the child are sought in the first instance.

Inspectors found that 52 of the 378 children were living outside of Dublin with some foster carers as far away as County Wexford. Eighteen of these carers were relative carers and the remainder had been recruited by the local area. Inspectors were told that, due to historical shortages of foster carers in Dublin North West, previous recruitment campaigns looked outside of Dublin and therefore some children were placed a significant distance from their community. In some instances the carers moved out of the Dublin area and into these counties and their case had not been transferred to the HSE area to which they had moved.

From the review of the case files, inspectors found evidence that in some instances child care workers worked with children in recording their life history. Files showed evidence of workers actively seeking early childhood memories from birth parents about the child and ensuring that this information was shared with the child.

Also, from the review of case files inspectors found large numbers of issues of concern regarding children's identity and history. Inspectors made recommendations for 78 children under this Standard. Inspectors found that children were being referred to by several different surnames across a variety of reports. For example, some children were referred to by the mother's surname, father's surname (where parents were not married), and foster carers' family name. Inspectors found two children whom the birth parents called by a different forename than that used by the foster carers. In one case within the sample group, a child was using the foster carers' surname and a forename chosen by them. The social workers had addressed this issue with the carers from time to time, asking that the correct birth name be used without success.

Inspectors found no evidence of seeking birth families' consent or the consent of the HSE to change names.

Inspectors found substantial evidence from the review of case files that children's birth dates were often wrong in court documentation and other documents and at times different dates of birth were used throughout files.

Inspectors found personal items and precious keepsakes such as family albums, letters and photographs on file for children with no recorded reason why they were there. Inspectors found photo albums from deceased parents, birth identification bracelets and letters from children and from relatives, many of which were not safely secured and were lying loose in the files.

#### **4.6.6 Foster children sample – findings on positive sense of identity**

Inspectors found that this Standard was only partly met in the sample group. They found evidence that social workers found placements with children's relatives or friends of the family wherever possible. Twenty-eight of the children were placed in or close to the community in which they were born or in which they had spent most of their lives before being taken into care.

In several cases, children who were placed with relatives had regular access to their extended family, and for most of them, it was their carers and family members that promoted their awareness of identity. In interviews they were able to describe their circumstances based on a clear open account of it shared with them by their carers.

Life-story work was carried out by childcare workers in the Looked After Team for a few cases where a referral was made by a social worker on foot of a care plan review. However, in 20 (53%) of the 38 cases, practice in the promotion of a positive sense of identity was poor. One reason for this was because cases were not allocated to social workers, or where they had been in the past there were rapid changes of social worker. This meant that continuing work with children was either not undertaken at all or severely disrupted. Even for the 13 children, seen by inspectors during the inspection, who had social workers at the time, there had been little or no social work input to promote identity.

The majority of children interviewed were aware they were in foster care and why this was the case. However, some had been unaware of their status in care until told by a social worker many years after their initial placement. Inspectors found that in seven cases children were using the surname of the foster carers at school rather than the surnames of their natural parents. A child's name is a keystone of his / her identity and should not be changed arbitrarily. Article 13 (2) (c) of the Child Care (Placement of Children in Foster Care) Regulations 1995 require case records to have copies of birth certificates. Inspectors found birth certificates in half of the case files for children in the sample, the majority of which were acquired at the time when social workers were applying for passports to facilitate children going on holidays abroad. The added significance of the birth certificates was that they had the child's correct surname, and the confusion about surnames that existed in some cases, could be resolved.

Inspectors found that 13, nearly a third of the sample of the children, were placed in their current foster home soon after birth, either because older siblings were already in care or because the Social Work Department had been involved with either parent of the child for some time before the birth. There were 18 children who had regular contact with significant family members, 15 of whom were placed with relatives. Since the majority of children had been placed prior to reaching school age, only a minority had to transfer to another school.

During visits to four foster households where children from different families were placed together, inspectors found that individual children maintained their identities and were aware that the other children in the foster home were not their siblings. Inspectors also found that most of the children visited were accepted as an integral part of the foster family, and the plan for four children was that they should move on to other placements, while two were due to return to the care of their parents.

While it is the case that the HSE sought to identify relatives and friends who could provide an appropriate placement to meet the needs of the child, few needs of the children were assessed as required by the Standard and few of the relative carers chosen were assessed and approved.

