



**Inspection of the
HSE Fostering Service
in HSE South Local Health Areas,
North Lee, South Lee, North Cork and West Cork**

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Executive summary

1 Background

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

In August 2009, the Authority announced an inspection of foster care services in four local health areas (LHAs) of the Health Service Executive (HSE) South Region covering the city and county of Cork: North Lee, South Lee, North Cork and West Cork. These local health areas were selected as a group because they shared a managerial and operational structure in the provision of the foster care service.

There was one Fostering Resource Unit (FRU) with responsibility for the recruitment, assessment, reviewing, supervision, support and training of all foster carers, and one Fostering Approval Committee (FAC) which recommended approval, considered reviews undertaken by the FRU and maintained the foster carer panel in accordance with the child care regulations[±].

At the start of the inspection fieldwork in September 2009, there were 690 children placed with 452 foster carers in the four local health areas, of which 249 (36%) were placed with relative foster carers, that is, family members or with someone known to the child, and 441 (64%) were placed with non-relative (also known as general) foster carers.

The majority of children in the care of the HSE who require a care placement are placed in foster care. The placement of children in foster care is regulated by the Child Care Act 1991, the Child Care (Placement of Children in Foster Care) Regulations 1995, the Child Care (Placement of Children with Relatives) Regulations 1995, the Children Act 2001 and the *National Standards for Foster Care* (2003).

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

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

For the purpose of this inspection a sample of the *National Standards for Foster Care (2003)*⁺ was chosen as outlined in section 3 of the report. For the purpose of the report, general and relative foster carers will be referred to as carers and, where relevant, a distinction will be made between them.

2 The two phases of the inspection

The inspection was carried out in two phases. In the first phase, inspectors assessed the HSE's systems for managing and monitoring the quality of foster care services in the local health areas. In the second phase, inspectors carried out a detailed inspection of the care and support provided to a sample of 43 children in foster care, independently selected by the Authority, and their carers. All 19 households in the sample were visited and 34 of the children were seen and/or interviewed.

This phase of the inspection included the use of questionnaires, review of children's case files and foster carer files, review of care plans, meetings with the 34 children, their foster carers, link social workers (who are the social worker for the foster carers), and children's social workers as well as the social work managers and senior HSE managers[¥] in order to assess the quality and safety of the foster care services provided. While there is a focus in the report on the sample of children seen, where appropriate, reference is made to the overall population of children in foster care in the four local health areas.

3 Key findings

The report identifies where the requirements of the regulations and standards have been met. It also highlights areas where improvements are required in order to meet the standards and makes recommendations to the HSE to address deficiencies identified.

In general, inspectors found that there was evidence of good practice in some aspects of the foster care service in the four local health areas. Standards were met in relation to children having a positive sense of identity, maintaining contact with family and friends, and also children's rights.

In general, many of the children and foster carers in the sample received a good social work service. However, safeguarding and child protection standards were not met in full.

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

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

There were also deficiencies in relation to the social worker's role, care planning, recruitment and retention of foster carers, non-assessment of relative foster carers and completion of assessments of foster carers within the timescales specified in the regulations.

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

Summary information issued to inspectors by the HSE at the beginning of the inspection stated that all children had an assigned social worker. However, during phase two of the inspection fieldwork it became evident to inspectors that all children in care did not have assigned social workers. The non-allocation of social workers related to vacant social worker posts. This was evident in North and South Lee Local Health Areas. Social work team leaders continued to maintain a supervisory role to social workers caseload which averaged at 20 to 25 children that remained unallocated.

Forty-one of the children in the sample group had an assigned social worker. The majority of children were visited by their social workers and on occasions met with them in private. There were some deficiencies evident in the care planning and review process as they were not all occurring in line with the requirements of regulations. Where care plans and care review plans were evident they were of a good standard. There was evidence that the children's parents and foster carers were consulted in the preparation of the care plans and care plan reviews.

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

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

It was of concern to inspectors that although there were 452 carers approved as carers, a further 48 had not been assessed by a link social worker as to their suitability to be foster carers and approved by the HSE in accordance with regulations, and were also less likely to have been allocated to fostering link social workers. The majority of carers without a link social worker were relative carers.

There was evidence that most of the carers in the sample had either completed comprehensive assessments or were at an interim level of their assessments.

Three out of the five relative carers in the sample had been fully assessed and approved. Inspectors also found there had been unacceptable levels of delay in completing assessments of foster carers in two cases.

It is a requirement under National Standards that the approval of foster carers is reviewed to ensure continued high quality placements and to identify any areas for training. Inspectors found that these reviews had not occurred routinely in accordance with the Standards in the four local health areas. Inspectors found that there was a poor take-up by foster carers of training organised by the foster care team. For the most part, foster carers had access to information, training, counselling and support services. Although they were clear that they had good access to their social workers, there was no out-of-hours on-call service for support and advice, as required by National Standard 15.9.

In general, foster carers had good access to their social worker for supervision and support. Improvements in the provision of information to foster carers from social workers about the children's needs required improvement. In particular, assessment outcomes should be shared with foster carers to support the children's placement. One of the main concerns of inspectors was the shortfall in the assessment and approval of relative carers and the function of the foster care committee in this process.

