Inspection of the HSE Dublin North West Local Health Area Fostering Service in the HSE Dublin North East Region

Inspection Report ID Number: 580
Inspection Fieldwork: 3 October-16 October 2012
Issue Date: 14 February 2013
### Service information

<table>
<thead>
<tr>
<th><strong>Name of HSE local health Area:</strong></th>
<th>Dublin North West</th>
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<tr>
<td><strong>Name of Integrated Service Area:</strong></td>
<td>Dublin North City</td>
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<tr>
<td><strong>Type of HSE service:</strong></td>
<td>Foster Care</td>
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<td><strong>Report ID number:</strong></td>
<td>580</td>
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<tr>
<td><strong>Legal authority to inspect:</strong></td>
<td>Section 69(2) Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment ) Act 2011</td>
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<tr>
<td><strong>Regulations governing HSE Foster Care Services</strong></td>
<td>Child Care (Placement of Children in Foster Care) 1995  Child Care (Placement of Children with Relatives) 1995</td>
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<tr>
<td><strong>Relevant Standards</strong></td>
<td>National Foster Care Standards  Department of Health 2003</td>
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<tr>
<td><strong>Other key National Guidance</strong></td>
<td><em>Children First National Guidance for the Protection and Welfare of Children 2011</em></td>
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<tr>
<td><strong>Governance structure:</strong></td>
<td>Statutory reporting structure</td>
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<tr>
<td><strong>Number of children in foster care in the LHA</strong></td>
<td>Relative: 165  General foster care: 203  Total: 368</td>
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<td><strong>Number of children with allocated social worker</strong></td>
<td>Relative: 165  General foster care: 203  Total: 368 100%</td>
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<tr>
<td><strong>Number of carer households</strong></td>
<td>Relative: 128  General foster care: 94  Total: 222</td>
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<tr>
<td><strong>Number of households with assigned link worker</strong></td>
<td>Relative: 76  General foster care: 68  Total: 144</td>
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<td><strong>Dates of inspection fieldwork:</strong></td>
<td>03-05 October 2012, 08-12 October 2012, 15-16 October 2012</td>
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* Data source: HSE Child and Family Services Template completed by HSE Dublin North West LHA, at the request of the Authority as part of this inspection with amendments following verification by the Authority on site.
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<th><strong>Lead HIQA inspector:</strong></th>
<th>Maeve O’Sullivan</th>
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<tr>
<td><strong>HIQA support inspector(s):</strong></td>
<td>Grace Lynam, Ann Delany</td>
</tr>
<tr>
<td><strong>Date of last inspection:</strong></td>
<td>November 2010 – January 2011</td>
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| **Type of last inspection:** | [ ] Not applicable - first inspection of service  
[☒] Announced  
[ ] Unannounced  
[ ] Triggered  
[ ] Targeted  
[ ] Follow-up |
| **ID number of last HIQA inspection report for this service:** | 597 |
Contents

Service information ........................................................................................................................ iii
1. Introduction ................................................................................................................................ 2
2. Profile of HSE Dublin North West ............................................................................................ 3
3. Summary of findings ................................................................................................................... 1
4. Methodology ............................................................................................................................. 3
5. Inspection findings .................................................................................................................... 4
6. Children and young people’s comments .................................................................................. 41
7. Summary of Standards ............................................................................................................. 42
8. Glossary of Terms ..................................................................................................................... 44
9. Action Plan ............................................................................................................................... 46
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 (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). Once the child is in the care of the HSE, the HSE has responsibility for that child’s care, welfare and upbringing. Children are generally placed in family situations, either with their relatives or with general foster carers.

The Health Information and Quality Authority (the Authority or HIQA) is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect foster care services provided by the HSE and to report on its findings to the Minister for Children and Youth Affairs.

The findings of the inspection are set out under nine outcome statements. These outcomes set out what is expected in foster care services and are based on the requirements of the Child Care Act 1991, the child care regulations and the National Standards for Foster Care (2003).

The inspection report is available to children, parents, carers, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority’s values of openness and transparency.

The inspection findings highlight areas of good practice as well as areas where improvements are required. The completed report and subsequent reports on actions taken by the HSE to meet the recommendations will be issued to the Minister for Children and Youth Affairs.

Acknowledgements

The Authority wishes to thank the foster carers, children and parents for the openness with which they embraced the inspection process and welcomed HIQA inspectors into their homes. Inspectors also wish to acknowledge the cooperation of the members of HSE Children and Family Services and senior managers in the Dublin North West Local Health Area.
2. Profile of HSE Dublin North West

At the time of inspection, the organisational structure of the HSE Dublin North West Local Health Area (LHA) was undergoing change in preparation for the establishment of the Child and Family Support Agency. The areas of Dublin North West and Dublin North Central were managed as one administrative area called Dublin North City. The specific area of Dublin North West includes Dublin 1, 7, 8, 9, 11 and 15 and provides services to the communities north of the River Liffey, in Clonsilla, St Margaret’s, Finglas, Blanchardstown, Glasnevin, Castleknock and Cabra. However, although Dublin 15 is currently included as part of Dublin North West, a decision had been made to transfer this area to become part of the Dublin North area.

In 2008, the LHA had the highest number of children in care of all local health areas throughout the country. According to the HSE Review of Adequacy Report 2008, Dublin North West had the highest population 77,421 (42%) living in the most deprived electoral divisions. 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.

At the time of inspection the LHA had 368 children living in foster care in 222 households. Two hundred and three children were being cared for in general foster care and 165 children were being cared for in relative foster care. 151 (41%) of these children were in placements outside the LHA. All children in the LHA had an allocated social worker. 144 (64%) of the foster carers had an allocated link worker (link social workers support carers in caring for children).

There were 11 households caring for more than two children who were not siblings. The service currently had 30 children placed in private foster care placements. There was one child waiting for a foster care placement.

The LHA had been inspected by the Authority on two previous occasions, firstly in September 2009-March 2010 (Inspection Report No.588), and again in November 2010-January 2011 (Inspection Report No.597). In the first inspection, serious concerns were identified by the Authority regarding the safety of children and the overall organisation and management of the foster care service. At the follow-up inspection there had been some improvements identified, for example, a register of children and carers had been established, the governance system had changed, a manager and four monitoring officer had been newly appointed to the monitoring system, and a programme of work had been undertaken to improve the recording and filing system. However, in both inspections deficits were found in the following

† This is the most recently published child population data broken down by LHA. Subsequent HSE adequacy reports publish data by region.
areas: assessment and approval of foster carers, placement options for children in foster care, child protection, allocation of children’s cases to social workers, quality assurance and information systems.

**Description of the organisational structure in Dublin North West**

Each HSE LHA throughout the country 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 who is managed by the integrated services Area Manager. In the Dublin North West LHA, the service was managed by three principal social workers: one principal social worker held responsibility for the management of children in care and fostering teams; a second principal social worker held responsibility for child protection and welfare in Dublin North West and Dublin North Central; the third principal social worker was responsible for duty* and intake in Dublin North West and Dublin North Central. The three principal social workers reported to the Area Manager. The Area Manager was responsible for children and family services in Dublin North City region which included Dublin North West. The Area Manager reported to the regional service director for children and family services in Dublin North East. In 2011 a service improvement team (SIT) was established in the region. The purpose of the SIT team was to assess the unassessed foster carers, the new general foster carer applicants, and assist the social work team with the development of children’s care plans, reviews and safeguarding visits. The SIT team was managed by a project manager who reported to the regional service director for children and family services.

According to the initial information provided as part of the inspection regarding the structure of the social work service, there were 10 social work teams plus two social work teams established under the SIT team. Each team was managed by a team leader, who in turn, was line managed by a principal social worker. The social work teams had designated roles and geographical areas of responsibility.

These 12 teams consisted of:

- two duty teams for new referrals to Dublin 7,9,11 and 15
- three teams for long term care for cases open for more than three months
- three teams for children in HSE care
- two teams for the provision of fostering support to foster carers and assessments
- two service improvement team (SIT) for children in HSE care.

The key responsibility of the duty teams was to operationally manage the duty referral system for Dublin North West. When a child was referred to the duty team, he/she underwent an initial assessment. If the child was identified as being at risk of

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* Duty social workers deal with issues of concern pertaining to the protection and welfare of children as they present.
significant harm and required allocation to a social worker, the child was transferred to the care of the long-term child protection team. The duty teams were also responsible for the early implementation of the new national service delivery framework for children and family services through the operation of ‘local area pathways’ with community service providers. Children in short-term care remained the responsibility of social workers on the child and family teams. If their care status became long term, they were then transferred to the children in care team. The key responsibility of the child in care teams was to ensure that children in care received a quality service and that their needs were met. The organisational structure of the service is outlined in Figure 1.
Figure 1. Organisational structure of the Social Work Department, HSE Dublin North West Local Health Area*

National Director
Children and Family Services

<table>
<thead>
<tr>
<th>Head of Quality Assurance</th>
<th>Chief Operations Officer</th>
<th>Head of Finance</th>
<th>Head of Policy and Strategy</th>
<th>Head of HR and Corporate Services</th>
<th>Head of Change Management</th>
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<tbody>
<tr>
<td>Regional Service Director</td>
<td>Regional Service Director</td>
<td>Regional Service Director</td>
<td>Regional Service Director</td>
<td>Area Manager, Dublin North City</td>
<td></td>
</tr>
<tr>
<td>Acting Child Care Manager</td>
<td>Alternative Care Manager</td>
<td>Principal Social Worker - Children in Care/Fostering DNW</td>
<td>Principal Social Worker Long Term DNW/DNC</td>
<td>PSW Duty Intake Team</td>
<td>Project Manager</td>
</tr>
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Social Work Team Leader x 3 Children in Care + Social Work Team Leader x 2 Fostering DNW

Social Work Team Leader x 6 (3 Team Leaders DNC/3 Team Leaders DNW)

Social Work Team Leader x2 DNW/DN

Social Work Team Leader x2 DNW/DN

* Source: HSE Dublin North West Local Health Area.
3. Summary of findings

Children in foster care require a high quality service which is safe and well supported by social work practice. Foster carers must be able to provide a warm and nurturing environment in order for children to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

The Authority had inspected the LHA’s foster care service in 2009, 2010 and 2011, and serious deficits were found on those inspections. On this occasion, the Authority found that the LHA still could not guarantee good outcomes for children in its foster care service, although many children were happy in their placements. Children were able to make choices in their daily lives, to maintain a positive sense of identity and to create new and meaningful relationships. They were integrated into family life and had opportunities to make new friends. However, sibling groups were not always placed together and children did not have easy access to the aftercare service. Children were aware of their rights, but were not always supported in exercising them; a robust complaints procedure for children was not in place.

Maintaining contact with family members was valued highly by the social work department and children had regular opportunities to do this. However, 41% of children in foster care were placed in foster homes outside of the LHA which made this more difficult. The resources to provide good quality access were insufficient and some birth parents were not happy about access arrangements with their children.

Some children received a foster care service that was coordinated, child centred and based on their assessed needs and best interests. Many foster carers were providing high quality care and children’s needs were being met. Foster carers were committed and child centred in their approach. They saw themselves as advocates on behalf of the child and availed of every opportunity to promote the child’s best interests to achieve better outcomes. However, not all foster carers took up training opportunities and most had not undergone reviews.

Although there had been improvements made in the management structure, governance arrangements for the foster care service were inadequate. Educational outcomes for children were not recorded or monitored. The foster care committees did not function effectively. Historically, children and foster carers had not been matched in compliance with Standards and Regulations, but there had been recent improvements in this area. There were insufficient placement options in the LHA and this posed a problem in terms of appropriate matching and availability of placements. Unplanned endings of placements were not well managed and in some cases foster parents and children had not been given adequate support when difficulties arose. 65% of foster carers had a link social worker to support them, but 35% did not.
There was no overarching risk management process that tracked and addressed complaints, concerns and allegations against foster carers and no evidence that lessons had been learned from past experiences. The child protection notification system (CPNS) was not in compliance with *Children First: National Guidance for the Protection and Welfare of Children* (2011). And, as at the last inspection, the register for children in foster care was not up to date.

Practices to ensure safe and effective outcomes for all children in foster care in the LHA were not adequate. The majority of children were safe in foster care. However, there were a number of carers who were not deemed suitable for the task yet continued to have children in their care. These particular cases were complex and some efforts had been made by the Social Work Department to ensure the ongoing safety and welfare of the children concerned.

Social workers were found to be committed and motivated and most had a good understanding of the needs of the children in foster care. However, 116 children in foster care (32%) had only been assigned a designated social worker three weeks prior to inspection. While most of these children had been visited by a duty social worker on at least one occasion in the previous six months, they had not had an allocated social worker for prolonged periods of time. Therefore, the social workers’ opportunity to form a good and trusting relationship with some children was potentially compromised. Some care plans were of poor quality and undertaken by social workers who did not know the children. On the other hand, the recruitment of new staff had brought improvements in staffing levels.

At previous inspections by the Authority, information management systems were poor. In the course of this inspection, record keeping and file management were not good and the use of chronology was not effective in all case files reviewed. Not all foster carers’ files contained evidence of their approval status and copies of the contracts for children placed with them. However, staff personnel files were well managed.

The action plan at the end of this report outlines the non compliances with Standards and breaches of Regulations and the actions which the LHA proposes to take to address them.
4. Methodology

The inspection approach entailed an examination and evaluation of information derived from multiple sources including documentation, data, interviews and on-site fieldwork.

The Authority issued formal requests to the Health Service Executive (HSE) for documentation and data in accordance with Section 69(3)(b) of the Child Care Act, 1991. Information was also obtained through interviews with HSE staff.

Inspectors reviewed policies, procedures, records and other documents/data as part of this inspection.

The Authority also conducted on-site fieldwork which included interviews with key HSE personnel, examination of children’s and carers’ case files, home visits to foster carers and children, and phone interviews with birth parents.

Inspectors selected and met with 11 carers, nine children and spoke to birth parents to elicit their experiences of the service. The Authority also reviewed 71 case files of children and foster carers as part of the evidence gathering process.

Cases were selected using a number of criteria, such as gender, age, disability, cultural and ethical background, membership of a sibling group and young people requiring aftercare.

All foster carers and children were informed of the inspection and were invited to give their views through an online questionnaire.

It is important to note that although all foster care households were notified of the inspection in advance, the experiences and views expressed in this report by children, birth parents and foster carers are based on a sample group of children, birth parents and foster carers. Therefore their views may differ from those of others.
5. Inspection findings

Outcome 1 - Each child receives a child centred service that respects their rights and responsibilities.

Under this outcome measure, children in foster care receive a service that recognises their rights including their right to be listened to. They participate in making decisions and are encouraged to voice their opinion. They are communicated with in an open and honest manner. Diversity is recognised and children feel valued as individuals.

Related reference:

- Standard 3: Children’s rights
- Standard 4: Valuing diversity
- Child Care (Placement of Children in Foster Care) Regulation 8(1) Religion
- Child Care (Placement of Children in Relative Care) Regulation 8(1) Religion.

Summary of Outcome 1

Children were educated about their rights and supported in exercising choice. Children’s culture and diverse needs were respected and valued. However, the right of children to complain was not upheld.

Standard 3: Children’s rights

This standard was met in part.

Children were educated about their rights and supported in exercising them. Social workers provided inspectors with a copy of a children’s book about foster care which they said was provided to all children in foster care. Inspectors noted that it provided information about what to expect when living with a foster care family. The book also informed children about their right to keep in touch with their family and friends, their right to be respected, the importance of being consulted in relation to decisions in their lives and the importance of having a care plan. The book was written in a child-centred manner. Social workers told inspectors they gave this booklet to children on their reception into care. However, in a sample of case files reviewed there was no record to show that all children in foster care had received the children’s book and this indicated that the issuing of this information to children could be overlooked.
Some of the children told inspectors that they knew about their rights. Foster carers interviewed by inspectors said that they were informed about the rights of children in care during the ‘Foundation for Fostering’ training course. Social workers, interviewed by inspectors, said that they discussed children’s rights with the children during visits to them and had informed them about the Empowering People in Care (EPIC) organisation. They also told inspectors that children were informed that they could access their file if they wished. Again, inspectors could not find any documented evidence of this in the sample of case files reviewed and thus it was unclear whether all children were routinely informed and aware of their rights.

Children were consulted about decisions that affected their lives. Their opinions were sought prior to care plan meetings, and some children attended their care plan meetings and reviews. Inspectors found age-appropriate forms filled out by children documenting their opinion in preparation for their care plan meetings and reviews. Social workers interviewed said that they encouraged children to attend their reviews and assisted them in completing these forms for the meetings. Some children told inspectors that they could attend their child in care reviews if they wished. Inspectors found evidence of children having attended their reviews on the case files, and some children told inspectors that they felt able to express their opinions. They said they felt they were listened to at their reviews.

Children were listened to and were able to exercise choices in their daily lives. Inspectors found evidence of the delivery of age-appropriate and child-centred care in the sample of case files reviewed. Children told inspectors that they were listened to and said that they felt they had a voice when they met with their social worker. The children told inspectors that they had choice in relation to aspects of their daily life, such as food, the colour of their bedroom and bedroom furnishings, sports and leisure activities, their clothing and access to their family as appropriate. The children talked about their friends at school and the activities in which they took part. Inspectors found evidence of this when they visited a number of foster care households. Foster carers interviewed by inspectors were respectful and supportive of the child’s right to choose.

The right of children to complain was not upheld. The children’s book about foster care did contain information about how to make a complaint. The principal social worker provided inspectors with a draft leaflet on the complaints procedure for children in care ‘Speak up, Speak Out – It’s your Right!’ Children interviewed by inspectors said that they knew how to make a complaint. Social workers told inspectors that they regularly reminded children about how to make a complaint and encouraged them to do so, if they were not happy with an aspect of their care. Foster carers told inspectors that they also reminded the children in their care about the complaints process and reported that they did make complaints to the social worker on behalf of the child.

However, they reported inconsistent responses; some foster carers said that the complaint was well managed and feedback was provided. Others reported that the
complaint was not well managed or dealt with in a timely manner. There was no register of complaints made by children in the LHA. Thus, children could not be certain of receiving an adequate response to complaints supported by a robust system. One child did not know who their social worker was so did not know who to contact if they wished to make a complaint.