Some siblings were placed together. However, there were cases where they were not and in one case a child, whose parents were both deceased, was significantly isolated from siblings, with an access plan that entailed contact only four times a year, which sometimes did not occur.

Ten of the children in the sample were placed away from their community of origin in the counties Wexford, Offaly, Westmeath and Louth. In most of these cases, resources, rather than the needs of children, determined the location of the placements and resources impacted on access for children living at a distance from their community of origin.

The majority of the children in the sample (24) were placed in foster care before reaching school age, and as a consequence, their schooling was consistent.

The standard on non-judgmental attitudes was partly met in the sample group. For example, there was evidence of social workers making judgments on children's files, such as letters expressing the view that a parent's failure to attend access was evidence of the parent's lack of commitment to their child, when other factors such as illness may have been relevant. In one file inspectors found that an application for a child's passport entailed communication between the social worker and foster carer by telephone. In the record of the communications, several calls about the passport were interleaved with one line asking the foster carer to let the child know that a parent had died. There was no evidence that the social worker went to talk with the child about his/her loss.

Other children had little or no contact with their relatives. Three of the children were particularly isolated and had scant knowledge of their origins or of the current situations of their family members.

Nine of the children in the sample regularly had respite care. This care was provided to support the foster placement. This was formally organised in five of the cases and was informal care provided by relatives of the carers in four cases. In two of those cases the people who occasionally looked after the children were not vetted. Social workers should know exactly who is looking after a child in care and ensure that appropriate steps are taken to assess their suitability.

#### **4.6.7 Children with a disability in the foster children sample**

Fourteen (36%) of the children in the sample group had disabilities. These included physical disabilities such as birth impairments, sensory impairment, chronic respiratory conditions and blood disorders. In two cases, these were progressive conditions likely to impact on the children later in their lives. They also included intellectual disabilities, ranging from significant limitations in mental capacity to varying degrees of learning difficulties, requiring the child to have special needs support in school. Five children had Asperger's syndrome, or Attention Deficiency-Hyperactivity Disorder (ADHD), or developmental delay and/or post-traumatic stress disorder. There was no evidence in the case files, or in practice, that having a serious disability would ensure that a child was assigned a social worker. Three of these children in need of specialist support did not have an assigned social worker. The cases of only two of these children, where the disability was mild, had been allocated to a child and family social worker.

The particular needs of children with disabilities were met by these carers in a manner that promoted a positive sense of identity in some cases. Those with medical conditions accessed appropriate specialist services and foster carers had a clear understanding of their role in promoting the child's health. There were differing views among these carers about providing notice to the Social Work Department when children received treatment. Some had routine check-ups which foster carers arranged and, in some cases, foster carers liaised directly with natural parents about health matters. In one instance of a child with a sensory impairment, the child's file did not have a record of the disability. It was explained to the inspectors by the carer during the inspection visit. In another instance a serious injury that required surgery, which was arranged by the foster carers through their GP, was not known to the Social Work Department.

Conditions such as Asperger's syndrome and ADHD were viewed more negatively primarily by carers and were associated with behaviour that challenged. In two of these cases, the foster carers arranged and paid for assessments themselves. Inspectors noted on the case file for one child that the special needs assistant assigned to the child was withdrawn by the school due to financial constraints.

## **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 the child's 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 West Local Health Area must implement the recommendations above and ensure that:

- the case of one child in the sample, whose parents are deceased and whose siblings are in care in a neighbouring local health area, is reviewed and that consideration is given to transferring the case in order to maintain strong attachments between siblings
- any items intended for a child in foster care or a parent is delivered to the recipient without delay.

#### 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 below:

### Standard 3

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

#### 4.6.9 Information from the HSE data – overall findings

Standard 3 was met in part. Inspectors found evidence on file that a number of social workers consulted with children about their care plans and sought their views.

However, it was difficult to establish how the rights of children were respected. The high numbers of children without 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 due to the absence of a formal process in place for recording this. 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 individual social workers where they were assigned and foster carers. However, the foster care service needed to change to become more rights based through its policies and practices.

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

The Standard requires children in foster care to be provided with personal care appropriate to their age, stage of development, gender, culture, ethnicity, religion and individual needs. This Standard was partly met in the sample group.

Inspectors found that the majority of children were well looked after, their primary care needs were well met, they were integrated into the foster carers' families and local communities, and they saw their carers as the people central in their lives and those to whom they would turn if they were worried or concerned. In all cases of very young children in the sample, inspectors found that they were relaxed, happily interacting with carers and other members of the family, generally in good health and well cared for. Only two of the children interviewed were able to name their social worker. Some knew that the carers had separate social workers. However, the

infrequency of visits meant that they did not expect social workers to promote their self-confidence and self-esteem, and relied instead on the foster carers.

Three of the children in the sample who are from a Traveller background were placed with Traveller families and brought up with a clear understanding of their origins and traditions. There were three children of African origin and one of Eastern European origin. These were placed with Irish foster carers. One had significant intellectual disability and inspectors found no evidence that the others were made aware of their ethnic origins or that their culture was promoted.

Some of the adolescents in the sample were enabled to be independent consistent with their age and individual needs, but there was no evidence of after-care plans for the children in the sample aged 16 and over.

#### **4.6.11 Foster children sample – children’s rights in relation to privacy**

Inspectors found that privacy was an issue in some of the foster placements in the sample. In four instances children were sharing bedrooms inappropriately. In one of the cases this was resolved once it was known to the social worker. However, in two other cases it was not possible to resolve because of limited accommodation. One carer, who applied to be assessed as a foster carer seven years prior to the inspection, stated that there were only two bedrooms, one of which she/he occupied. However, a boy and girl (brother and sister) were placed in the home. The arrangement had not been seen until late 2009 when a link social worker was assigned the task of completing the assessment retrospectively. In the other case, involving two young children, foster carers told inspectors that a social worker had agreed to the arrangement. Inspectors examined the accommodation of the children in all the foster households that they visited. It is an important part of the social work role for social workers to see the actual accommodation of each fostered child and satisfy themselves that it is suitable.

Inspectors found that three of the foster homes were overcrowded. In many foster households there were photographs of the foster child on display along with other photographs. In two cases, photographs of the fostered child were not evident even though there were photographs of other family members.

The Standard on choice requires children to be enabled to develop their abilities, aptitudes, skills and interests. In the great majority of cases in the sample this Standard was well met.

Children in the sample were not consulted and heard in all decisions concerning their care. It depended very much on the relationship with the foster carers rather than social workers as to whether a child’s views were sought.

#### **4.6.12 Foster sample children – access to information**

Children interviewed were mostly not aware of their rights. In two cases, those who were aware of their rights shared their foster home with young people who had been in care and who were actively involved in the Irish Association of Young People in Care (IAYPIC).

Inspectors found no evidence that children had access to their life history or files, or that the HSE had a policy to promote their right to information. The poor condition of the HSE Dublin North West Area files and filing system was also evidence of the fact that there was no expectation that the right to access information would be exercised. The files are important also as an archive for many children in care, being the only continuous record of their lives. The records should be accurate and up to date and include the information held on other media such as 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 subject of the recorded information.

There was no evidence that the principles of access to records or data protection influenced practice. Inspectors read several hundred files and found only one confidential section – in a foster carer's file.

There was considerable variation in the exercise of choice regarding saving and spending money. Several of the children interviewed reported that they did not receive regular pocket money. Instead, they were provided with their choice of clothing and other age-appropriate items by requesting them from the foster carers.

All the children were appropriately clothed, and the older children interviewed said that they could exercise choice in the style of clothing they wore.

#### **4.6.13 Foster children sample – children's knowledge about making complaints**

Inspectors found that none of the children interviewed in the sample knew of a system of complaints that they could use, even though two of them were aware of their right to complain. None of them named a social worker as someone that they could discuss a worry or concern with. They said that they would discuss anything that worried them with either their foster carers or, if they were in contact with them, their natural parents. There was no evidence on the files of the children in the sample of any complaints that had been brought to the attention of the Social Work Department by the children themselves.

Inspectors found that there was no complaints section within the children's individual files or a central complaints register in individual social work offices.

## **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 clearly aware 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 West 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, for example to receive pocket money age-appropriately, and are clearly fully integrated into the families in which they are placed
- the culture and heritage of children of non-Irish origin is promoted
- children's privacy is promoted and they have suitable, adequate and appropriate accommodation.