**Standard 4: Valuing diversity**

*This standard was met in part.*

While efforts were made to implement anti-discriminatory practices in caring for children from different ethnic, cultural and religious backgrounds, this was not always possible due to the lack of appropriate foster care placements. However, children with disabilities had their needs met by their foster carers.

Inspectors found that there were many children in foster care from various backgrounds who were not placed with foster families of the same ethnicity and culture or the same religion. Inspectors found that social workers were very aware of the importance of placing children within foster families of the same ethnicity or religious background but they were not able to make appropriate placements. This was reflected in the sample of case files and care plans reviewed by inspectors and care plans documented the views and wishes of the birth parents. Social workers told inspectors that when a child was first brought into care they would always attempt to match the child with a foster family from the same ethnic and religious background. If a suitable match was not available, then they would look for a carer who could best meet the needs of the child. However, they said that on occasion the lack of appropriate placement options resulted in children being placed in placements where carers were of different backgrounds. In addition, the LHA did not maintain a centralised record of foster carers from different ethnic and cultural backgrounds and or religions. This meant that social workers and managers were not in a position to identify any appropriate available placements or analyse the requirements resource in relation to unmet need for such placements.

Inspectors visited a number of foster care homes where children from different ethnic backgrounds were living and found that foster carers worked to mitigate the effect of cultural differences between the children and themselves. They found that the carers had a good understanding of the child’s ethnicity and religion and promoted a positive understanding of the child’s origins and background. Foster carers told inspectors that they cooked food that reflected the children’s culture; children talked to inspectors about their ethnic background and about how their foster carer helped them to understand and connect with their own culture.

Inspectors found that the LHA was in compliance with the Standards and Regulations relating to religion. Foster carers told inspectors that they supported the children in attending religious services, and inspectors observed photos of religious events such as first Holy Communion and Confirmation, which included birth parents.
Children’s heritage was promoted by social workers and foster carers through the use of life-story books and the development of a ‘Family Album’. Foster carers told inspectors that they were provided with guidance in relation to maintaining albums and story books for the children, and most foster carers interviewed by inspectors reported that they had received adequate information from the child’s social worker when the child came from a different ethnic background. Foster carers told inspectors about specific work that they did with the children in their care to promote their heritage and enhance their understanding of their cultural background.
Outcome 2 - Children are able to maintain positive relationships with their parents, siblings and other significant family and friends.

Under this outcome measure, children’s relationships with their families are actively promoted through regular, quality contact as appropriate to their safety. Siblings are placed together wherever possible. Services recognise the intrinsic value of kinship through placing children as much as possible with relatives and in their community. Children are supported in making, and maintaining contact, with their friends.

Related reference:
- Standard 1: Positive sense of identity
- Standard 2: Family and Friends.

Summary of Outcome 2

Children’s access to their families and friends was promoted and facilitated where appropriate. However, children’s sense of identity was not maintained and sustained in a consistent manner. Additionally, many children were in placements outside of their own community and a distance from their birth parents.

Standard 1: Positive sense of identity

This standard was met in part.

The LHA dataset provided for the inspection indicated that in the year prior to inspection 41% of children in care were placed in foster homes outside the LHA. Social workers told inspectors that, due to a lack of foster placements in the LHA, many children were in placements in other counties. They were a distance from their families and from the school that they attended prior to placement. The inability of the LHA to enable a significant number of children to stay in their local community did not promote a positive sense of identity for these children.

Not all children received supports to promote their identity. There was guidance in place to support social workers when placing children, and case files reviewed by inspectors recorded the efforts made by social workers to place children with relative foster carers and to keep the children in their local community. Inspectors found evidence on some children’s files that social workers carried out specific work with children to help them understand events in their lives and the reasons why they were in care. Other media such as art or play therapy were used with children, and foster carers told inspectors that they felt these forms of therapy were beneficial to the children. However, this practice was not evident in all files reviewed and it appeared that not all children received such inputs to support them in understanding why they did not live with their birth families. This was particularly significant for children where the identity and whereabouts of their parents was not known. The mothers of
12 children were unknown to social workers, 33 mothers had passed away, and the addresses of 65 mothers were unknown. The identities of the fathers of 84 children were unknown to the LHA, 30 children’s fathers had passed away, and the addresses of 149 fathers were unknown. This meant that the LHA could not communicate with the birth mothers and or fathers of a significant number of children. Therefore the child’s access to accurate, relevant and comprehensive information about their backgrounds and history was limited. This could impact negatively on their sense of identity, their heritage and current and future contact with their family. It was not clear from the case files that all the children who required individual work to promote and support their identity had received it.

Inspectors found limited evidence on the sample of case files of attempts made by social workers to locate the birth mother and or birth father. The inability to contact birth parents also presents a risk for children in voluntary care if and when a medical emergency arises that would require parental medical consent and or relevant background information.

**Standard 2: Family and Friends**

*This standard was met in part.*

Maintaining contact with their families was promoted for children in foster care. Access for children with their parents and their siblings was supported and facilitated. Birth parents were actively encouraged and facilitated to attend access visits and participate in decisions about the care of their child. However, sibling groups were not always placed together and the decision making process in this regard was not transparent or consistent.

Not all sibling groups had not been placed together although this had been recommended in their social work assessment. Social workers told inspectors that their practice in relation to placing children who are siblings was guided by the Standards and Regulations and that they endeavoured to place siblings together wherever possible. Where this was not possible, they promoted and facilitated regular family access. Inspectors found that practice was not directed by the guidance due to serious resource deficits. Social workers interviewed by inspectors said that on occasion it was not always possible to place large sibling groups together because of the unavailability of suitable placements. They also said that the LHA was insufficiently resourced to enable larger groups of siblings to be placed together, and this resulted in siblings being separated. The LHA dataset indicated that 31 sibling groups were placed together, while three sibling groups whose assessment recommended that they be placed together, were not. The child in care register indicated that 44 sibling groups (56%) were placed together, while 35 (44%) were not. Inspectors visited foster homes where sibling groups had been placed together and also reviewed their case files. For other siblings not placed together, inspectors did not find sufficient documented evidence to show that the decision not to place a child with his or her sibling was sufficiently and regularly reviewed. Inspectors found that the LHA was insufficiently resourced to enable all sibling
groups to be placed together. This meant that many children could not live with their brothers and sisters even though this was in their best interest.

Inspectors found evidence that social workers promoted family access and this was recorded in some children’s case files. Files contained regular communication and correspondence with birth parents, as well as evidence of supports and specialist services being put in place for birth parents in order to facilitate access. Family access was well documented in some case files with access plans developed and these were regularly reviewed at review meetings. Some files reviewed by inspectors had CD-ROMs of photos taken at access visits. Social workers told inspectors that copies of these CD-ROMS were given to the birth parents and also placed in the child’s file.

Children interviewed by inspectors said that they could meet and communicate with their families whenever they wished and that their social worker and foster carers facilitated access and communication. Children were happy with the access they had with their families. Inspectors found evidence of the LHA using innovative ways to enhance family access and communication, particularly for families who lived abroad.

Some resources were in place to support access visits. Two access workers facilitated access and the region had a purpose-built supervised access facility in North Dublin. Inspectors visited this facility and met with family access workers. Inspectors reviewed files in the access centre and found evidence that access was recorded and reports were issued to the social work team leader on a monthly basis. All access workers were trained in the use of risk assessments and were guided by child-centred policies and procedures. Social workers told inspectors that the access facility was a huge asset and had enhanced the quality of access for the families that receive the service. However, social workers also told inspectors that there was a waiting list for the access centre and access workers confirmed that they were running at full capacity. Social workers reported that much of their time was spent transporting children to and from access visits, and facilitating the visits which left less time for other duties. The fact that the LHA had such a large number of children placed outside the area increased the pressure on social work time, particularly in relation to facilitating access. Overall, the LHA did not have sufficient access worker resources in place to provide high quality access to all children.

Where access did not happen, inspectors observed entries in the child’s case file documenting this and giving the reason why. A small number of foster carers interviewed by inspectors questioned the benefits of family access for some of the children in their care, stating that they felt the access unsettled the children and was not in the child’s best interest. The foster carers felt they were advocating for the child but were not being heard. However, the foster carers continued to bring the children for access visits while continuing to express concern about the impact it had on the children. Potentially, this meant that access arrangements for these children might not be promoted and or supported by their foster carers.

Inspectors reviewed case files which recorded the efforts that social workers made to
encourage and facilitate the birth parents’ attendance at care review meetings. Some birth parents chose not to attend and this was documented on the child’s file. Also documented on the file was the communication the social worker had with the birth parent in relation to the care of their child and decision making in relation to the care.

Children were encouraged to build and maintain friendships. Children told inspectors that they had friends in their local community and in school, and gave examples of clubs and sporting groups with which they were involved. Foster carers told inspectors about the friendships that the children in their care had developed in the community, and gave examples of social events in which the children participated with their friends. As many children placed outside of the LHA had to change schools, this created a difficulty in sustaining friendships.
Outcome 3 - Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.

Children achieve their potential through having stable placements where they receive high quality care that promotes their self-confidence and self-esteem. Children are healthy and understand the importance of looking after their health. Their educational needs are given high priority and they attain their full potential. They experience support and security as they grow towards adulthood and independence.

Related reference:

- Standard 8: Matching children with carers
- Standard 9: A safe and positive environment
- Standard 11: Health and Development
- Standard 12: Education
- Standard 13: Preparation for leaving care and adult life
- Child Care (Placement of Children in Foster Care) Regulation 6, 7, 13(2)a, 16(d)
- Child Care (Placement of Children in Relative Care) Regulation 7(1), 13(2)(a), 16(d).

Summary of Outcome 3

Although most children lived in safe and stable environments and their primary care and health and education needs were met, the outcomes for children varied. Improvements were needed in the areas of matching placements and aftercare.

Standard 8: Matching children with carers

This standard was not met.

Overall, the LHA did not have the resources to ensure that all children were placed with foster carers who had the capacity to meet their needs. This posed a risk for vulnerable children, and it contravened the Child Care (Placement of Children in Foster Care) Regulations, 1995 Part III Article 7 and potentially placed stress on existing foster carers.

Inspectors were told by social workers that their practice in relation to placing children with foster carers was guided by the LHA’s policy. However, in reality this was not the case. Matching involves the child’s needs being assessed and then matched with a carer who has been assessed as having the capacity and competencies to meet those needs. Social workers said that when a child needed a placement, a family member or relative was always the first option explored. If there was no suitable family member available then a discussion would take place between
the social worker teams and the team leaders to identify a suitable placement for the child. The social workers said that efforts would be made to match carers with the needs of the child where possible. Inspectors viewed children’s files that did not contain separate individual assessments of the child’s needs. If an emergency placement was required and no family member was available or suitable then a private agency was contacted for a placement.

Matching did not, therefore, always take place when a child was initially placed in foster care. Inspectors found that the placement options for some children were based on the availability of a foster carer rather than the foster carer having the capacity to meet the needs of the child. Social workers told inspectors that while they tried to match a child with a foster carer who they thought would meet the child’s needs, the lack of a panel of foster carers meant that a child could be placed with a foster carer who did not have the required skills and knowledge to meet that child’s needs. Social workers also told inspectors that in their experience foster care placements that had not been adequately matched frequently broke down and resulted in unplanned endings.

Inspectors found that there were four children under the age of 15 whose names did not appear on the LHA’s children in foster care register and were living in supported lodgings. This is not in compliance with HSE policy. Social workers informed inspectors that the care of children in supported lodgings was closely monitored and that all four children were suitably placed. Inspectors viewed the case files of a number of children in supported lodgings and found that they were receiving the necessary care and supports. Social workers told inspectors that the status of some of the supported lodging providers was being reviewed so as to assess their suitability as general foster carers. Inspectors spoke to one supported lodgings foster carer who confirmed that he/she was undergoing an assessment at the time of the inspection.

There was no learning from foster placement breakdowns. Social workers told inspectors that when an unplanned ending became likely, the link social worker met with the child, with the foster carer and the foster carer’s social worker to discuss the relevant issues. Where possible, they said they would take actions to support the placement and the placement was closely monitored by the social work team. Where a placement ended, the social worker would work on finding an alternative placement for the child and write a disruption report which was submitted to the Foster Care Committee.* The report template included future plans for the child and the ongoing foster status of the foster carer. The chair of the Foster Care Committee agreed that this was the procedure.

Inspectors reviewed a sample of disruption reports. The section under future plans for the children was often vague, and the alternative placement options for the children were limited due to the lack of foster carers or the availability of emergency

* This is a Committee that makes recommendations to the HSE on the suitability or otherwise of foster carers.
or specialist placements. The dataset indicated that 15 children had unplanned placement endings in the 12 months prior to inspection. Senior managers confirmed to inspectors that although the Foster Care Committee had received and reviewed 11 disruption reports in the last year, there was no formal mechanism for monitoring and or analysing the unplanned endings. This meant that there was no learning or improvement of the service in this regard. Inspectors viewed files which noted the lack of a link social worker as a contributory factor in a placement breakdown.

Inspectors reviewed files of children who had experienced multiple foster care placements and found that these placements had not been sufficiently supported. Where they existed, the quality of children’s needs assessments varied as did the action plans in place to address identified difficulties in a placement. Corresponding foster carer files reviewed showed that some additional supports and or training opportunities had been provided to the foster carers. However, supports were inconsistent, insufficiently monitored and in some cases too late.

**Standard 9: A safe and positive environment**

*This standard was met in part.*

Health and safety checks had not been carried out in every foster home. The SIT undertook and documented a health and safety assessment on applicants’ homes but the fostering team did not conduct health and safety checks as part of their assessment and this created a potential risk to children. Inspectors observed that the homes visited were clean and safe and noted the relevant health and safety equipment in the homes such as safety gates on stairs.

Children’s welfare was monitored during visits from social workers. Case files reviewed by inspectors showed that safety or environmental concerns were promptly dealt with by the social worker and documented on the file. Inspectors viewed case notes which recorded children’s wellbeing as observed during the social work visit to the foster home.

Children’s primary care and welfare needs were met. Inspectors visited a sample of children in their foster homes and found them to be happy, healthy and living in nurturing environments. Children were well dressed and talked about choosing clothes in the latest fashions when out shopping. Children also told inspectors that they felt safe in their placements, and that they liked living there. Inspectors observed culturally appropriate foods in foster carers’ kitchens and children told inspectors about specific dishes that they liked to eat on special occasions. Most children had their own bedroom, and the bedroom decor was age appropriate. Foster carers and children told inspectors about recent family holidays they had enjoyed and inspectors viewed photos of the foster children at family events. Inspectors also observed good practice in the foster homes in relation to the promotion of mental and emotional health and wellbeing and the child’s general development. Such environments provided the children with a healthy and positive environment and a good opportunity to attain their developmental potential.
Standard 11: Health and Development

This standard was met in part.

Overall, most children’s health and development needs were identified and met. However, some children were on waiting lists for access to specialist services and not all children had medicals prior to coming into care.

Most children’s files reviewed by inspectors had detailed medical history records on file with letters and reports to and from hospital consultants, where relevant. Care plans were well informed by the medical records on file. Whilst inspectors found evidence of the tracking of children’s health status, with appointments and medical interventions recorded, the information was dispersed in the files and difficult to follow. Some files had letters from social workers to public health nurses requesting a full medical history and immunisation records. However, very few immunisation records had been secured. Only some files contained a copy of the child’s medical assessment on admission into care. This created a potential risk for children, as their ongoing medical care and immunisation schedule might not be informed by their full medical history.

Foster carers interviewed by inspectors were clear about their responsibilities in relation to maintaining the health of the child and on the issue of medical and dental consent, and all foster carers reported that the child in their care had a medical card. Inspectors observed evidence in case files of foster carers informing the social worker of specific medical incidences relating to the child in their care. However, inspectors found that arrangements for obtaining medical consent in an emergency were not clearly defined or communicated to all foster carers. This could pose a risk for the child in the event that emergency surgery was required.

The needs of children with disabilities were met through the provision of appropriate specialist services to them and their carers following comprehensive assessments of their needs. Inspectors reviewed a number of case files of children with disabilities and visited them in their foster homes. Inspectors observed the foster carers’ interactions with the children, which showed a knowledgeable and insightful understanding of the child’s specific needs.

Foster carers interviewed by inspectors reported mixed experiences in relation to the level of social worker support in meeting the child’s health and development needs. Some foster carers reported being supported by the social work team both in terms of advice on the specific care of the child and also in attending specialist appointments. They said that the social worker advocated on behalf of the child and secured the necessary supports. Others said that there was limited support available, and that they had to advocate on behalf of the child themselves.

Foster carers also told inspectors about additional educational and multidisciplinary supports that had been put in place for the children, and that the needs of the child
remained at the centre of the child in care reviews. However, foster carers and social workers told inspectors that they had experienced difficulties in trying to access specialist services for some children in foster care and there was no evidence of these particularly vulnerable children being given priority in this regard although their care status was included in referral letters. Inspectors found evidence to demonstrate that some children were receiving all the services they required and a small number of foster carers’ files indicated that they had attended specialist health and development-related training in response to a specific need identified at the child’s review. Some foster carers told inspectors about specific courses that they had attended, such as first aid and paediatric training, and they reported that they found the training very helpful.

**Standard 12: Education**

*This standard was met in part.*

Most case files reviewed by inspectors demonstrated that the children’s educational needs and their progress at school were monitored in care plans and at child in care reviews. Reports from schools were held on children’s case files, but their educational outcomes were not recorded. Care review documents contained school and youth service reports, and where concerns were raised by teachers, case notes documented that action had been taken in accordance with an action plan. Specialist supports such as educational psychology assessments were sought where necessary and inspectors noted the reports in the files. Some case notes recorded evidence of social work interventions when behavioural or other difficulties arose at school for the child.