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

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 of the Authority notified the Chief Executive 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 with accountability for its implementation by the National Director of Integrated Services – Performance and Financial Management and overseen by the HSE Regional Director of Operations, HSE Dublin North East.

The Chief Inspector of Social Services in the Authority, and Deputy Chief Inspector, met with senior HSE management seven times between October 2009 and March 2010 to monitor implementation of the HSE action plan while the inspection continued. A further meeting was held in April 2010 with the HSE's 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 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 once-off visit to children that 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 having an assigned social worker in the Area. The HSE was recruiting a number of social workers to meet his aim. Two principal social workers posts have been agreed and the two vacant team leader posts have been filled by the HSE.
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 follow-up inspection.
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 West through the follow-up inspection.
7. The HSE to provide evidence that system changes are sustainable.	The HSE has recruited social workers in both areas. The social work governance and management is under review.	Inspectors will monitor the progress on this issue in the follow-up inspection.

## 6 Conclusions

This report outlines the main findings of the Authority's inspection of the HSE foster care services in the HSE Dublin North West. The inspection found evidence of significant deficiencies in relation to these services.

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

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

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

The HSE did not check that all children in foster care were safe through social work visits. It did not ensure that all children were being cared for by assessed and approved carers. 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 keep information about all children safe or record information consistently and the system for managing allegations made by children against foster carers was unsafe.

Inspectors found that 118 out of 148 relative carers had not been appropriately vetted, assessed and approved by a link social worker in the Dublin North West Area, as to their suitability to be foster carers.

The evidence demonstrated an incoherent and unsafe approach to protecting and safeguarding children in foster care in the region and this was unacceptable.

The HSE did not engage in appropriately assessing risk and there was a lack of a meaningful response to concerns articulated by its own social worker staff and members of the public.

The findings from this inspection indicate that the HSE fostering service in the Dublin North West Area was in a state of crisis at the time of inspection and that the HSE was not strategically organising or managing these services to ensure their quality or that all children were safe.

No long-term planning was evident and there was evidence that a lack of feedback from foster carers, and children in foster care, in the Area indicated that these children and their carers were not a priority.

There was also evidence of a culture, at managerial level, of non-compliance with the child care regulations and lack of a recognition that the child care regulations exist 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 West.

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 West Area, demonstrate a significant and serious shortcoming in the duty of care to some children. These deficiencies have 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 West 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 by the HSE 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, and the child protection service, in the Dublin North West Area 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 monitor progress in meeting these recommendations and previous actions outlined earlier in Table 8.
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 ensure that practice is safe and complies with *Children First: National Guidelines for 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