However, the ongoing monitoring and recording of educational outcomes, school attendance and educational or training achievements for each individual child was poor. Inspectors found through interviews that social workers’ knowledge about alternative educational and training options was limited. Social workers told inspectors that when necessary they visited the school and some evidence of this was found in files. The LHA did not maintain separate records in relation to the school attendance and educational achievements of children in its care. The lack of recording of educational achievements, coupled with the fact that some children in foster care had not had an allocated social worker for long periods of time, meant that any potential problems could go unnoticed and put children at risk of leaving school early or having poor educational outcomes. On the positive side, a number of young people who had left care were in third-level education. The LHA provided inspectors with a document that indicated that 31 young people in foster care over the age of 18 were partaking in ongoing education or training courses.

There was little strategic planning in place to improve educational outcomes for children. Inspectors found that monthly, quarterly and annual information on children in care in education was collected by the LHA. However, no information relating to educational outcomes for children in foster care was collected. Inspectors found that the LHA did not systematically collate and assess educational outcomes for these
children and therefore no strategic planning occurred in order to enhance children’s educational outcomes overall. Education and improving outcomes for children in foster care required a lot of attention by the LHA. This was acknowledged by the principal social worker and the area manager.

The children of school-going age visited by inspectors were attending school. They enjoyed it and were supported to attend by their foster carers. Most children told inspectors that they liked school, were getting on well and had friends at school. The foster carers interviewed by inspectors placed a strong emphasis on the importance of education and ensured maximum attendance at school.

**Standard 13: Preparation for leaving care and adult life**

*This standard was not met.*

At the time of inspection the LHA did not have an effective aftercare service, although work was in progress to improve this. Inspectors were told by social workers that their practice in relation to aftercare was guided by the HSE national policy and procedures document on leaving and aftercare services. However, this was not reflected in practice. The management of the service was not robust and the principal social worker did not know the exact number of young people over 18 years of age receiving an aftercare service at the time of inspection. There were 15 young people awaiting an aftercare service. The principal social worker also said that while there was a register of young people receiving aftercare, there was no system for identifying those at a higher risk.

Inspectors reviewed a sample of files of young people in foster care who were 16 years of age or over. Very few young people had been referred to the aftercare service. There was no alternative or contingency plan in place to address situations where a young person decided that they did not wish to engage in the aftercare service, although the young person’s decision was documented on their file. Some young people who had been identified as at risk and needing ongoing support had decided not to engage with an aftercare service. It was not clear from files how the aftercare needs of these young people were being addressed. Not all young people over the age of 16 knew what an aftercare plan was and had not discussed their aftercare needs with their social worker.

The quality of aftercare plans varied considerably. Some young people over the age of 16 did not have an aftercare plan. Other files contained good quality aftercare plans covering all areas of life and the required referral documents. Some case notes highlighted the need for the development of aftercare plans or for planning meetings to take place. However, there was no evidence on the files that these meetings had occurred. Social workers said that currently they developed the majority of aftercare plans and that many young people who would benefit from having access to an aftercare worker, did not have one. The lack of an adequate plan for some young people meant that their needs were not likely to be met when they left care.
Social workers told inspectors that due to an insufficient number of aftercare workers, they were continuing to make contact with and manage the cases of young people over 18. Foster carers were able to do some preparation for young people leaving care and they told inspectors that they assisted the young person to develop life skills while in the foster placement and the young people agreed that this was the case. Young people told inspectors about some of the age-appropriate skills they had acquired in the foster home such as cooking, money management and keeping their clothes clean and tidy.

The LHA had plans to improve the aftercare service. The principal social worker told inspectors that in recent months the LHA had appointed an alternative care manager to develop the aftercare service further. They identified that the LHA worked in partnership with two voluntary agencies and had two aftercare workers working across the LHA. Social workers and senior managers acknowledged the high quality service provided by the two aftercare workers. However, they identified that the current service was seriously under-resourced, underdeveloped and did not meet all the needs of the young people. The area manager confirmed that this was the case. This posed a risk for young people leaving care who are an especially vulnerable group. The service was not in compliance with the Standards or HSE policy.
Outcome 4 - Children are safe and services comply with *Children First: National Guidance for the Protection and Welfare of Children*.

Under this outcome, children are safe and protected from abuse. They experience safety and security in their placements. Children that disclose abuse are supported and their concerns acted upon. *Children First: National Guidance for the Protection and Welfare of Children 2011* is effectively implemented in manner that protects and safeguards children.

Related reference:

- Standard 10: Safeguarding and Child Protection

Summary of Outcome 4

Procedures within Children First (2011) were not consistently implemented and there was no formal child protection notification system that complied with Children First (2011). Inspectors found that there were some children whose safety and continuity of placement was not assured. This posed a risk to vulnerable children. Inspectors found that children’s safety was monitored by social workers to a degree. However, procedures to protect children and respond to their concerns were not consistently applied.

**Standard 10: Safeguarding and Child Protection**

*This standard was not met.*

Social workers informed inspectors that one of the ways in which they ensured the safeguarding of children in foster care was to provide ongoing support and supervision to the foster carers. Inspectors reviewed foster carer files and found evidence of the supports provided and advice and timely interventions when issues such as managing complex behaviour arose. A number of foster carers confirmed that they received good support and supervision from their social worker in relation to safe care, however, some foster carers said that they had not received guidance or training on the issue.

Inspectors examined a sample of social workers’ personnel files and found that not all files contained the necessary Garda Síochána vetting. A senior social worker informed inspectors that they had carried out an audit of foster carers’ Garda Síochána vetting in 2011. Inspectors viewed a sample of files and found evidence that Garda Síochána vetting had been secured for foster carers whose vetting was out of date.
Inspectors found that Children First (2011), which provides guidance to all professionals who come into contact with child protection issues, was not being fully and consistently implemented in the LHA. 38 allegations and concerns about foster carers had been made in the last 12 months and a significant number had been confirmed. 34 allegations had been investigated; 4 were still being investigated.

Many of those children remained in their placement, but not every child had a safety plan in place. For those who did, records showed that these plans were not consistently followed. Some children remained in placements which had not been approved by the Foster Care Committee although allegations had been made against their foster carers and this was supported by documentary evidence. It was not clear from the files how the level of risk to these children was being assessed and managed. Inspectors reviewed case files and found that the documentation was poorly organised or missing and it was not possible to follow the decision-making process in relation to the children’s child protection needs. Risk assessments were not clearly evident on case files.

There were significant delays in investigating allegations and facilitating child protection conferences where they were deemed necessary. There were also a number of slapping incidents by foster carers recorded on files and there was no evidence on the files that these incidents had been addressed. Where allegations and concerns had been addressed, it had been the child’s social worker that investigated the concern and not an independent social worker. This did not comply with the HSE policy that such interviews should be carried out by an independent social worker. The principal social worker identified this as a deficit in practice. The risk to children was that an independent, objective investigation, compliant with Children First (2011) did not take place.

The LHA dataset provided to inspectors prior to inspection indicated that the LHA did not have a child protection notification system (CPNS) in any meaningful way. The child welfare and protection information that was provided was weak and the data unreliable. For example, the data submitted to inspectors indicated that 38 concerns were notified to the child care manager. Inspectors reviewed the records of the Foster Care Committee chair who was also the child care manager. There was documentation in relation to three allegations whilst computer records indicated that eight allegations had been made against foster carers. It was not possible to say from the data presented to inspectors how many notifications had been made and whether all concerns had been addressed. However, the child care manager told inspectors that he/she believed the system was satisfactory and did not identify any requirement for change. The area manager told inspectors that he/she did not have a detailed oversight of the notifications system and had not carried out regular audits. This posed a serious risk to vulnerable children.

There was insufficient evidence to confirm that social workers had received training in the Children First (2011). Inspectors were told that Children First (2011) was
introduced to all social workers and child care leaders at team meetings.

The principal social worker told inspectors that all social workers had received and signed for a copy of the guidance. Social workers agreed that they had been ‘introduced’ to the guidance and inspectors read supervision records which indicated that some social workers had received training in this regard. However, there was no training matrix or written record of this training. Although the principal social worker, team leaders and social workers told inspectors that they had a good working knowledge of the guidance, this was not confirmed by the practice recorded in case files.

Inspectors were concerned about the lack of child protection and safe care training for long-standing foster carers as there had been a number of allegations made in the last 12 months. More recently recruited foster carers received training in safe care during the assessment process and training records showed that all foster care applicants in 2012 received this training. Whilst this showed some improvement, inspectors were concerned that children who had been in placements for some time were at potential risk as their carers had not received up-to-date training on safe care practices.

There was no evidence of learning from the findings of the previous inspection in 2010 on this issue and there was little improvement in regard to child protection for children in foster care. During the 2010 inspection, 56 allegations and concerns relating to foster carers were identified as requiring investigation. Inspectors were told by the principal social worker that 52 of these had been fully investigated and outcomes reached. Four cases were still being investigated. At the time of the inspection, inspectors requested a report on the 56 allegations, to include the findings and the outcomes. In addition, there was no evidence that the principal social worker, child care manager and area manager had carried out any formal analysis to learn from these cases and make improvements to reduce the number of allegations against foster carers in the LHA.

Inspectors were not assured that all children in care were safe and that all their needs were being met. Social workers and team leaders told inspectors that they believed all children were safe in their placements. Inspectors visited children who were well cared for and there was a good rapport between foster carers and children.

The children who knew who their social worker was said they had good relationships with them and would report concerns to them if necessary. The LHA had a procedure for managing concerns and allegations against carers and relative carers and, in reviewing a sample of files it was found that children were listened to when they made an allegation. There was some evidence that children were supported and that their concerns were investigated. Inspectors viewed files where children who made allegations were visited by a social worker and their concerns acted upon appropriately. However, in other files viewed where there were concerns about foster carers, there was no clear risk assessment identifiable on which decisions to take
action were based.

Strategy meetings were held and minutes kept. These did not clearly outline the level of risk to the child and, while actions were agreed, it was not clear from the records how these actions would minimise the risk to the child concerned. This procedure was not consistently applied in all cases and meant that some children could potentially be at risk. Inspectors were not assured that the LHA’s implementation of Children First (2011) was effectively safeguarding children.
Outcome 5 - Each child receives high quality care that is effectively planned and managed by a designated social worker.

Each child has a designated social worker that plans and supports their lives while they are in care. They are involved in making decisions about their lives. Birth families and carers are consulted in making and implementing care plans. Everyone works together to support and guide children in their lives.

Related reference:
- Standard 5: The Child and Family Social Worker
- Standard 6: Assessment of Children and Young People
- Standard 7: Care Planning and Review
- Child Care (Placement of Children in Foster Care) Regulations 4, 6 (1), 11, 13, 17(1), 18, 19
- Child Care (Placement of Children in Relative Care) Regulations 4, 7 (1), 11, 13, 17(1), 18, 19

Summary of Outcome 5

All children in foster care had an allocated social worker at the time of the inspection. However, their lives were not informed by up-to-date care plans nor needs assessments. Social workers did not visit children sufficiently often to manage their care effectively.

Standard 5: The Child and Family Social Worker

This standard was met in part.

At the time of inspection all children in foster care had a social worker allocated to them, but, there was a risk to the continuity of the arrangement in place. 116 children in foster care were allocated social workers from the SIT in the weeks prior to inspection. Inspectors were concerned about the sustainability of this strategy as these social workers were employed on temporary contracts. This meant that any relationship established with children in foster care was likely to be transient, which could undermine the development of the trusting relationship required for safeguarding and the promotion of the welfare of the child.

The majority of these children had been visited by a social worker in the nine months prior to inspection. However, 15 children (4%) in foster care had not received a visit in the six months prior to inspection. Social workers told inspectors that they routinely visited children in private in their foster home. Some of the children that met with inspectors reported that their social workers had visited them.
However, case notes were not up to date and did not confirm that visits were carried out in compliance with the Regulations. Documentation viewed by inspectors showed that many children had been visited by the duty social worker when they did not have a social worker permanently allocated to them. This arrangement was not conducive to the establishment of meaningful relationships between the child and social worker. Most foster carers visited by inspectors were able to name their foster child’s social worker although some pointed out that the child had only recently been allocated a social worker. One child interviewed by inspectors did not know who their social worker was. Those that did said they had a good relationship with them and trusted them.

**Table 1. Compliance with related child care regulations under Outcome 5**

<table>
<thead>
<tr>
<th>Children in foster care</th>
<th>Total children in foster care</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children with an assigned social worker</td>
<td>368</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Regulation Article 17</strong></td>
<td>Number of children who had been visited in the past six months by a child and family social worker</td>
<td>353</td>
</tr>
<tr>
<td><strong>Regulation Article 11</strong></td>
<td>Number of children with a written care plan on file</td>
<td>275</td>
</tr>
</tbody>
</table>

Inspectors reviewed the policy on records management. The policy provided guidance to staff on the structure and management of information and file maintenance. Inspectors found that a small number of files were well structured. However, the majority of files were chaotic and difficult to navigate and in some cases contained too many documents.

Children’s names differed across their files, and dates of birth were incorrect on a number of files. Some files had no name recorded on the front of the file. Inspectors found confidential documents misfiled. Inspectors also found copies of foster carers’ assessments on children’s files and copies of child protection conference notes on foster carers’ files. This is in breach of data protection legislation. In 2010, the Authority notified the Data Protection Commissioner of its concerns around the management of personal data for children in foster care in the LHA. As a result the HSE met with the Data Protection Commissioner who made recommendations on the management of information.

The chronology of events on case files was poor and inconsistent. Some case notes were hand written and not up to date. This is not in compliance with the Child Care
Inspection of the HSE Dublin North West Local Health Area Fostering Service in the HSE Dublin North East Region

Health Information and Quality Authority

(Placement of Children in Foster Care) Regulations, 1995 Part IV 13 (1). It also posed a potential risk for children and the continuity of their care, as a social worker could be moved or be on extended sick leave.

Standard 6: Assessment of Children and Young People

This standard was not met.

Many of the files viewed by inspectors did not include sufficiently comprehensive assessments of children’s individual needs. Social workers told inspectors that assessment was an ongoing process. Inspectors found that for children’s files that contained information on the child’s needs, the information was incorporated into court reports and care plans. However, not all files reviewed contained comprehensive needs assessments that included the child’s emotional, psychological, medical, educational and social needs. Assessment of children’s needs is crucial to inform the care plan and the matching process as outlined in the Child Care (Placement of Children in Foster Care) Regulations Part III Article 6 (1) and Part III Article 7. This process ensures that a child’s care plan is comprehensive and appropriate and that foster carers are matched with children whose needs they can meet.

Inspectors found evidence of ongoing medical and other assessments on children’s files. Files showed that social workers were in contact with professionals involved in the assessment and care of the child. However, social workers did not consistently make and follow up on referrals to other professionals to ensure that children’s needs were met. On the other hand, foster carers told inspectors that children were assessed on an ongoing basis and their health needs were met.

Standard 7: Care Planning and Review

This standard was met in part.

According to the LHA dataset, 74% of children had up-to-date care plans on their files. Many of the files viewed by inspectors contained care plans for the children and a good proportion had been reviewed. Foster carers, children and sometimes birth parents were consulted prior to the care plan meeting. Forms completed by foster carers and children to contribute to the process were viewed on files. Care plans viewed contained information about the child’s needs which were addressed within the plan. Actions were identified to meet these needs. There was evidence in the files of some of these actions being followed through. However, this was not true for all children. Actions determined in the care plans were not always carried out consistently. Social workers told inspectors that they were not always aware of the actions assigned to them. This meant that there was a risk that some actions were not followed up by the social workers.

Care plans were not always effective in supporting the care of children and ensuring that children’s needs were met. Inspectors noted that some sections of the care
plans had not been completed. It was not clear from the files who had been invited to attend the care plan meeting. There was no evidence found on files to show who received copies of the care plans, and details on who was consulted in the decision-making process was poor. Children interviewed told inspectors that they did not have copies of their care plans. Care plans were not always signed and dated and contained personal information about the child’s parents and background and the circumstances that led to the child coming into care, which was not appropriate – social workers stated this as the reason why copies of care plans were not routinely given to foster carers.

Overall the quality of care plans was poor and did not give direction to children’s lives in all cases. Some care plan reviews were carried out by social workers who were not the child’s allocated social worker, and therefore, did not know the child. These social workers had no responsibility for the implementation of the care plan. Many of the reviews had not been carried out in compliance with the Regulations. In interviews with inspectors, social workers voiced concerns about care plans being compiled by social workers previously unknown to the child. Some of the foster carers confirmed that the care plan reviews had been conducted by social workers who did not know the child and were not fully informed of the child’s history or circumstances. Social workers, the principal social worker and managers confirmed to inspectors that the quality of care plans was inconsistent.
Outcome 6 - Each child receives high quality care from carers that have been appropriately assessed and approved.

Under this outcome measure, children live with carers that value, accept and support them. The HSE ensures that carers are suitable to provide this type of high quality care through its assessment and approval process. Assessments are comprehensive and all carers are approved by the Foster Care Committee.

Related reference:

- Standard 14: Assessment and Approval of Foster Carers
- Child Care (Placement of Children in Foster Care) Regulation 5, 9
- Child Care (Placement of Children in Relative Care) Regulation 5, 6, 9.

Summary of Outcome 6

Not all children were receiving high quality care from carers who were appropriately assessed and approved. Carers who had been recently approved had undergone a thorough assessment.

This standard was met in part.

Standard 14(a): Assessment and approval of non-relative foster carers

Documentation provided for inspection showed that the LHA had clear written policies and procedures in relation to the assessment and training of foster carers. The assessment process was comprehensive and included all the requirements contained in the Regulations. Samples of assessments were reviewed by inspectors and were found to contain most of the information required by the Regulations. Medicals, Garda Síochána vetting and references were evident on the files. All recent applicants for general foster care were in the process of being assessed, trained and approved prior to children being placed with them. The fostering team leader kept a database of training attended by new applicants. Inspectors reviewed this database and whilst it did not clearly show that all foster carers had received training it did demonstrate that some training was taking place.

Link social workers interviewed by inspectors were clear about their role and responsibilities in relation to the assessment process and the supports that were to be provided to the foster carer during the assessment process. Inspectors spoke to foster carers who had recently been assessed, and while they were satisfied with the process, they reported that it had taken a long time.

The LHA dataset provided to inspectors indicated that not all foster carers had been approved by the Foster Care Committee prior to children being placed with them. Six
children were currently placed in four unapproved non-relative foster care households. Inspectors were informed by managers that all four families had been fully assessed and were awaiting Foster Care Committee approval. Inspectors found some foster carers’ files which did not contain evidence of approval by the Foster Care Committee. This was in breach of the Child Care Regulations Part III, 2 (C).

Many of the files reviewed by inspectors did not contain contracts for the children placed with the foster carer. This is in breach of the Child Care Regulations Part III, 9 (2).

**Standard 14(b): Assessment and approval of relative foster carers**

Inspectors noted that significant work had been done in this area. Previous inspections by the Authority had identified that a large number of relative foster care applicants had not been assessed or approved and the LHA had made efforts to carry out a number of outstanding assessments since the last inspection. These were allocated to the service improvement team and the fostering team for assessment. At the time of inspection there were 128 relative care families in the LHA. 72 families had been approved in the 12 months prior to inspection.

Many of the recently assessed placements had also been matched as a long-term arrangement for the child. The children’s care plans were presented to the Foster Care Committee and matched with the relative carers with whom they had been living with for a long period of time. 60 children were placed in 44 unapproved relative carer placements of which 40 were in the process of being assessed. Concerns had been expressed about 18 of these relative foster carer families. Children were remaining with relative foster carers whose continuing capacity to provide high quality care for them had not been reviewed and confirmed.

From files reviewed and interviews conducted, the Authority found that the interim assessment process included checks required by Standard 14 (b). References, medical checks, Garda Síochána vetting and child protection checks were carried out prior to placements being made. Inspectors reviewed files of foster carers where children had been recently placed in relative foster care as a result of an emergency. Checks had been carried out in accordance with the Standards and Regulations. However, the documentation used in the process was inconsistent. Not all relative assessments undertaken met the regulatory requirement of being concluded within the 12 week timeframe.

Not all children in relative foster care were placed with carers who had undergone a formal assessment. Inspectors also found that children in long-term placements with relative carers had remained in placements where relatives were not recommended for approval. This posed a potential risk to the quality of care these children received. However, inspectors were told by social workers that children had expressed the desire to remain in these placements. Risks were mitigated by increased visits to children by social workers. Inspectors were not satisfied that the controls in place to manage these risks were adequate. This issue was raised with
Senior managers. Senior managers acknowledged that there were a number of unapproved relative foster carers. This was in breach of the Child Care Regulations Part III, 2 (C) and posed a potential risk for children in relative foster care.
Inspection of the HSE Dublin North West Local Health Area Fostering Service in the HSE Dublin North East Region

Health Information and Quality Authority

Outcome 7 - Carers are supported to provide high quality care through ongoing participation in relevant training, supervision and reviews

Carers regularly participate in training that provides them with the skills and knowledge to provide high quality care to children. Each foster care household has an allocated link worker. Link workers support carers in caring for children through regular supervision and advice. Foster carers participate in regular reviews of their continuing capacity to provide high quality care.

Related reference:
- Standard 15: Supervision and Support
- Standard 16: Training
- Standard 17: Reviews of Foster Carers
- Child Care (Placement of Children in Foster Care) Regulation 15, 16
- Child Care (Placement of Children in Relative Care) Regulation 15, 16.

Summary of Outcome 7

The LHA did not support all carers to provide high quality care through ongoing relevant training, supervision and reviews.

Standard 15: Supervision and Support

This standard was not met.

The dataset provided to inspectors showed that there were 222 fostering households in the LHA. 144 households had a link worker to support and supervise their care of children in foster care. 78 foster families did not have a link worker. The principal social worker told inspectors that the fostering team had five social worker vacancies at the time of inspection and that maternity leave was not covered. Inspectors were told, and files confirmed, that the foster carers who did not have a designated link worker received a service from a social worker through a duty system. One social worker on the fostering team was assigned as the duty social worker. The duty social worker dealt with issues as they presented. However, the cases remained unallocated to a specific social worker. All foster carers therefore were not being supervised in a consistent robust way.

Social workers told inspectors that they visited their foster families regularly to support and supervise their care of the children. Some files showed evidence of a good level of support and supervision provided to the foster carer, with key issues such as managing behaviour and facilitating access discussed and recorded. Much of the contact from link workers was through telephone calls. Other files viewed were
not up to date so it was not possible to ascertain the level of support provided by social workers through home visits. Social workers confirmed that case notes were not up to date and were not reflective of the work done. Foster carers interviewed knew how to contact their social worker, but reported varying degrees of support from them. The LHA was not in compliance with the standards in relation to support and supervision of foster carers. Insufficient and inconsistent monitoring, support and supervision of foster carers posed a risk to the stability of children’s placements.

Foster carers visited by inspectors were very aware of their duties and responsibilities and were very committed to the children in their care. Children told inspectors that they were happy and content in their foster homes. They could not think of anything they needed that they did not have.

**Table 2. Allocation of link worker to carers**

<table>
<thead>
<tr>
<th>Foster carer households</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All foster carers</td>
<td>222</td>
<td>100%</td>
</tr>
<tr>
<td>Assigned a link worker</td>
<td>144</td>
<td>65%</td>
</tr>
<tr>
<td>Not assigned a link worker</td>
<td>78</td>
<td>35%</td>
</tr>
<tr>
<td>General (non-relative) foster carers</td>
<td>94</td>
<td>100%</td>
</tr>
<tr>
<td>Assigned a link worker</td>
<td>68</td>
<td>83%</td>
</tr>
<tr>
<td>Not assigned a link worker</td>
<td>26</td>
<td>17%</td>
</tr>
<tr>
<td>Relative foster carers</td>
<td>128</td>
<td>100%</td>
</tr>
<tr>
<td>Assigned link worker</td>
<td>76</td>
<td>59%</td>
</tr>
<tr>
<td>Not assigned a link worker</td>
<td>44</td>
<td>41%</td>
</tr>
</tbody>
</table>

**Standard 16: Training**

*This standard was met in part.*

Inspectors noted that systems had been put in place to provide training programmes for foster carers. The majority of new applicants in 2012 had attended training as part of their assessment, and told inspectors that they found the ‘Foundations for Fostering’ training most informative and useful. There was also some ongoing training provided to foster carers. Training records were provided to inspectors and showed that the majority of recent foster carer applicants had attended the foundations training. The LHA dataset showed that 14 foster carer applicants applied to foster in 2012. While training was provided to foster carers on an ongoing basis, inspectors were told that not all families were invited to every training session.

Additionally, a number of case files reviewed by inspectors showed that specialist training had been recommended by the Foster Care Committee. However, it was unclear from files whether the foster carers had attended or not. Link workers told inspectors that they identified the families to be invited. Some foster carers told inspectors they had attended additional training courses and found them useful.
Inspectors reviewed a sample of foster carer files and noted that the invitation to attend training was recorded, however, whether the foster carer attended or not was not recorded. Inspectors were told that the training was evaluated by the facilitators, with the feedback provided to the team leaders. There was no training needs assessment to inform the provision of training or needs of the children in foster care, nor an evaluation of its effectiveness in supporting carers in their role. The inability of the LHA to ensure that foster carers were equipped with the skills and knowledge to provide high quality care posed a potential risk for the children in foster care in relation to the stability of the placement.

Foster carers told inspectors that training courses were not held at times that suited the carers.

**Standard 17: Reviews of Foster Carers**

*This standard was not met.*

The LHA had a policy in relation to the review of foster carers. The policy stated that reviews should be in compliance with the Regulations and the Standards, and therefore reviews should be carried out after the first year of fostering and every three years after that. The policy included documents to facilitate the participation of link workers, the child in care, the birth parents and the children of the foster family in the review process. It included an assessment of the training, support and supervision needs of the foster family and their continuing ability to care for the child in their placement. However, reviews of foster carers were not routinely taking place. This was acknowledged by managers. At the time of the inspection, two reviews of foster carers were ongoing. Reports were being prepared for presentation to the Foster Care Committee in line with the above policy.

The HSE Children and Families DNW social work policy and procedures document contains the procedure for managing concerns and allegations against foster carers. It states that following an allegation or concern a foster care review should be convened. The policy requires that a notification be made to the Foster Care Committee of the outcome of the foster care review and a recommendation on the approval status of the foster carer. Reviews of foster carers post-allegation investigations had not routinely taken place.

The fostering department work plan for 2013 provided to inspectors stated that the priority for reviews would be the carers who have had an allegation or serious concern against them confirmed. There were 17 families in this category and these were to be prioritised for review in the first quarter of 2013.
Outcome 8 - Effective governance, leadership and management arrangements enable the full range of children’s needs to be met

Under this outcome measure, services are effectively managed with clear lines of accountability for the management of services to children in foster care. Services have effective systems in place to continuously assess the quality of care to children in foster care. Management demonstrate leadership and a commitment to continuous improvements in the outcomes for children in foster care.

Related reference:

- Standard 18: Effective policies
- Standard 19: Management and Monitoring of Foster Care Services
- Standard 21: Recruitment and retention of an appropriate range of Foster Carers
- Standard 22: Special Foster Care
- Standard 23: The Foster Care Committee
- Standard 24: Placement of Children through non-statutory agencies
- Standard 25: Representation and complaints
- Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12
- Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12.

Summary of Outcome 8

Robust management systems were not in place. While there was leadership, commitment and clear lines of accountability within the service, the systems in place to continuously assess the quality of care to children in care were not effective. Some of the reporting arrangements were complex and created potential for confusion. There was no effective quality assurance process as effective systems of collecting and analysing data were not in place to support the development and delivery of the best quality care for children.

Standard 18 Effective policies

This standard was met in part.

While the LHA had a suite of documents, they did not sufficiently inform practice in foster care. It was not clear from interviews that social workers were aware of and consistently implementing all the policies and procedures at all times to ensure a high quality service to children. Reviews of case files confirmed this. As stated, the practice in relation to aftercare, and reviews of foster carers were not in compliance with policies. Senior managers told inspectors that with the roll out of the new national structure (the Child and Family Support Agency) many of the policies that they were using were being reviewed and revised at a national level.
Inspectors were told by the principal social worker that the HSE inter-area case transfer policy, which at the time of the inspection was being reviewed at a national level, was being used by the LHA. However, inspectors viewed files which demonstrated that the policy had not been fully implemented. The LHA had followed the protocol to transfer the cases to the areas in which the children were living. However, the cases were not accepted by the receiving LHA. This meant that children were living in one LHA and receiving a social work service from another. This was an inefficient use of social work resources as much time was spent travelling out of the LHA to visit the children and support access.

Social workers told inspectors that they had limited administrative support and that a lot of their time was taken up with court work to the detriment of spending time with children and families or keeping their files up to date. Team leaders and senior practitioners told inspectors that they carried out regular audits of case files. Inspectors found evidence of individual case auditing on the case files reviewed. Most of the files contained an audit sheet which clarified whether a file contained the necessary statutory documents or not. Inspectors viewed these audit sheets and found they did not always reflect accurately what was contained in the file.

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

*This standard was met in part.*

In the year prior to inspection, the LHA had undergone significant changes to its management structure and had introduced new management and monitoring structures and systems. Managers and social work teams demonstrated a clear understanding of their roles and responsibilities and how that contributed to the overall delivery of service. There was evidence of regular management meetings taking place and actions being implemented. Social workers reported that they were informed by managers of decisions being made at senior management level. Inspectors were told by managers that the establishment of the service improvement team had resulted in improvements in the following areas:

- relative assessments
- care plan reviews
- care plans
- safeguarding visits.

Some systems were not sufficiently embedded in the work of the LHA and this was acknowledged by managers.

The LHA held a register of children placed with carers. However, it was not maintained in compliance with statutory requirements. The information contained within it was not up to date, was inaccurate and did not contain a record of every change of particulars with respect to each child as required by the regulations Part IV 12(3). Inspectors found errors in recording placement types and dates, inconsistent recording of dates of birth, and children’s names that differed to the entry in their
case file. Children under 15 years of age who were placed in alternative types of accommodation were excluded from the register. This was in breach of the Child Care (Placement of Children in Foster Care) Regulations Part IV 12(2) and Child Care (Placement of Children in Relative Care) Regulations Part IV 12(2). The principal social worker told inspectors that the register was being updated at the time of the inspection.

The LHA held a register of foster carers. However, the register was in breach of the Child Care Regulations Part III 5 (2). A number of foster carers still had not been assessed and or approved by the Foster Care Committee, and some foster carers whose assessments had been completed and whose approvals had been refused by the Foster Care Committee continued to foster children. Foster carers should not be placed on the foster carer register unless they have been assessed as suitable.

The LHA had experienced significant structural and staffing changes in preparation for the creation of the Child and Family Support Agency. All staff interviewed by inspectors reported that the changes were managed reasonably well and information communicated across all staff teams. The area manager met with all staff on a monthly basis to communicate decisions made at higher levels of management. Inspectors viewed the minutes of meetings of the senior management team which identified required actions and persons responsible, and records indicated that these actions received the required follow up.

All staff interviewed as part of this inspection commented positively on the level of leadership and commitment provided by their line managers. They also commended the accessibility of their line managers.

The LHA had used recommendations from previous reports by the Authority to improve services and some progress had been made. Previous inspections by the Authority had identified deficits in the assessment and approval of foster carers. While the service improvement team had assisted in addressing these, 44 foster families were still not approved as suitable for the fostering service which they were providing to children.

The LHA’s monitoring officer conducted a supervision audit of the social work department in October 2011. At the time of the audit, team leaders were supervising teams well over the recommended number of five social workers. While new team leaders had been appointed in the last year and some social work teams reported improvements in the frequency of supervision received, inspectors did not find evidence that all the recommendations in the monitoring officer’s report had been acted upon.

There were deficiencies in how the foster care service was monitored and quality assured. Monthly and quarterly performance indicators were submitted to the regional service director. The data included information on serious incidents, children missing from care and complaints. However, inspectors did not find evidence of ongoing monitoring and quality assurance of the foster care service or of the
collation and analysis of data to inform service improvement. The high number of concerns in the past 12 months indicated that there had been no learning from the past. Complaints about foster carers were dealt with in an ad hoc and inconsistent manner.

**Standard 21: Recruitment and retention of an appropriate range of Foster Carers**

*This standard was not met.*

The LHA did not have an appropriate range of foster carers available to meet the diverse needs of children and young people. Senior managers acknowledged that additional foster care placements were needed and informed inspectors of a regional campaign that was planned for a future date. A named member of staff had been assigned to this project. Social workers told inspectors that the LHA had recently conducted recruitment campaigns looking for placements for specific children. In the 12 months prior to the inspection, 14 applications from new prospective foster carers had been processed. None of these had been approved at the time of inspection.

Recent recruitment strategies for new foster parents for specific children had been unsuccessful.

**Standard 22: Special Foster Care**

*This standard was not met.*

The LHA did not have any specialist foster carers on its panel. Children requiring a special foster care placement were placed in private foster care placements. The LHA did have access to places via a partner agency for children up to the age of 12 years displaying behaviour that challenged. However, at the time of inspection no child was placed with this agency.

Inspectors found through reviewing case files and speaking to social workers that when a child displayed behaviours that challenged, the social worker managing the case worked in partnership with the foster family to maintain the placement and manage the behaviour. Case files highlighted that when foster carers could no longer continue a placement, then the child was removed and placed either with another foster carer, usually in private foster care, or in supported lodgings. Inspectors found case files in which social workers had recorded that the service had failed some children, not only because a child’s needs had not been met in a placement, but also because those needs had not been sufficiently identified and or assessed in the first place.

There was no strategic plan to ensure that foster carers were available for children with complex needs. Children were likely to be placed outside of the LHA area with private foster carers. The lack of a strategy to recruit special foster carers had serious implications for the LHA, and this was acknowledged by senior managers.
Standard 23: The Foster Care Committee

This standard was met in part.

The LHA had two Foster Care Committees. The local Foster Care Committee met at least every three weeks and was chaired by the child care manager. The second foster care committee, which met on a more regular basis, had been established by the service improvement team for both this and another LHA and was chaired by the service improvement team’s project manager. Both committees approved foster carers. The membership of both committees was appropriate and inspectors found evidence that all Foster Care Committee members had been provided with training. However, some of the members of the local Foster Care Committee had not been Garda Síochána vetted, which was in contravention of Standard 23.5. The local Foster Care Committee did not have a representative from a foster care household which again was not in accordance with the Standards. The Chairperson of the local Foster Care Committee told inspectors that the Committee was undergoing administrative changes and had recently appointed a Committee coordinator.

The chairs of both committees informed inspectors that their practice was guided by the national Foster Care Committee guidelines in which their roles and responsibilities were clearly outlined. However, inspectors found evidence that the committees had not been functioning in line with Standards, Regulations and guidelines, and there were discrepancies in the practice. The SIT foster care committee approved relative applicants and sometimes recommended that support and supervision plans be carried out by the link worker. They deemed these plans necessary to support the placement. Social workers interviewed regarded this as a conditional approval. However, where link workers were not immediately allocated to these families, the supports identified were not provided to the foster families and this created a risk to the safety and stability of the placement.

The local Foster Care Committee did not take this approach, although it too approved relative foster carers. The principal social worker told inspectors that on occasion there were delays in the approval of foster carers due to additional information relating to a child’s care plan being requested by both committees. The Chairperson of the local Foster Care Committee said that on occasion the applications lacked sufficient information to inform their decision. The principal social worker acknowledged that clarity was required and was being sought in relation to the adequacy of information required in the applications. Inspectors found evidence of delays in the assessment and approval of a number of foster care applications. This posed a potential risk in safeguarding for children in foster care.

The Chairperson of the local Foster Care Committee told inspectors that the committee was informed of allegations and complaints against foster carers and of the outcome of investigations. The area manager had identified compliance with the National guidelines and consistency in practice of the Foster Care Committee as a priority for the LHA.
Inspectors found evidence that the approval process was not robust and did not identify the age groups and numbers of children the applicants were being approved to foster. Approval was given for short- or long-term fostering. The approval did not specify what type of fostering the applicants were best placed to provide, such as respite, emergency or general foster care. Inspectors reviewed case files and found that information was not consistently recorded in the Foster Care Committee approval documents. Many of the documents were not signed by the Foster Care Committee. The Chairperson of the local Foster Care Committee confirmed to inspectors that it was aware of these inconsistencies and that the recently appointed Foster Care Committee coordinator was in the process of updating the files and ensuring compliance with the Standards and regulations. Inspectors also found that some foster carers were caring for children outside of their approval status. There was a risk that foster carers would be asked to care for children whose needs they could not meet. This posed a risk of placement breakdown in the future.