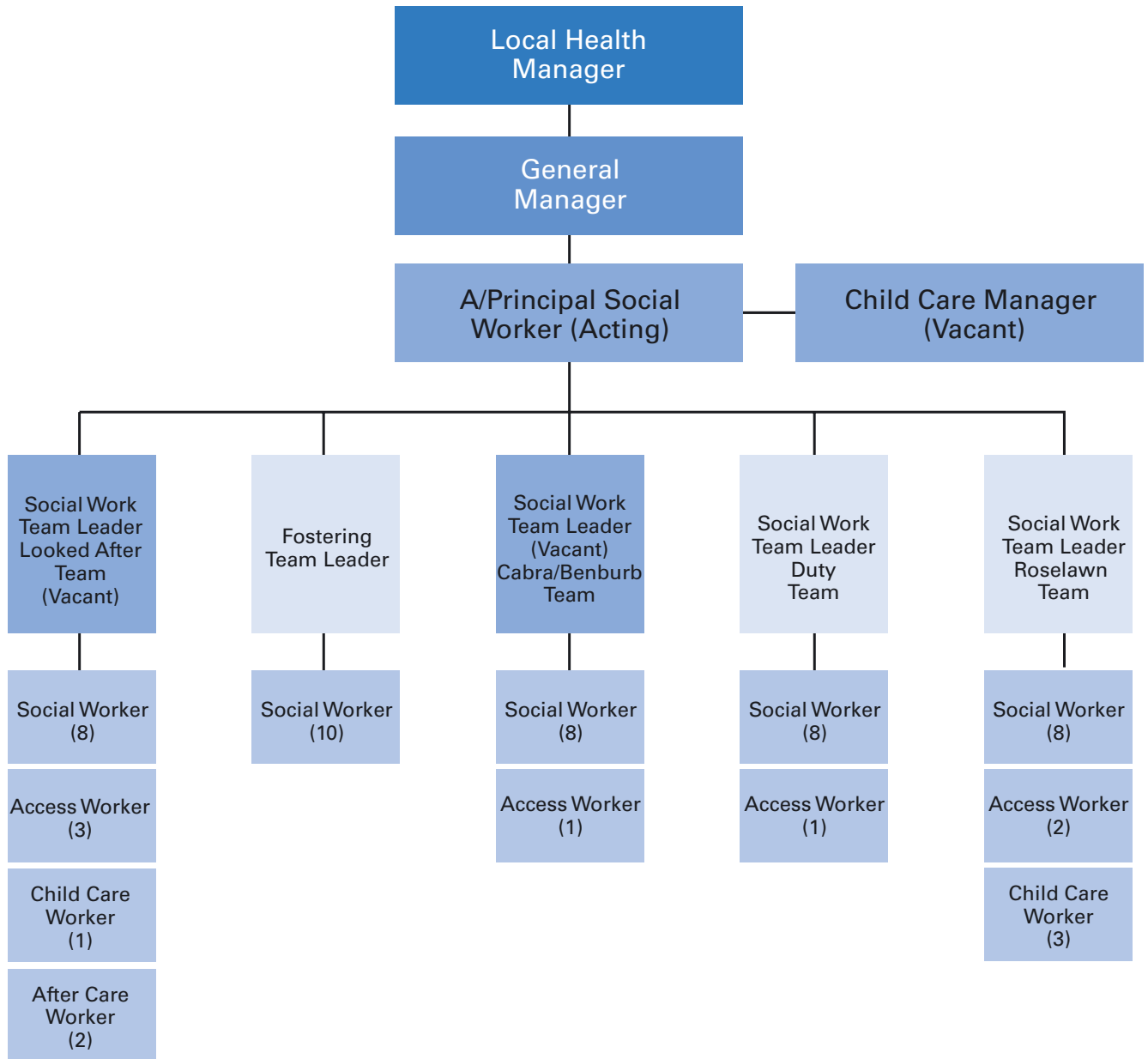
### Findings of breaches in statutory duties of the HSE Dublin North West Area to children in foster care. (Breaches have occurred in all or in specific parts of the Child Care Act, 1991, the regulations and/or the National Standards referred to in this report, and listed below.)

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 relatives child care regulations.**
3. Failure to approve foster parents pursuant to Regulation 5 of the foster care child care regulations prior to placement of a child with those foster parents.  
**Regulation 5(2)(c) of the foster care 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 care child care regulations.**
6. Failure to allocate a social worker to a child in the care of relatives / foster parents.  
**National Standards, Appendix 1, Section 5.**
7. Failure to allocate a “link social worker” to a child in the care of relatives.  
**National Standards, Standard 15.**
8. Failure to allocate a “link social worker” to a child in the care of foster parents.  
**National 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 Child Care Act, 1991.**
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 care child care regulations.  
Section 3 of the Child Care Act, 1991.**
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 relatives child care regulations as soon as practicable following emergency placement with relatives.  
**Regulation 7(2) of the relatives child care regulations.**
13. Failure to carry out an assessment of the circumstances of a child pursuant to Regulation 6 of the foster care child care regulations prior to planned (non-emergency) placement with foster parents.  
**Regulation 6(1) of the foster care child care regulations.**
14. Failure to carry out an assessment of the circumstances of a child pursuant to Regulation 6 of the foster care child care regulations as soon as practicable following emergency placement with foster parents.  
**Regulation 6(2) of the foster care 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 foster parents.  
**Regulation 18 of the foster care child care regulations.**
17. 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.**
18. Failure to remedy any matter not in compliance with the foster care 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 care child care regulations.**

## Appendix 2

# Organisational structure of HSE Dublin North West Area Social Work Department



## Appendix 3

### SSI inspection team members

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

**Nuala Ward**, Inspector co-ordinator

**Orla Murphy**, Lead Inspectors Fieldwork

**Mike McNamara**, Lead Inspectors Fieldwork

**Patrick Bergin**, Lead Inspectors Fieldwork

**Mick Fox**, Support Inspectors (part-time)

**Kieran O'Connor**, Support Inspectors (part-time).







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

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