The Chairperson of the local Foster Care Committee informed inspectors that the Committee did not contribute information to the foster care service in compliance with Standard 23. They also said that there was no formal quality assurance system to evaluate the performance of the Foster Care Committee.

**Standard 24: Placement of Children through private agencies**

*This standard was met in part.*

At the time of inspection, the LHA had purchased 77 foster care placements from external agencies in the last 12 months and had used a number of different private foster care agencies. Thirty children were placed with private agencies at the time of inspection. Many of these families lived outside the LHA area which meant that children were placed away from their families, local communities and familiar environments. This also had implications for social workers carrying out statutory visits, and resulted in them travelling outside of the LHA for visits and facilitating access.

Service level agreements (SLAs) with these agencies were unavailable to inspectors. While there were some systems in place to monitor the welfare of children in external agencies, in the absence of an SLA, these were not robust. Social workers and senior managers said that they received weekly or monthly written reports from the private agencies, and said that the reports were of good quality and informative. Inspectors reviewed the case files of a sample of children who were being cared for by private foster carers. The case notes and regular reports indicated that the children were receiving a good quality of care. Social workers told inspectors that they visited children in private foster care homes on a regular basis.
Standard 25: Representation and complaints

This standard was not met.

There was no forum for stakeholders to express their views in order to inform service development. For example, there were no satisfaction studies undertaken of foster carers or children and no evidence of exit interviews with foster carers who left the service. A number of birth parents interviewed by inspectors said they would like more access with their children. They said they did not understand or agree with the decision to place their child in care, and felt that they needed more information.

While there was a complaints register for foster carers, the LHA did not have a register of all complaints. Senior managers told inspectors that they were confident that all complaints were being identified and registered. However, they confirmed that the complaints system had deficits and needed improvement.

Seventeen complaints from foster carers had been received in the year prior to inspection. Inspectors reviewed the complaints register and found that the documented outcomes were vague and did not confirm in all cases the status of the complaint. The timeframe for managing the complaints varied from between a number of days to 12 months. All the foster carers interviewed by inspectors said that they knew how to make a complaint. In the case of foster carers who did not have a regular allocated link worker, they said that they knew who to contact if they wanted to make a complaint. There was evidence in case files that foster carers had made complaints that were not reported or logged centrally.

There was no system to track and analyse the numbers or types of complaints and there was a risk that a complaint could be overlooked or an investigation would not be completed. The principal social worker and the area manager were aware of this deficit in the LHA system.
Outcome 9 - Children are supported by staff members that have appropriate qualifications, supervision and training

This outcome measure means staff members have the skills, knowledge, qualifications and experience to support children and deliver a high quality foster care service. Staff members participate in regular supervision and ongoing training.

Related reference:
- Standard 20: Training and qualifications.

Summary of Outcome 9

Not all children were supported by appropriately qualified, experienced and suitably trained staff. Not all staff received regular supervision.

Standard 20: Training and qualifications

This standard was met in part.

Inspectors reviewed a sample of personnel files. Staff were suitably qualified and experienced. Many staff interviewed by inspectors were found to be committed, enthusiastic professionals who were knowledgeable about the children on their caseloads. Managers and staff told inspectors that the recent recruitment of additional social workers and team leaders had brought improvements to staffing levels and supervision. Inspectors reviewed a sample of staff supervision files. Some files contained supervision contracts. Supervision quality and frequency varied, with some managers providing regular and high quality supervision, others providing infrequent and poor quality supervision. All staff interviewed had different experiences of supervision, some stating that they received regular quality supervision; others saying that their supervision was infrequent. All staff questioned about supervision by inspectors said that when it was provided, it was usually of good quality and very supportive. All managers confirmed that they received regular supervision.

Inspectors found evidence of some managers’ quality assuring case notes of staff by requesting them to bring a sample of case files for review. Some files reviewed showed that staff used the supervision session to discuss specific cases and received guidance on practice decisions. Managers and team leaders told inspectors that one of the ways that they ensured that children were safe in their placement was through staff supervision.

One team of social workers told inspectors that they did not have a team leader and
therefore no supervision for a period of five months. This was reflected in their files. This posed a potential risk to the quality and safety of children’s placements.

The LHA did not have a training strategy and a training-needs-analysis for staff. Staff and managers told inspectors that training on various aspects of social care practice was provided on a regular basis. Inspectors observed evidence of training requirements and training courses attended on some of the staff files reviewed. However, very few staff files contained information on staffs’ training and development needs. Staff told inspectors that they could approach their line manager and request specific training; as long as they could provide evidence that it was of relevance to their job.

Inspectors spoke to social workers who had recently taken up their posts. They reported that they had received an induction and were initially shadowed by an experienced colleague. They also said that they received a reduced caseload initially, and that they received fortnightly supervision. Inspectors found documentary evidence to support this. All staff interviewed said that they had daily contact and effective support from their line manager.

6. Children and young people’s comments

During the inspection, inspectors met with nine children of different ages in six households. Inspectors met with five children in private. In general all children were well cared for and those that met with inspectors said that they were happy in their foster home and felt safe and well cared for. The children talked about school, their friends, their sporting and leisure interests and family holidays. For those that had the same social worker for a period of time, they liked their social worker and felt that they could talk to them.

Closing the fieldwork

On the final day of the fieldwork a feedback meeting was held to report on the inspectors’ findings, which highlighted both good practice and where improvements were needed.

Report compiled by:
Maeve O’Sullivan,
Inspector,
Health Information and Quality Authority

7 December 2012
7. Summary of Standards

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>National Standards for Foster Care</th>
<th>Standard Met, Met in Part and Not met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard 3: Children’s rights</td>
<td>Standard met in part</td>
</tr>
<tr>
<td></td>
<td>Standard 4: Valuing diversity</td>
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<td>Outcome 2</td>
<td>Standard 1: Positive sense of identity</td>
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<td></td>
<td>Standard 2: Family and Friends</td>
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<td>Outcome 3</td>
<td><strong>Standard 8: Matching children with carers</strong></td>
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<td></td>
<td>Standard 9: A safe and positive environment</td>
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<td></td>
<td>Standard 11: Health and Development</td>
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<td>Standard 12: Education</td>
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<td><strong>Standard 13: Preparation for leaving care and adult life</strong></td>
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<td>Outcome 4</td>
<td><strong>Standard 10: Safeguarding and child protection including implementation of Children First: National Guidance for the Welfare and Protection of Children 1999</strong></td>
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<td>Standard 5: The child and family social worker</td>
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<td><strong>Standard 6: Assessment of Children and Young People</strong></td>
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<td>Standard 7: Care Planning and Review</td>
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<td>Standard 14: Assessment and Approval of Foster Carers</td>
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<td>Outcome 7</td>
<td>Standard 15: Supervision and Support</td>
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<td>Outcome 8</td>
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<td></td>
<td>Standard 19: Management and Monitoring of Foster Care Services</td>
<td>Standard met in part</td>
</tr>
<tr>
<td></td>
<td><strong>Standard 21: Recruitment and retention of an appropriate range of Foster Carers</strong></td>
<td><strong>Standard not met</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Standard 22: Special Foster Care</strong></td>
<td><strong>Standard not met</strong></td>
</tr>
<tr>
<td></td>
<td>Standard 23: The Foster Care Committee</td>
<td>Standard met in part</td>
</tr>
<tr>
<td></td>
<td>Standard 24: Placement of Children through private agencies</td>
<td>Standard met in part</td>
</tr>
<tr>
<td></td>
<td><strong>Standard 25: Representation and complaints</strong></td>
<td><strong>Standard not met</strong></td>
</tr>
<tr>
<td>Outcome 9</td>
<td>Standard 20: Training and qualifications</td>
<td>Standard met in part</td>
</tr>
</tbody>
</table>
8. 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.

**Children First - National Guidance for the Protection and Welfare of Children 2011:** promotes the protection of children from abuse and neglect. It states what organisations need to do to keep children safe, and what different bodies, and the general public should do if they are concerned about a child’s safety and welfare. It sets out specific protocols for HSE social workers, Garda Síochána and other front-line staff in dealing with suspected abuse and neglect.

**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.
9. Action Plan

HSE response to report†

<table>
<thead>
<tr>
<th>HSE LHA</th>
<th>Dublin North West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service ID as provided by the Authority:</td>
<td>580</td>
</tr>
<tr>
<td>Date of inspection: DAY/MONTH/YEAR</td>
<td>03/10/2012</td>
</tr>
<tr>
<td>Date of response: DAY/MONTH/YEAR</td>
<td>21/01/2013</td>
</tr>
</tbody>
</table>

Recommendations

These requirements set out the actions that should be taken to meet the identified child care regulations and National Foster Care Standards 2003.

Outcome 1 - Each child receives a child centred service that respects their rights and responsibilities.

1. Action required:
The LHA Dublin North West should ensure that all children in foster care receive written information in an age-appropriate manner about what to expect when living with a foster care family. This information should cover the rights of children in foster care. The issuing of this information should be documented on the child’s case file.

Related reference:

Standard 3: Children’s rights

Please state the actions you have taken or are planning to take with timescales:

| The Dublin North West [DNW] Social Work Department will re-issue | Child & family social |

† The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and compliance with legal norms.
the Children’s Book about Foster Care to all children currently in foster care and written evidence of this will be documented on the child’s case file.

For all new admissions, children will receive this booklet on the day of their admission to care. Written evidence of this will be documented on the child’s case file by the allocated social worker, in the Children’s Rights section of the file.

The allocated social worker will ensure the booklet is given to the child and this is recorded on the child’s file.

The fostering link worker will ensure that the foster care applicants complete the ‘This is Us’ booklet as part of their assessment process and that copies are held in the social work department to be given to children upon placement.

**Monitoring of Implementation**
The team leader will monitor the ongoing implementation of this action through professional supervision and sample file audits that will be conducted twice a year. This will be monitored by the Principal Social Worker through supervision.

---

**Outcome 1 - Each child receives a child centred service that respects their rights and responsibilities.**

2. **Action required:**
The LHA Dublin North West should ensure that all children in foster care are informed about the complaints process, given a written copy of it in an age appropriate format, and that this is documented on their case file.

3. **Action required:**
The LHA Dublin North West should develop a register of complaints for children in foster care in the LHA, and manage and monitor this register in a systematic and robust manner to ensure continuous quality improvement within the service.

**Related reference:**

Standard 25: Representation and complaints
Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Action 2</th>
<th>Timescale &amp; Post holder responsible:</th>
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</thead>
<tbody>
<tr>
<td>The draft complaints process ‘Speak Up, Speak Out’ will be finalised no later than 31st March 2013.</td>
<td>National Office 31/03/2013</td>
</tr>
<tr>
<td>When finalised, the child &amp; family social workers will circulate it to all children in care and this will be documented on their case files. The document will be delivered to children in person rather than sent out in the post.</td>
<td>Child and family social Workers 30/08/2013</td>
</tr>
<tr>
<td>Monitoring of Implementation</td>
<td>Team leaders Principal social workers Ongoing</td>
</tr>
<tr>
<td>The child and family team leader will monitor the ongoing implementation of this action through professional supervision and sample file audits that will be conducted twice a year. This will be monitored by the Principal Social Worker through supervision.</td>
<td></td>
</tr>
<tr>
<td>Action 3</td>
<td>Children in care Principal social worker 28/02/2013 22/03/2013 Ongoing</td>
</tr>
<tr>
<td>A register of complaints will be developed and implemented in compliance with Standard 25 by 28th February 2013.</td>
<td>Children in care Principal Social Worker Ongoing</td>
</tr>
<tr>
<td>The register will be populated with details of all complaints and outcomes made during 2012.</td>
<td></td>
</tr>
<tr>
<td>The children in care principal social worker will have responsibility for managing and monitoring this register in a systematic and robust manner to ensure continuous quality improvement within the service.</td>
<td></td>
</tr>
<tr>
<td>A monthly update will be furnished by the children in care principal social worker to the Area Manager which will detail the number of complaints received and their current status. Learning and analysis of complaints received will take place at monthly strategic management review meetings with the area management team.</td>
<td>Area Manager &amp; Principal social worker 08/04/2013 and ongoing</td>
</tr>
</tbody>
</table>
**Outcome 1 - Each child receives a child centred service that respects their rights and responsibilities.**

<table>
<thead>
<tr>
<th>Action required:</th>
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</thead>
</table>
| **4.** Action required: | The LHA Dublin North West should ensure that every effort is made to place children with carers from their own cultural, ethnic or religious group.  
| **5.** Action required: | The LHA Dublin North West should maintain a record of the ethnicity and religious background of foster carers, in order to support appropriate and timely matching of placements.  
| **6.** Action required: | The LHA Dublin North West should develop a strategy for ensuring that the needs of children with disabilities in foster care are met on an ongoing basis.  

**Related reference:**

Standard 4: Valuing diversity  
Child Care (Placement of Children in Foster Care) Regulation 8(1) Religion  
Child Care (Placement of Children in Relative Care) Regulation 8(1) Religion

**Please state the actions you have taken or are planning to take with timescales:**

| Action 4 | Efforts will continue to secure a culturally appropriate foster family. Local recruitment campaigns have occurred where the focus has been on recruiting carers from a range of cultural backgrounds, these will also continue to be a priority for the fostering department.  
|----------| A recruitment campaign for foster carers will be run by the National Office no later than 31/05/2013 and it will include a specific reference to a requirement for diverse cultural, ethnic and religious backgrounds to meet the children’s needs.  
| Action 5 | The current register of foster carers in Dublin North West will be amended to reflect their ethnicity and religious background by the Secretary of Foster Care Committee.  
|----------| This information will then be recorded for all future foster carers in order to facilitate appropriate matching of placements by the Secretary of Foster Care Committee.  
| Action 6 |  

<table>
<thead>
<tr>
<th>Timescale &amp; Post holder responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Office 31/05/2013</td>
</tr>
<tr>
<td>Secretary FCC 15/03/2013</td>
</tr>
<tr>
<td>Secretary FCC Ongoing</td>
</tr>
</tbody>
</table>
Each child and family social worker will be responsible for ensuring that children are connected to the relevant disability services and these healthcare professionals input into the needs assessment and care planning process and attend all children in care reviews. The child and family social worker in collaboration with the fostering link worker have the responsibility for ensuring that the foster carers have the capacity and are provided will full information to meet child’s specific needs.

An ‘Integrated Case Management Group’ will be established between the HSE Primary Care Services and Children and Families and this will address meeting the needs of children with disabilities in foster care. The forum will initially meet on a monthly basis.

**Monitoring of Implementation**
Fostering team leaders are responsible for recruiting appropriate carers at local level on an ongoing basis and to ensure that responses to queries encourage an increase of the local pool of carers.

The National Office will organise a national foster care campaign and fostering team leader will ensure full co-operation with this recruitment campaign to increase the panel of culturally suitable placements for children who need care.

The FCC chairperson will monitor that the foster care register includes up to date information on ethnicity and religion.

Child and family team leaders will ensure that children are connected to relevant disability services to facilitate their identified needs being met and liaise on an ongoing basis with the area disability services manager. Complex cases will be brought to the ‘Integrated Case Management Group’. This will be monitored by the Principal Social Worker in supervision.

<table>
<thead>
<tr>
<th>Area Manager</th>
<th>Completed</th>
<th>First meeting held on 18/01/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fostering team leaders</td>
<td>Ongoing</td>
<td>National Office 31/05/2013</td>
</tr>
<tr>
<td>Chairperson FCC</td>
<td>April 2013 and ongoing</td>
<td>Child and family team leaders</td>
</tr>
<tr>
<td>Principal social worker</td>
<td>28/02/13</td>
<td></td>
</tr>
</tbody>
</table>

**Outcome 2 - Children are able to maintain positive relationships with their parents, siblings and other significant family and friends.**

**7. Action required:**
The LHA Dublin North West should ensure that children’s access to accurate, relevant and comprehensive information about their background and history is encouraged, facilitated and documented.

**8. Action required:**
The LHA Dublin North West should ensure that children are communicated with, and
facilitated to understand events in their lives, including the reasons for their coming into care, and that this is documented in their case file.

**9. Action required:**
The LHA Dublin North West should ensure that every effort is made to locate and make contact with a child’s birth parent/s in order to promote a positive sense of identity for the child.

**Related reference:**
Standard 1: Positive sense of identity

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale &amp; Post holder responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action 7</strong>&lt;br&gt;The child and family social worker will ensure that the child understands why they are in care and has relevant background information. This work will commence from the time the child is admitted to care. Each PQSW will ensure that their recording of case notes is accurate, non-judgemental and sensitive to children’s situations and this will be monitored by the team leaders during supervision. The fostering link worker will support the foster carer to talk to the child about being in care. The booklet <em>Talking to children about being in care</em> will be given to all carers. Training will be delivered to both social workers and foster carers on this topic. Foster carers attendance will be recorded in their files. <strong>Monitoring of Implementation</strong>&lt;br&gt;The team leader will monitor the ongoing implementation of this action through professional supervision and sample file audits that will be conducted twice a year. Compliance will be monitored by the principal social worker in supervision. These matters will be included as part of the audit sheet on each child’s file.</td>
<td>Child and family social worker&lt;br&gt;Immediate and ongoing&lt;br&gt;Child and family social worker and team leaders.&lt;br&gt;Immediate and on twice yearly basis for sample files&lt;br&gt;Fostering link worker and DNE Workforce Development Unit from May 2013 until completion&lt;br&gt;Team leaders&lt;br&gt;Principal social workers&lt;br&gt;Immediate and ongoing</td>
</tr>
</tbody>
</table>

**Action 8**
The child and family social worker will ensure that there is
documentary evidence on the child’s case file which evidences that this work has been undertaken.

**Monitoring of Implementation**
The child and family team leader will utilise the supervision process with the social worker to ensure that there is documentary evidence on the child’s case file that they have been facilitated to understand events in their lives and this information is recorded on the file in a child-centred manner. These matters will be included as part of the audit sheet on each child’s file.

The fostering team leader will address the matter in supervision of link workers.

**Action 9**
The efforts made by the child and family social worker to locate and make contact with a child’s birth parents will be recorded in the child’s care plan.

**Monitoring of Implementation**
The team leader will utilise the supervision process with the social worker to ensure that this requirement is met. This matter will be included as part of the audit sheet on each child’s file.

---

**Outcome 2 - Children are able to maintain positive relationships with their parents, siblings and other significant family and friends.**

10. **Action required:**
The LHA Dublin North West should ensure that siblings are placed together where possible, taking account of the wishes and best interests of the child.

11. **Action required:**
The LHA Dublin North West should ensure that family access is adequately resourced to maximise the use of staff resources.

12. **Action required:**
The LHA Dublin North West should ensure that the voices of children, birth parents and foster carers are heard in relation to promoting access.
13. **Action required:**
The LHA Dublin North West should review its placement strategy and locate children in foster placements close to their family and friends.

**Related reference:**
Standard 2: Family and Friends

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale &amp; Post holder responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action 10.</strong> Every effort is made to place siblings together when appropriate to their individual needs. The existing panel of foster carers will be increased to facilitate siblings being placed together.</td>
<td>National Office Campaign to commence before 31/05/2013</td>
</tr>
<tr>
<td>Sibling placements will be added to the register of children in care.</td>
<td>Fostering team leader 28/02/2013</td>
</tr>
<tr>
<td><strong>Action 11</strong> Family contact for children in care will continue to be a priority. Local recruitment will emphasise the need to recruit foster carers from the area and local communities to support family contact.</td>
<td>Fostering team leader Ongoing</td>
</tr>
<tr>
<td><strong>Action 12</strong> Children, birth families and carers will be actively involved in drawing up access plans. Where this does not occur the reasons will be recorded on the child’s case file. These plans will comprise part of the care plan for each child, copies of which will be held on file and given to birth parents and carers. Access plans will be reviewed at children in care reviews to ensure that birth families and carers have been involved.</td>
<td>Child &amp; family social worker Fostering link worker Team leaders On admission to care or at next child care review</td>
</tr>
<tr>
<td><strong>Action 13</strong> The placement strategy for DNW is to locate children in foster placements close to their family and friends and placing children outside of the local area is always a last resort and the decision to do so relates to the lack of availability of local placements. National recruitment campaigns will emphasise the need for the recruitment of carers from a child’s local community.</td>
<td>National Office 31/05/2013</td>
</tr>
<tr>
<td><strong>Monitoring of Implementation</strong> All child and family social workers will ensure that children and birth families are consulted when drawing up access plans.</td>
<td>Child and family social workers Ongoing</td>
</tr>
</tbody>
</table>
Fostering link workers will ensure that carers are clear on their responsibility to facilitate contact arrangements for children in their care and that they receive adequate support to fulfil this duty.

The team leader will utilise the supervision process with the social worker to ensure that these requirements are met.

<table>
<thead>
<tr>
<th>Fostering link workers</th>
<th>Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team leaders</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### Outcome 3 - Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.

14. **Action required:**
The LHA Dublin North West should ensure that children in foster care are placed with foster carers who are chosen for their capacity to meet the assessed needs of the children.

15. **Action required:**
The LHA Dublin North West should ensure management oversight to monitor and respond to unplanned placement endings.

16. **Action required:**
The LHA Dublin North West should ensure that systems and processes are developed and implemented to monitor and respond in a timely manner to “at risk” placements.

**Related reference:**

Standard 8: Matching children with carers  
Child Care (Placement of Children in Foster Care) Regulation 6, 7, 16(d)  
Child Care (Placement of Children in Relative Care) Regulation 7(1), 16(d)

**Please state the actions you have taken or are planning to take with timescales:**

#### Action 14
A needs assessment will continue as a requirement by the fostering department prior to placement of a child in care with the view to matching the needs of the child to the most appropriate available HSE foster carer. The fostering team leader will link with the child and family team leader to ensure that needs assessments are completed within required standard timeframes to support matching with suitable carers. The child in care reviews will address the carer’s continuing capacity to meet the children’s identified needs.

**Timescale & Post holder responsible:**

- Fostering and child and family team leaders
- Immediately on admission to care
- Care plan review process
**Action 15**

Unplanned endings in foster care are tracked by the fostering team leader and recorded on the shared server.

Disruption reports will be submitted to the FCC for review in an appropriate and timely manner having regard to the specific circumstances of the disruption but no later than three months after the specific disruption. The recommendations from the FCC will be implemented in the area.

The FCC chairperson will ensure that learning from disruption reports forms part of their future decision making process on foster care applications. Information from disruption reports will be collated by the DNE Training Officer and communicated to area teams to assist good practice.

**Action 16**

Fostering link workers will address the matter of at risk placements in a timely manner on standard support and supervision visits to carers.

‘At risk placements’ will be notified to the team leader by the allocated social worker. A professionals meeting will be convened in order to identify additional support/supervision requirements to sustain placements. Children’s needs will be reviewed in context of the current situation and necessary interventions/services identified to support care for the individual child.

Complex issues in relation to the identification of alternative placements in a timely manner will be brought to the attention of the Area Manager and discussed at the Strategic Management Review Forum.

**Monitoring of Implementation**

The fostering and child and family team leaders will utilise the supervision process with the social worker to ensure that this requirement is met.

The FCC chairperson will connect with the principal social worker to ensure that disruption reports are received in a timely fashion to support good practice in consideration of foster care applications.

The principal social worker will discuss with the Area Manager in

Fostering and child and family team leaders

At time of disruption

Fostering and child and family social workers

Within three months of specific disruption

FCC Chairperson

DNE Workforce Development Unit

31/03/2013

Fostering link worker

Immediately as need arises

Fostering link worker and team leader

Child and family social worker

Within 3 days of notification or in line with meeting children’s safety needs.

Principal social worker

Fostering and child and family team leaders

FCC chairperson and principal social worker

55
supervision and at monthly area management meetings. | Area Manager and principal social worker

---

**Outcome 3 - Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.**

17. **Action required:**
The LHA Dublin North West should ensure that safety checks are carried out on all foster carers’ homes.

**Related reference:**
Standard 9: A safe and positive environment
Child Care (Placement of Children in Foster Care) Regulation 6, 7, 16(d)
Child Care (Placement of Children in Relative Care) Regulation 7(1), 16(d)

**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Action 17</th>
<th>Timescale &amp; Post holder responsible</th>
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<tbody>
<tr>
<td>A centralised record of dates of Garda vetting is held on the carers’ register. Fostering team leaders will audit files of carers to ensure Garda vetting of all carers is up to date. The Health Safety Checklist will be completed on all fostering assessments in accordance with FCC Policies Procedures and Best Practice Guidance (2012). Safety checks on carers’ homes will be a standard part of supervision and support visits to carers. <strong>Monitoring of Implementation</strong> The fostering team leader will utilise the supervision process with the social worker to ensure that this requirement is met.</td>
<td>Fostering team leader and fostering link worker 31/03/2013 Fostering link worker Ongoing Fostering link worker Immediate and ongoing Fostering team leader</td>
</tr>
</tbody>
</table>
The FCC chairperson will ensure that all fostering applications submitted for approvals consideration contain a copy of the *How safe is your home* audit.

| FCC Chairperson | 31/01/2013 and ongoing |

**Outcome 3 - Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.**

**18. Action required:**
The LHA Dublin North West should ensure that all children are medically assessed, as appropriate, prior to their admission to foster care and during their foster care placement.

<table>
<thead>
<tr>
<th>Timescale &amp; Post holder responsible</th>
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<tbody>
<tr>
<td>Immediate on admission where appropriate</td>
</tr>
<tr>
<td>Yearly for other children to be addressed at</td>
</tr>
</tbody>
</table>

**19. Action required:**
The LHA Dublin North West should ensure that all immunisation records, medical histories, medical reports and records of all medical care received are held in each child’s case file.

**20. Action required:**
The LHA Dublin North West should ensure that the issue of medical and dental treatment is discussed with the parents and foster carers of children at/or before placement in foster care.

**21. Action required:**
The LHA Dublin North West should ensure that children in foster care have prioritised access to medical, mental health, psychological, dental, ophthalmic, therapeutic, and other specialist services and treatment when required.

**Related reference:**
Standard 11: Health and Development
Child Care (Placement of Children in Foster Care) Regulation 6, 7, 16(d)
Child Care (Placement of Children in Relative Care) Regulation 7(1), 16(d)

Please state the actions you have taken or are planning to take with timescales:

**Action 18**
Medical assessments for children in care will be completed immediately on entry into care where this is deemed to be appropriate for the child or within two weeks of admission. Ongoing medicals will be conducted as part of child care reviews depending on the child’s age, developmental stage, health needs or disability where relevant.

The child’s health status will continue to be a standard part of child in care reviews.
### Action 19
Copies of immunisations records will be held on the child’s file and a copy will be given to carers and shared with general practitioners to assist appropriate follow up of future immunisation needs.

Review of existing files will be completed by allocated social workers to ensure records are clearly visible on file and where the records are not available the Area Manager will address with the director of public health nursing.

### Action 20
Ensure permission for medical/dental is included in discussions with parents and carers at the beginning of placement.

Evidence of consent for medical treatment will be on the child’s file. This will be included in the Standard Business Processes ‘*further assessment*’ to be implemented during 2013.

Carers will be given written information on medical consents for children in their care.

### Action 21
The Area Manager and service director will advocate for prioritised access to services for children in foster care to HSE regional director of operations and HSE Area Manager having regard to their clinical need.

Liaison with allied specialist services will be pursued by child and family social workers in line with individual children’s needs following progress on securing prioritised access as per Standard 11.6.

### Monitoring of Implementation
The Area Manager will monitor progress to ensure that specialist health and ancillary supportive services are accessible to children in foster care.

The child and family team leader will utilise the supervision process with the social worker to ensure that strenuous efforts are made to reviews.

<table>
<thead>
<tr>
<th>Action 19</th>
<th>Child and family social worker, fostering link worker and team leaders.</th>
<th>Child and Family Social Worker Area Manager 30/04/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 20</td>
<td>Child and family social worker and team leader On admission to care 17/05/2013</td>
<td>Fostering link worker and child and family social worker On admission to care and 22/02/2013 for retrospective cases</td>
</tr>
<tr>
<td>Action 21</td>
<td>HSE regional director of operations and HSE Area Manager Ongoing</td>
<td>Child and family social worker Immediate for every child with special needs Area Manager Ongoing</td>
</tr>
</tbody>
</table>
secure priority access to specialist services for children who need them and will engage with the principal social worker where such access is not forthcoming.

It will form part of the audit of files.

Outcome 3 - Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.

22. Action required:
The LHA Dublin North West should ensure that systems are in place to review the educational outcomes for children in foster care and any required actions are taken to improve these outcomes.

Related reference:
Standard 12: Education

Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Action 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>The educational needs of all children in care will continue to be considered and addressed as a standard part of children in care reviews.</td>
</tr>
<tr>
<td>Educational status and stage will be included on register for Children in Care.</td>
</tr>
<tr>
<td>Child and family social workers and foster carers will ensure that relationships with schools are established in children’s interests.</td>
</tr>
<tr>
<td>Identification of educational outcomes achieved for children in care will be collated through the Area Manager’s office to assist in planning interventions required to assist them to reach their educational potential. This information will be sent to DNE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Timescale &amp; Post holder responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and family social workers and team leaders. On completion of care plan and at reviews.</td>
</tr>
<tr>
<td>Team leader On admission to care</td>
</tr>
<tr>
<td>Area Manager Child and family team leader and social worker and</td>
</tr>
</tbody>
</table>
The fostering link worker will ensure that addressing children’s educational needs and progress is a standard part of foster carer supervision.

Foster Payments will assist with identifying young people over 18 years in foster care who are in continuing education.

**Monitoring of Implementation**

The Area Manager will ensure the collation and recording of information relating to educational outcomes for all children in care.

The child and family and fostering team leaders will utilise the supervision process with the social worker to ensure that this requirement is met.

The DNE Workforce Development Unit will ensure that relevant information on educational outcomes for children exiting care is received annually.

---

**Outcome 3 - Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.**

23. **Action required:**
The LHA Dublin North West should ensure that young people in foster care are referred to the aftercare service in accordance with the Standards and HSE Policy.

24. **Action required:**
The LHA Dublin North West should ensure that leaving care needs assessments are carried out for all young people in accordance with the Standards and HSE Policy.

25. **Action required:**
The LHA Dublin North West should ensure the provision of an effective and adequately resourced after care service.
**Related reference:**

Standard 13: Preparation for leaving care and adult life

**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>Timescale &amp; Post holder responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action 23</strong></td>
<td>All 16 year olds aftercare needs will be raised at child in care reviews. They will be referred to Aftercare services and a record of their needs and ensuing actions will be recorded on their files. Where the child expresses a preference for continuing to work with their social worker, that preference will be recorded on the file and aftercare services continue as an option.</td>
<td>Child and family social worker and team leader. Immediate on young person attaining 16 years</td>
</tr>
<tr>
<td><strong>Action 24</strong></td>
<td>Leaving care needs assessment are undertaken as part of young people’s after care plans.</td>
<td>Child and family social worker and team leader with aftercare workers. Immediate on young person attains 16 years</td>
</tr>
<tr>
<td><strong>Action 25</strong></td>
<td>Additional aftercare workers have been re-assigned from residential services to support the provision of aftercare services. An audit of all children in care who have attained 16 years will be undertaken to ensure that aftercare plans are in progress. Deficits identified will be addressed.</td>
<td>Principal social worker</td>
</tr>
<tr>
<td><strong>Monitoring of Implementation</strong></td>
<td>The child and family and fostering team leaders will utilise the supervision process with the social worker to ensure that this requirement is met. The alternative manager for aftercare will link with principal social worker to monitor implementation of this service for all those in foster care aged over 16 years.</td>
<td>Child and family and fostering team leaders</td>
</tr>
</tbody>
</table>

Alternative care manager for aftercare 15/03/2013

Principal social worker
### Outcome 4 - Children are safe and services comply with *Children First: National Guidance for the Protection and Welfare of Children 2011.*

<table>
<thead>
<tr>
<th>Action required</th>
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</thead>
<tbody>
<tr>
<td><strong>26.</strong> The LHA Dublin North West should ensure that they are satisfied that all child protection concerns reported to the area about children in foster care including the slapping of children by foster carers, have been, and will continue to be, dealt with in accordance with Children First (2011).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required</th>
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</thead>
<tbody>
<tr>
<td><strong>27.</strong> The LHA Dublin North West should ensure that any and all child protection and welfare concerns about foster carers are reported and addressed in accordance with National policy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required</th>
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</thead>
<tbody>
<tr>
<td><strong>28.</strong> The LHA Dublin North West should ensure that there are robust and dependable systems in place to record and categorise all child protection concerns about or by children in foster care, including their investigation and outcomes and children’s satisfaction or otherwise with these outcomes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>29.</strong> The LHA Dublin North West should ensure that there is a child protection notification system in place that is in accordance with Children First (2011).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>30.</strong> The LHA Dublin North West should ensure that all foster carers receive training and guidance in safe care and child protection including the newly revised <em>Children First: National Guidance for the Protection and Welfare of Children</em> (2011) as a matter of priority.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>31.</strong> The LHA Dublin North West should ensure that a system is developed to record staff attendance at Children First (2011) training.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required</th>
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</thead>
<tbody>
<tr>
<td><strong>32.</strong> The LHA Dublin North West should ensure that the LHA has secure access to a national child protection notification system.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>33.</strong> The LHA Dublin North West should ensure that comprehensive and robust risk assessments are carried out with all children in the foster care placement whenever an allegation of abuse or neglect or suspected abuse or neglect is raised, in accordance with Children First (2011), and that the assessment team includes a qualified practitioner from outside the community care area.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required</th>
</tr>
</thead>
</table>
| **34.** The LHA Dublin North West should provide the Authority with a report on the findings and
outcomes of the 56 allegation investigations identified at the last inspection.

**Related reference:**

Standard 10: Safeguarding and child protection  

**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Action 26</th>
<th>All child protection concerns reported to the area in respect of children in foster care will follow <em>Children First: National Guidance for the Protection and Welfare of Children 2011</em>.</th>
</tr>
</thead>
</table>
|           | *Team leader and principal social worker*  
|           | *Immediate*  
|           | *Fostering and child and family social workers, team leaders and principal social worker*  
|           | *Immediate*  
|           | *Fostering team leader*  
|           | *Immediate*  
|           | *Area Manager and principal social worker*  
|           | *14/02/2013* |
| Action 27 | The LHA will ensure that all child protection and welfare matters pertaining to carers are addressed in line with *Children First: National Guidance for the Protection and Welfare of Children 2011*. |
|           | *Fostering team leader*  
|           | *Immediate*  
|           | *Area Manager and principal social worker*  
|           | *14/02/2013* |
| Action 28 | A register to record all child protection concerns received will be developed and implemented in accordance with *Children First: National Guidance for the Protection and Welfare of Children 2011*. All outstanding child protection allegations and concerns will be noted on this register. |
|           | *The principal social worker will report monthly to the Area Manager on the status of child protection investigations and assessments. A monthly meeting will be scheduled with the Area Manager, child care manager and principal social worker to ensure oversight and monitoring of all investigations and assessments.*  
|           | *Child and family social worker will consult with children to ensure they are aware of outcomes of assessments and investigations and that they are happy with such outcomes. Children’s response to*  
|           | *Area Manager, child care manager and principal social worker*  
|           | *Commencing* |
outcomes will be recorded on their case files.

Action 29
Dublin North West will have a Child Protection System in place in accordance with Children First 2011 by 28th February 2012.

Action 30
There are plans with the DNE Workforce Development Unit to roll out a specially developed Children First Training for all foster carers. Delivery will commence in April 2013 and will continue until all carers have attended. Attendance will be obligatory and monitored by fostering team leader and recorded on carers’ files. Certificates of completion will be distributed.

Action 31
A local register will be kept of staff who have completed Children First 2011 Training. All staff who attend this training will have this documented on their supervision file.

The DNE Workforce Development Unit will ensure that all staff attendance is recorded and available to the principal social worker and team leaders.

Action 32
A National Child Protection Notification System will be developed nationally with which Dublin North West will comply.

Action 33
In ensuring compliance with Children First: National Guidance for the Protection and Welfare of Children 2011 through comprehensive and robust risk assessments of allegations of abuse and neglect, steps will be taken to include an independent qualified practitioner in the assessment process. Reciprocal arrangements will be made between areas to comply with provision of independent assessors who will be facilitated to build up practice skills.

Action 34
The summary report on the 56 allegation investigations identified by 28/02/2013
Child and family social worker
Immediate on completion of assessments/investigations

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>28/02/2013</td>
<td>Area Manager</td>
</tr>
<tr>
<td></td>
<td>DNE Workforce Development Unit and fostering team leader</td>
</tr>
<tr>
<td></td>
<td>April 2013 until completion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>28/02/2013</td>
<td>Fostering and child and family team leader, principal social worker and DNE</td>
</tr>
<tr>
<td></td>
<td>Workforce Development Unit</td>
</tr>
<tr>
<td></td>
<td>April 2013 and ongoing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/06/2013</td>
<td>Principal social worker and Area Manager</td>
</tr>
</tbody>
</table>
HIQA at the last inspection will be submitted by the principal social worker to the Area Manager by February 22nd 2013 at the latest.

**Monitoring of Implementation**
The principal social worker and Area Manager will monitor these actions to ensure compliance with *Children First: National Guidance for the Protection and Welfare of Children 2011* on all matters concerning allegations of abuse and neglect in foster care, for children in care and for foster carers.

<table>
<thead>
<tr>
<th>Date</th>
<th>Signed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>31/03/2013</td>
<td>Principal social worker and Area Manager</td>
</tr>
</tbody>
</table>

**Outcome 5 - Each child receives high quality care that is effectively planned and managed by a designated social worker.**

**35. Action required:**
The LHA Dublin North West should ensure that all children are visited by a social worker in line with the Regulations and children who have not been visited within the last six months are visited as a matter of urgency.

**36. Action required:**
The LHA Dublin North West should ensure that children in foster care have an allocated social worker at all times in keeping with the Regulations, and that changes to children’s social workers are monitored and kept to a minimum to facilitate relationship building between the child and their social worker.

**37. Action required:**
The LHA Dublin North West should ensure that all social workers maintain up-to-date case files in respect of each child that includes a record of each visit to the child.

**38. Action required:**
The LHA Dublin North West should 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 accurate, 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.

**Related reference:**
Standard 5: The child and family social worker
Child Care (Placement of Children in Foster Care) Regulations 4, 6 (1), 11, 13, 17(1), 18, 19
Child Care (Placement of Children in Relative Care) Regulations 4, 7 (1), 11, 13, 17(1), 18, 19

**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>Timescale &amp; Post holder responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action 35</strong></td>
<td>All children identified by HIQA at the time of the inspection as requiring a visit from a social worker have now been visited. Social work will continue to ensure that all children will be visited as per regulations. A central database will be updated on an ongoing basis which will track date of last visit and next scheduled visit.</td>
<td>Completed</td>
</tr>
<tr>
<td><strong>Action 36</strong></td>
<td>Dublin North West will fulfil its statutory obligation that all children in foster care have an allocated social worker by 1st March 2013.</td>
<td>Team leaders and child and family social workers.</td>
</tr>
<tr>
<td><strong>Action 37</strong></td>
<td>Child and family team leaders will address case file maintenance in supervision. Child and family team leaders will conduct file audits on an annual basis to ensure file notes on children in care are up to date. All social work staff will be afforded a day per fortnight within which to ensure compliance with file maintenance. Report writing skills training will be provided to all social workers who require it at team leader discretion.</td>
<td>Child and family team leaders Audits to commence in June 2013 Immediate</td>
</tr>
<tr>
<td><strong>Action 38</strong></td>
<td>A specific Children and Families Healthcare Records Management Policy is to be finalised at national level, from which DNW will develop an action plan to ensure implementation on completion. A DNE Healthcare Records Management Group will be established by 31/01/2013.</td>
<td>National Office Awaiting implementation date Service Director 30/01/2013</td>
</tr>
</tbody>
</table>
Child and family team leaders will conduct an annual file sample audit to ensure that key issues will be addressed in relation to file management.

**Monitoring of Implementation**
Principal social workers will ensure that all children in foster care who have not had a visit from a social worker in the last six months are scheduled to have one with an assigned social worker within the defined timeframe. The team leaders will continue to monitor monthly activity data of last visits to children in foster care.

Principal social workers and duty team leaders will ensure that all children who do not have an allocated social worker will receive a service from the duty system to respond to their needs.

Child and family team leaders will ensure that files for children in care are up to date with records kept of all visits to children and that sample file audits to assess compliance are conducted.

The DNE Workforce Development Unit will be responsible for delivery or report writing skills to all social workers who require it.

<table>
<thead>
<tr>
<th><strong>Outcome 5 - Each child receives high quality care that is effectively planned and managed by a designated social worker.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>39. Action required:</strong> The LHA Dublin North West should ensure that a comprehensive assessment is carried out prior to placement or in the case of an emergency, within six weeks.</td>
</tr>
<tr>
<td><strong>40. Action required:</strong> The LHA Dublin North West should ensure that assessment outcomes are shared with the children in an age appropriate manner and copies of the assessment are given to the family and foster carer/s. Decisions should be recorded and attached to the assessment report on the case file.</td>
</tr>
<tr>
<td><strong>Related reference:</strong> Standard 6: Assessment of Children and Young People Child Care (Placement of Children in Foster Care) Regulations 4, 6 (1), 11, 13, 17(1), 18, 19 Child Care (Placement of Children in Relative Care) Regulations 4, 7 (1), 11, 13, 17(1), 18,</td>
</tr>
</tbody>
</table>
Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Action 39</th>
<th>The assessment of needs included in the Standardised Business Process [SBP] care plan will continue to be completed on all children admitted to foster care.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The initial and comprehensive needs assessment and further assessment of children in foster care are due to be implemented as part of the SBP commencing in February 2013. DNW will comply with this process on its introduction.</td>
</tr>
<tr>
<td></td>
<td>Team leaders will review all new admissions to care to ensure that needs assessments are completed within set timeframes. Where this requirement has not been complied with, reasons will be recorded and every effort will be made to urgently address the situation within agreed time limits.</td>
</tr>
</tbody>
</table>

| Action 40 | Outcomes of needs assessment will be shared with children in an age appropriate manner, taking note of any particular developmental or special needs. Copy of needs assessment will be provided to carers and parents of children in care, with carers being provided with all available relevant information on children’s needs at the time of placement. |

| Monitoring of Implementation | The principal social worker and child and family social worker will ensure that the Standardised Business Process pertaining to needs assessments will be complied with on its introduction. |

<table>
<thead>
<tr>
<th>Timescale &amp; Post holder responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 39</td>
</tr>
<tr>
<td>Child and family social worker and team leader. On admission to care</td>
</tr>
<tr>
<td>National Office, principal social workers and child and family team leaders. To commence on issuing of new documents</td>
</tr>
<tr>
<td>Team leaders, child and family social workers and link workers. Immediately on completion of needs assessment</td>
</tr>
<tr>
<td>Principal social worker Child and family social worker</td>
</tr>
</tbody>
</table>
Child and family social workers will ensure that needs assessments are completed within standard timeframes and for ensuring that children are aware of needs assessment outcomes.

Fostering team leader will ensure that foster link workers give information on needs assessments to foster carers to enable them to provide quality care.

<table>
<thead>
<tr>
<th>Outcome 5 - Each child receives high quality care that is effectively planned and managed by a designated social worker.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>41. Action required:</strong> The LHA Dublin North West should ensure that care plans are comprehensive and informed by the assessment of the child’s needs.</td>
</tr>
<tr>
<td><strong>42. Action required:</strong> The LHA Dublin North West should ensure that separate placement plan agreements are completed, dated and signed by the social worker with the foster carer/s in respect of each placement of the child.</td>
</tr>
<tr>
<td><strong>43. Action required:</strong> The LHA Dublin North West should ensure that all care plans are reviewed in line with the Regulations and Standards.</td>
</tr>
<tr>
<td><strong>44. Action required:</strong> The LHA Dublin North West should ensure that the outcomes of review meetings are discussed with the child and foster carer as appropriate, and that a written account of the decisions of the review are given to the child, the parents, the foster carers as appropriate and a copy is retained on the case file.</td>
</tr>
</tbody>
</table>

**Related reference:**

Standard 7: Care Planning and Review
Child Care (Placement of Children in Foster Care) Regulations 4, 6 (1), 11, 13, 17(1), 18, 19
Child Care (Placement of Children in Relative Care) Regulations 4, 7 (1), 11, 13, 17(1), 18, 19

**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Action 41</th>
</tr>
</thead>
<tbody>
<tr>
<td>As at 31st December 2012 there were 364 children in foster care of which 319 had a written care plan. This equates to 87.6% of children in foster care. There has been an increase of 13% of</td>
</tr>
</tbody>
</table>

Timescale & Post holder responsible:
children in foster care with a care plan since the Inspection took place.

The local area will continue the work already underway to achieve full compliance.

A schedule of training for social workers and team leaders specifically on care planning will be developed and implemented by the Workforce Development Unit between April – July 2013.

The training will be mandatory for all social workers and team leaders and a record will be kept of everyone who attended the training.

**Action 42**
The requirement for a placement plan forms part of the care planning process.

The child and family social worker will be required to submit the placement plan with the care plan for approval and sign off by the team leader. Confirmation that a placement plan has been completed and signed will also form part of the care plan review process.

**Monitoring of Implementation**
The team leader will monitor the ongoing implementation of this action through professional supervision and sample file audits that will be conducted twice a year. Dates for these audits will be scheduled by 31st January 2013.

**Action 43**
The team leaders will work with the social workers, through supervision to ensure that all reviews take place in line with regulations and standards.

A schedule of training for social workers and team leaders specifically on care planning will be developed and implemented between April – July 2013.

A schedule of reviews for 2013 will be completed by 30th January 2013. This will be recorded on the shared server and updated by all staff.
**Action 44**
The Chairperson of the Review will ensure that the outcome of the review is given to the appropriate parties and that the outcome is recorded in an accurate and child centred way.

**Monitoring of Implementation**
Confirmation of this action will be recorded on the child’s case file. The team leader will monitor the ongoing implementation of this action through professional supervision and sample file audits that will be conducted twice a year. Dates for these audits will be scheduled by 31st January 2013.

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**Outcome 6 - Each child receives high quality care from carers that have been appropriately assessed and approved.**

**45. Action required:**
The LHA Dublin North West should ensure that all long term placement assessments are completed and progressed for approval status, as a matter of urgency.

**46. Action required:**
The LHA Dublin North West should ensure that there is a robust mechanism in place to mitigate any potential risk to children who remain in unapproved placements.

**47. Action required:**
The LHA Dublin North West should ensure that the number of children in foster care households and the approval of all foster care placements and foster carers are in accordance with the Standards and Regulations.

**48. Action required:**
The LHA Dublin North West should ensure that all contracts between the HSE and foster carers are completed, signed and dated appropriately.

**49. Action required:**
The LHA Dublin North West should ensure that the initial and current approval status of each foster carer is clearly recorded on their files.

**50. Action required:**
The LHA Dublin North West should ensure that applications to the foster care service are processed in a timely way and that timeframes for assessment and approval of potential foster carers are clearly recorded in their case files.

**51. Action required:**
The LHA Dublin North West should ensure that all outstanding assessments of relative foster carers are progressed and concluded as a matter of urgency.
**Related reference:**

Standard 14: Assessment and Approval of Foster Carers  
Child Care (Placement of Children in Foster Care) Regulation 5, 9  
Child Care (Placement of Children in Relative Care) Regulation 5, 6, 9

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale &amp; Post holder responsible:</th>
</tr>
</thead>
</table>
| **Action 45**  
There are 3 outstanding foster carer assessments as at 31/12/2012 and these will be submitted with all relevant documentation and considered by the Foster Care Committee by 29th March 2013. | Social Work Department  
Foster Care Committee  
29/03/2013 |
| **Action 46**  
A strategy meeting will take place between the Area Manager, chairperson of the foster care committee, children in care principal social worker and fostering team leaders to assess the reasons why these placements are unapproved and to identify any potential risk to children.  
There will be a formal record of this strategy meeting and the risk assessment of placements is included in the supervision, support and training plan for foster carers. Robust action plans and safety plans will be put in place to address identified risks. | Area Manager  
15/02/2013  
Children in care principal social worker and fostering team leaders  
30/03/2013 |
| **Action 47**  
No children are currently placed in general foster care prior to FCC approval. The FCC will review all non-sibling placements in foster care of three or more children, to satisfy themselves that the placements are appropriate and there are no potential risks. | Foster Care Committee  
31/03/2013 |
| **Action 48**  
The Secretary of the FCC will review all of the existing foster carers to ensure that all contracts between the HSE and foster carers are completed, signed and dated appropriately.  
The team leader will also monitor the ongoing implementation of this action through professional supervision and sample file audits that will be conducted twice a year. Dates to be identified for audits by 31st January 2013. | Secretary to FCC  
31/03/2013  
Team leader  
June 2013 and ongoing |
| **Action 49** | |
Each fostering link worker will conduct a review of their files to ensure that the initial and current approval status of each foster carer is clearly recorded on their files.

The team leader will also monitor the ongoing implementation of this action through professional supervision and sample file audits that will be conducted twice a year. Dates to be identified for audits by 31st January 2013.

**Action 50**
A clear work process to allocate assessments will be developed and implemented by the CIC principal social worker. This process will clearly identify defined timeframes for completion and person [s] responsible. Where an assessment takes longer than the agreed timeframe the reasons for this will be documented on the case file.

This will be monitored by the Team Leader in supervision.

The Chairperson of the FCC will notify the children in care principal social worker of any issues of concern they may have in relation to adhering to defined timeframes for completion of assessments.

**Action 51**
There are 35 outstanding relative foster carer assessments as at 31/12/2012.

Dates cannot be arranged for 8 of these assessments as there are carer specific reasons why the assessments cannot be completed.

The remaining 27 assessments will be submitted with all relevant documentation and considered by the Foster Care Committee commencing in February 2013 and will be completed by 30th June 2013.

**Monitoring of Implementation**
The Area Manager will meet with the Chairperson of the FCC on a monthly basis to monitor the implementation of these actions.

<table>
<thead>
<tr>
<th>Action</th>
<th>Descritption</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>A clear work process to allocate assessments will be developed and implemented by the CIC principal social worker.</td>
<td>Fostering link worker and team leader Commence February 2013 and ongoing</td>
</tr>
<tr>
<td>51</td>
<td>There are 35 outstanding relative foster carer assessments as at 31/12/2012.</td>
<td>Chairperson – FCC and Principal social worker Ongoing</td>
</tr>
</tbody>
</table>

Team leader & ongoing

Fostering team and Foster Care Committee

Area Manager February 2013 and ongoing
Outcome 7 - Carers are supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.

52. Action required:
The LHA Dublin North West should ensure that all foster care households are assigned a link social worker.

53. Action required:
The LHA Dublin North West should ensure that all foster carers are visited and supervised in line with the Regulations and that these sessions are recorded appropriately.

Related reference:
Standard 15: Supervision and Support
Child Care (Placement of Children in Foster Care) Regulation 15, 16
Child Care (Placement of Children in Relative Care) Regulation 15, 16

Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Action 52</th>
<th>Timescale &amp; Post holder responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin North West is committed to fulfilling its statutory obligation that all foster care households are assigned a link social worker within the resources available. In the interim, a duty social work service is in operation to provide a service to unallocated foster families. Full compliance with this will be monitored by the Area Manager on a quarterly basis and addressed at regular performance meetings with the service director. The further development of local area pathways and development of the Differential Response Model [DRM] in accordance with the proposed National Service Delivery Model is currently being implemented. Internal capacity to re-assign staff within the area will be kept under review by the Area Manager on a monthly basis in order to ensure optimum use of available staffing resources. Decision making in this regard will be strictly based on an analysis and management of known risks in order to ensure that statutory obligations are met.</td>
<td>Principal social worker and fostering team leader Immediate and ongoing</td>
</tr>
</tbody>
</table>

Monitoring of Implementation
The area management team will monitor the implementation of this action through analysis of the monthly activity data and measuring the pressure reports

<table>
<thead>
<tr>
<th></th>
<th>Timescale &amp; Post holder responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Area Manager and management team February 2013 and ongoing</td>
</tr>
</tbody>
</table>
**Action 53**
The guidance template available on the supervision and support of foster carers has been implemented in the fostering department since November 2012.

**Monitoring of Implementation**
It is the responsibility of team leaders through supervision with the fostering link workers to ensure that adequate supervision and support of foster carers is being provided and that these sessions are recorded appropriately.

---

**Outcome 7 - Carers are supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.**

**54. Action required:**
The LHA Dublin North West should ensure that a needs analysis of training requirements for foster carers is carried out by the LHA to inform their training programme.

**55. Action required:**
The LHA Dublin North West should ensure that a centralised record of foster carer training needs, training provision and attendance is maintained.

**56. Action required:**
The LHA Dublin North West should ensure that foster carers attend training recommended by the Foster Care Committee.

**57. Action required:**
The LHA Dublin North West should ensure that the LHA evaluate all training provided to foster carers to ensure it is effective and meets their requirements.

**Related reference:**
Standard 16: Training
Child Care (Placement of Children in Foster Care) Regulation 15, 16
Child Care (Placement of Children in Relative Care) Regulation 15, 16

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Please state the actions you have taken or are planning to take with timescales:  

<table>
<thead>
<tr>
<th>Action 54</th>
<th>Timescale &amp; Post holder responsible</th>
</tr>
</thead>
</table>
| A training needs analysis for foster carers will be carried out through the following;  
  - Feedback from fostering link workers  
  - Feedback from Support Groups | Childcare Workforce Development Unit |
• Feedback from foster carers at other training that is scheduled in 2013

A comprehensive training programme for foster carers for 2013 is being developed, which will include a schedule of delivery and be finalised by 28/02/2013.

**Action 55**
The fostering team have a register of training provided to foster carers which includes foster carers training needs identified by the allocated worker.

Details of all training provided to foster carers and details of who attended and where is available.

This is stored centrally and is accessible by all of the fostering team.

The resources of DNE Childcare Workforce Development Unit are available to assist with the delivery of identified training needs and recording attendance.

**Action 56**
Dublin North West advices all foster carers that attendance at training is mandatory and this requirement is included as a clause in their contract.

The social work department will continue to encourage and facilitate attendance, through the ongoing delivery of evening and weekend programmes but foster carers cannot be forced to attend.

The fostering team leader will monitor the attendance of foster carers at training and will advise the principal social worker of any difficulties in this regard.

**Action 57**
Evaluation forms will continue to be completed by all foster carers attending training to ensure its effectiveness and that the training is meeting the requirements.

The 2013 evaluations forms will be reviewed by DNE Childcare Workforce Development Unit and updated to ensure it reflects current practice.

**Monitoring of Implementation**
DNE Childcare Workforce Development Unit will monitor the implementation of the action in partnership with the principal social worker and team leader.
### Outcome 7 - Carers are supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.

**58. Action required:**

The LHA Dublin North West should ensure that all foster carers are reviewed in accordance with the Standards and Regulations.

**Related reference:**

- Standard 17: Reviews of Foster Carers
- Child Care (Placement of Children in Foster Care) Regulation 15, 16
- Child Care (Placement of Children in Relative Care) Regulation 15, 16

**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Action 58</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin North West is committed to ensuring in line with best practice that all foster care carers are reviewed in accordance with the standards within the resources available.</td>
</tr>
</tbody>
</table>

The fostering department has a work plan developed for foster care reviews. Foster care reviews have already commenced and are being rolled out commencing in January 2013. Priority will be given to foster carers who have had confirmed allegations/serious concerns made against them.

The further development of local area pathways and development of the Differential Response Model [DRM] in accordance with the proposed National Service Delivery Model is currently being implemented. Internal capacity to re-assign staff within the area will be kept under review by the Area Manager on a monthly basis in order to ensure optimum use of available staffing resources. Decision making in this regard will be strictly based on an analysis and management of known risks in order to ensure that statutory and regulatory obligations are met.

**Monitoring of Implementation**

The Area Management team will monitor the implementation of this
action through analysis of the monthly activity data and measuring the pressure reports

<table>
<thead>
<tr>
<th>Outcome 8 - Effective governance, leadership and management arrangements enable the full range of children's needs to be met.</th>
</tr>
</thead>
</table>
| **59. Action required:**
The LHA Dublin North West should ensure that all national policies in relation to foster care are fully implemented and ongoing training is provided to support social work staff in implementing these policies.|
| **60. Action required:**
The LHA Dublin North West should ensure that the inter area case transfer policy is fully implemented for all transfers.|
| Related reference: |
| Standard 18: Effective policies  
Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12  
Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12 |

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale &amp; Post holder responsible:</th>
</tr>
</thead>
</table>
| **Action 59**  
DNE are establishing a Regional Foster Care Group. One of the roles of this group will be to ensure that all national policies in relation to foster care are fully implemented within the region and ongoing training is provided to support social work staff in implementing these policies.  
The chairperson of this group will provide monthly updates to the Service Director for discussion at the Regional Management Team.  
**Monitoring of Implementation**  
The team leader will monitor the ongoing implementation of this action through professional supervision. All national polices have been implemented on the team. | DNE regional foster care group  
DNE workforce development unit  
26/04/2013  
Team leader and ongoing |
| **Action 60**  
A national instruction is imminent in relation to the implementation of the national transfer policy.  
Dublin North West will fully comply with this instruction within the | National Office  
01/03/2013 |
Outcome 8 - Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.

61. Action required:
The LHA Dublin North West should ensure that the LHA keeps a register of all children in foster care that is complete, accurate and up-to-date, in keeping with the Regulations.

62. Action required:
The LHA Dublin North West should ensure that the LHA keeps a register of all foster carers that is complete, accurate and up-to-date, in keeping with the Regulations.

63. Action required:
The LHA Dublin North West should ensure that dependable systems are developed to ensure the effective provision of a safe high quality service to children and young people in foster care.

64. Action required:
The LHA Dublin North West should ensure that the LHA develops a system of gathering and recording relevant information to facilitate effective planning of the foster care service that meets the needs of children placed in foster care.

65. Action required:
The LHA Dublin North West should ensure that all recommendations in monitoring officers’ reports are implemented.

Related reference:
Standard 19 Management and Monitoring of Foster Care Services
Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12
Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12

Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Action 61</th>
<th>Timescale &amp; Post holder responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin North West has a register of all children in foster care, which will be amended to include information on ethnic, cultural and religious needs. Further training will be provided to the team leaders and social workers to ensure that it is complete, accurate and up-to-date.</td>
<td>Social work department and ICT Support 30/04/2013</td>
</tr>
</tbody>
</table>
### Monitoring of Implementation
Regular reports will be provided to the principal social worker to ensure monitoring of this action.

#### Action 62
Dublin North West has a register of all foster carers which will be amended to include information on ethnic, cultural and religious information. Further training will be provided to the team leaders and social workers to ensure that it is complete, accurate and up-to-date.

#### Monitoring of Implementation
Regular reports will be provided to the principal social worker to ensure monitoring of this action.

#### Action 63
The Monitoring Officers will work with the social work department to ensure that dependable systems are developed to ensure the effective provision of a safe high quality service to children and young people in foster care in line with the regulations and standards.

#### Monitoring of Implementation
The Monitoring Officers will conduct a Monitoring Audit on the Fostering Department in Dublin North West by 30th June 2013 to monitor compliance with the regulations and standards.

#### Action 64
The following information will be gathered, recorded and analysed to facilitate effective planning of the foster care services in Dublin North West to ensure that it meets the needs of children placed in foster care;

- 2012 Annual report Committee for Foster Care Committee
- Outcome of Monitoring Officer Reports
- Feedback from Social Work staff through professional supervision
- Outcome of audits and actions
- Monthly and quarterly activity data reports
- Monthly performance management meetings
- Feedback from Foster Carers at training
- DNW will involve EPIC to create a forum for children in foster care to provide feedback on their needs.

#### Monitoring of Implementation
The principal social worker and fostering team will meet with the
Area Manager twice a year to plan, implement and monitor the foster care services.

**Action 65**
Dublin North West will provide regular progress reports to the Monitoring Officer regarding implementation on the recommendations. The first report will be provided no later than 28/02/2013.

The Manager of the Monitoring Service will provide regular updates to the Area Manager highlighting areas where there has been little or no progress or timeframes have not been adhered to. The first report will be provided no later than 31/03/2013.

**Monitoring of Implementation**
The Service Director will also meet with the Manager of the Monitoring Service to get a progress report. The first report will be provided no later than 31/03/2013.

The Service Director will include this item on the agenda on bi-monthly meetings with the DNW Management Team.

<table>
<thead>
<tr>
<th>Outcome 8 - Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.</th>
</tr>
</thead>
<tbody>
<tr>
<td>66. Action required: The LHA Dublin North West should ensure that there are sufficient foster carers in the service to meet the range of needs and numbers of children requiring foster care, including emergency placements.</td>
</tr>
<tr>
<td>Related reference: Standard 21: Recruitment and retention of an appropriate range of Foster Carers Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12 Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12</td>
</tr>
</tbody>
</table>
### Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Action 66</th>
<th>Timescale &amp; Post holder responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A recruitment campaign for foster carers will be run by the National Office no later than 31/05/2013 and this will ensure that there are sufficient foster carers in the service to meet the range of needs and numbers of children requiring foster care, including emergency placements.</td>
<td>National Office 31/05/2013</td>
</tr>
</tbody>
</table>

### Outcome 8 - Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.

**67. Action required:**
The LHA Dublin North West should ensure that special foster carers are recruited, trained and supported in accordance with the Standards.

**68. Action required:**
The LHA Dublin North West should ensure that children in foster care requiring a special foster care placement are identified in a timely manner and receive the level of care and support they require.

**69. Action required:**
The LHA Dublin North West should ensure that they develop policies to support special foster care placements.

### Related reference:

- Standard 22: Special Foster Care
- Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12
- Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12

### Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Action 67</th>
<th>Timescale &amp; Post holder responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin North West will ensure that when special foster carers are recruited, they are trained and supported in accordance with the standards.</td>
<td>Fostering team leader</td>
</tr>
<tr>
<td>A training plan for special foster carers will be developed in</td>
<td></td>
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</table>


conjunction with social work departments and when signed off nationally, it will be implemented.

**Action 68**
A recruitment campaign for foster carers will be run by the National Office no later than 31/05/2013 and this should ensure that children in foster care requiring a special foster care placement are identified in a timely manner and receive the level of care and support they require.

**Action 69**
The National Office will support Dublin North West to develop policies to support special foster care placements.

<table>
<thead>
<tr>
<th>Action 68</th>
<th>A recruitment campaign for foster carers will be run by the National Office no later than 31/05/2013 and this should ensure that children in foster care requiring a special foster care placement are identified in a timely manner and receive the level of care and support they require.</th>
<th>DNE Childcare Workforce Development Unit on introduction of special foster care policy</th>
<th>National Office 31/05/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 69</td>
<td>The National Office will support Dublin North West to develop policies to support special foster care placements.</td>
<td>---</td>
<td>National Office</td>
</tr>
</tbody>
</table>

**Outcome 8 - Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.**

| 70. Action required: | The LHA Dublin North West should ensure that the composition of the Foster Care Committee is in keeping with the Regulations and that all committee members are vetted appropriately. | --- | --- |
| 71. Action required: | The LHA Dublin North West should ensure that the Foster Care Committee is facilitated to carry out all of its functions in accordance with the Standards, HSE policies and the National Guidance for Foster Care Committees. | --- | --- |
| 72. Action required: | The LHA Dublin North West should ensure that they consult with the Foster Care Committee in the planning of their foster care services, and that the Foster Care Committee contributes to the HSE’s annual *Adequacy of the Child Care and Family Support Services report (Section 8, Child Care Act, 1991)* | --- | --- |

**Related reference:**
- Standard 23: The Foster Care Committee
- Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12
- Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12
Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Action 70</th>
</tr>
</thead>
</table>
| DNW will arrange for a foster carer to become a member of the FCC and this will be completed by 28/02/2013  
| The secretary of the FCC will review the Garda vetting of all committee members and any outstanding Garda vetting will be addressed immediately and no later than 31/01/2013. |

**Monitoring of Implementation**

The Chairperson of the FCC will monitor the implementation of this action no later than 31st March 2013 and advise the Area Manager of any issues.

<table>
<thead>
<tr>
<th>Action 71</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service director and Area Manager will secure a dedicated secretary for the FCC and dedicated time for the chairperson which should ensure that the foster care committee is facilitated to carry out all of its functions in accordance with the Standards, HSE policies and the National Policy, Procedures and Best Practice Guidance for Foster Care Committees.</td>
</tr>
</tbody>
</table>

**Action 72**

The National Policy, Procedures and Best Practice Guidance for Foster Care Committees in February 2012 contains a template for the production of the FCC Annual Report which addresses planning and contribution to Review of Adequacy.

DNW will produce their 2012 Annual Report by 8th March 2013.

**Monitoring of Implementation**

The Chairperson of the FCC will monitor the implementation of this action no later than 31st March 2013 and advise the Area Manager of any issues.

<table>
<thead>
<tr>
<th>Outcome 8 - Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.</th>
</tr>
</thead>
</table>

**73. Action required:**

The LHA Dublin North West should ensure that service level agreements, with inbuilt quality
assurance mechanisms, are in place with agencies providing private foster care services to ensure a safe high quality service to children.

**Related reference:**

Standard 24: Placement of Children through private agencies
Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12
Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale &amp; Post holder responsible:</th>
</tr>
</thead>
</table>
| **Action 73**  
There is a nationally agreed Service Level Agreement [SLA] template for private agencies. This SLA template has inbuilt quality assurance mechanisms to ensure that agencies providing private foster care services are providing a safe high quality service to children.  
Dublin North West will ensure that Service Level Agreements are signed with all private foster care agencies for children placed with them in 2013.  
SLA’s for all existing placements will be reviewed and updated as required no later than 30th March 2013.  
Dublin North West will ensure that all Service Level Agreements will be signed with all private foster care agencies for any new placements within one week of the child being placed. | Area Manager and Principal social worker  
30/03/2013  
Fostering team leader  
Ongoing  
Principal social worker  
Ongoing  
Monitoring officers  
30/06/2013 |

**Monitoring of Implementation**

Regular monitoring meetings will be held with the private providers and the principal social worker in relation to the progress of the children in their care.

The Monitoring Officers will conduct audits on private foster care agencies to verify that their inbuilt quality assurance mechanisms are providing a safe high quality service to children.
Outcome 8 - Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.

74. **Action required:**
The LHA Dublin North West should ensure that a central record of all complaints is maintained that details the category, investigation and outcome of the complaint and whether or not the complainant was satisfied with the outcome.

75. **Action required:**
The LHA Dublin North West should ensure that the local complaints policy has identified timeframes for handling complaints and that these timeframes are implemented.

76. **Action required:**
The LHA Dublin North West should ensure that there is managerial oversight of all complaints to facilitate continuous quality improvement for the foster care service.

**Related reference:**
Standard 25: Representation and complaints
Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12
Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12

**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Action 74</th>
<th>Timescale &amp; Post holder responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>A register of complaints will be developed and implemented in compliance with Standard 25.</td>
<td>Principal social worker 28/02/2013 22/03/2013</td>
</tr>
<tr>
<td>The register will be populated with details of all complaints made and outcomes achieved during 2012.</td>
<td>22/03/2013 Ongoing</td>
</tr>
<tr>
<td>The children in care principal social worker will manage and monitor this register in a systematic and robust manner to ensure continuous quality improvement within the service.</td>
<td>04/04/2013 and ongoing</td>
</tr>
</tbody>
</table>

**Monitoring of Implementation**
A monthly update will be furnished by the children in care principal social worker to the Area Manager which will detail the number of complaints received and their current status. Analysis and learning from complaints will be discussed at the monthly Strategic Management Review Forum which will be established by 31st March 2013.
**Action 75**
Dublin North West will develop a local complaints policy and procedure which includes information and timeframes which will be adhered to.
A register of complaints will be developed and implemented in compliance with Standard 25.

**Principal social worker**
28/02/2013

**Action 76**
The children in care principal social worker will manage and monitor this register in a systematic and robust manner to ensure continuous quality improvement within the service.

**Principal Social Worker**
08/03/2013 and ongoing
04/04/2013 and ongoing

**Monitoring of Implementation**
A monthly update will be furnished by the children in care principal social worker to the Area Manager which will detail the number of complaints received and their current status. Analysis and learning from complaints will be discussed at the monthly Strategic Management Review Forum which will be established by 31st March 2013.

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**Outcome 9 - Children are supported by staff members that have appropriate qualifications, supervision and training.**

**77. Action required:**
The LHA Dublin North West should ensure that a training needs analysis for staff is carried out by the area to inform their training programme.

**78. Action required:**
The LHA Dublin North West should ensure that a centralised record of training needs and training provision to staff is maintained.

**79. Action required:**
The LHA Dublin North West should ensure that systems are implemented to demonstrate that the LHA is satisfied that staff have the appropriate qualifications, Garda Síochána vetting and references.

**80. Action required:**
The LHA Dublin North West should ensure that staff supervision occurs in keeping with HSE policy.

**Related reference:**
Standard 20: Training and qualifications

Please state the actions you have taken or are planning to... | Timescale & Post
**Inspection of the HSE Dublin North West Local Health Area Fostering Service in the HSE Dublin North East Region**

**Health Information and Quality Authority**

**take with timescales:**

<table>
<thead>
<tr>
<th>Action 77</th>
<th>DNE Childcare Workforce Development Unit will undertake a training needs analysis for staff in conjunction with the principal social worker, team leaders and social work teams to inform their training programme for 2013. This will be completed by 12th April 2013 and will inform their training programme.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monitoring of Implementation</strong></td>
<td>DNE Childcare Workforce Development Unit will provide a report to the principal social worker on training needs analysis for staff no later than 26/04/2013.</td>
</tr>
<tr>
<td><strong>Action 78</strong></td>
<td>A centralised record of training needs and training provision to staff will be recorded and maintained on Staff Care and will form part of the professional development plan and discussion at supervision.</td>
</tr>
<tr>
<td><strong>Action 79</strong></td>
<td>The National Recruitment Service processes all permanent appointments for Dublin North West. They have clear processes in place, which are strictly adhered to, for ensuring that all staff have the appropriate qualifications, Garda vetting and references. The permanent staff files are held in Eastern Region Shared Services which contains all the appropriate qualifications, Garda vetting and references. Local HR will undertake a review of staff social work files needs to ensure that a copy of these records is contained in the local staff file.</td>
</tr>
<tr>
<td><strong>Action 80</strong></td>
<td>There is a National Policy on Supervision of Social Workers and it is in the process of being implemented on a phased basis within Dublin North West. It will be fully implemented and operational by 30th June 2013. The principal social worker will develop a strategy to deal with team leader absences to ensure compliance with the supervision policy. There will be formal recording of supervision on Staff Care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>holder responsible:</strong></th>
<th>DNE Childcare Workforce Development Unit 12/04/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>****</td>
<td>Social work department and ICT support 15/03/2013</td>
</tr>
<tr>
<td>****</td>
<td>NRS Ongoing</td>
</tr>
<tr>
<td>****</td>
<td>HR Officer and Principal social worker 31/05/2013</td>
</tr>
<tr>
<td>****</td>
<td>Principal social worker and team Leaders 30/06/2013</td>
</tr>
<tr>
<td>****</td>
<td>Principal social worker and team Leaders 30/06/2013</td>
</tr>
</tbody>
</table>
The Area Manager will monitor the implementation of the National Policy on Supervision of Social Workers with the principal social worker in professional supervision.

<table>
<thead>
<tr>
<th>Area Manager</th>
<th>Ongoing</th>
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<tbody>
<tr>
<td>Ongoing</td>
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