3.3 Safeguarding and child protection

Inspectors found deficiencies in safeguarding and child protection practices. They were concerned to find delays in the assessment of relative foster carers. While inspectors did not find specific child protection concerns in the sample group, the delays were in breach of Article 5 (c) of the child care regulations and sections 14b.3 and 14b.5 of the National Standards. Inspectors recommend that this is addressed as a matter of priority.

There were comprehensive policies and guidelines in place and social workers and foster carers were aware of their responsibilities in relation to the protection of the children in their care. However, inspectors found that policies in respect of child protection notification systems, as outlined in *Children First: National Guidelines for the Protection and Welfare of Children (1999)*, were not fully implemented in three of the four local health areas. Inspectors had concerns about the absence of a child protection notification management team in these areas and the risks associated with not having them in place.

In the sample, children interviewed by inspectors confirmed that they felt safe and were happy living with their foster carers.

3.4 Governance and management

The foster care service had a management structure in place that had changed in recent years. Two significant management posts in the fostering service remained vacant or were filled on a temporary and acting basis. There were shortcomings in the planning to meet service demands and there were poor working relationships between the fostering resource unit and two social work department teams.

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

The standard on promoting a positive sense of identity was met. Inspectors found that the children in the sample received a good standard of care and a strong emphasis was placed on maintaining their identities. The standard of primary care was good. There was evidence that the carers and social workers were attentive to the health needs of the children and ensured that they had access to specialised services when necessary. The children interviewed by inspectors talked about their parents and their own family members and confirmed that they had regular contact with them.

The National Standards require that as far as possible, and in the best interests of children, that the HSE identifies possible relative carers for children in need of care, and priority is given to the placement of children in their own locality. Inspectors found evidence that the option to place children with relatives was explored by their social workers. Not all children in the sample group remained in their locality because of the shortage of foster care placements. Attempts were made to place children as close to their locality as possible and this facilitated continued attendance at the same school.

All of the children interviewed by inspectors said that they felt listened to by their carers and social workers, knew that they could make a complaint and that they could name either a foster carer, social worker or relative to whom they would bring concerns.

4 Conclusions

Inspectors found evidence of good practices during the inspection. However, deficiencies in the provision of foster care services were also evident. As a result of these deficiencies, the needs of some children in foster care in the HSE South Area went unmet and some carers received inadequate support. The child protection system was not sufficiently robust to ensure the safety of all children and significant operational differences were identified across the four local health areas.

Recommendations

The following are the recommendations of the Authority based on the findings of this inspection. National and local recommendations are directed at the HSE. Local recommendations are specifically for the HSE South Area. Recommendations are made throughout the report and can be found at the end of each section dealing with a specific standard. The summary of recommendations provided below is in keeping with the order of the report. These recommendations should be read in conjunction with the Authority's recommendations on HSE foster care services in Dublin North, Dublin North Central and Dublin North West (ID numbers 586, 587 and 588), which are available on the Authority's website, www.hiqa.ie. Inspectors found that many of the recommendations listed below were either met or partly met in the four HSE South Area local health areas in Cork inspected. However, national recommendations emanating from parallel inspections of Dublin North, Dublin North Central Area and Dublin North West Area found deficiencies that may be applicable across all HSE areas, and are therefore included in this report.

Recommendation 1:

Standard 1: Positive Sense of Identity

Regulations: Part III (s.8)

National and Local

To meet this Standard and the regulations the HSE must:

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

Recommendation 2:
Standard 2: Family and Friends
Regulations: Part IV s.16 (2)(9)

National and Local

To meet this Standard and the regulations the HSE must:

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

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and:

- ensure that access arrangements between children and family members are regularly reviewed during the care planning process and the views of children, young people and parents' or guardians' views are given due weight and consideration.

Recommendation 3:
Standard 3: Children's Rights
Regulations: Part II s.4(ii) and Part IV s.18 (5)(d)(i) and s.16(1)(2)(e)

National and Local

To meet this Standard and the regulations the HSE must:

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

- ensure that children have access to their case files and this access is encouraged and facilitated as appropriate
- ensure that all children in care are made aware of their rights, and that all foster carers and social workers are clear of their duty to promote, protect and facilitate them
- ensure that complaints made by children in foster care are centrally recorded and that the complaints system is regularly monitored
- ensure that policies and operational procedures are in place to support foster carers and where applicable apply for enhanced rights under Section 43, The Child Care (Amendment Act) 2007.

Recommendation 4:
Standard 5: The Child and Family Social Worker
Regulations: Part IV

National and Local

To meet this Standard and the regulations the HSE must:

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

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and comply with:

- Child Care (Placement of Children in Foster Care) Regulations 1995 Part IV, Article 17 (Supervision and visiting children)
- Child Care (Placement of Children with Relatives) Regulations 1995, Part IV, Article 17 (Supervision and visiting children)
- Child Care (Placement of Children in Foster Care) Regulations 1995 Part III, Article 11 (care planning) and Articles 18, 19 and 20 (review of cases)
- Child Care (Placement of Children with Relatives) Regulations 1995 Part III, Article 11 (care planning) and Articles 18, 19 and 20 (review of cases).

Recommendation 5:

Standard 10: Safeguarding and Child Protection

Regulations: Part II

Child Care Act, 1991: Part II

National and Local

To meet this Standard and the regulations the HSE must:

- ensure that any and all protective measures taken by the HSE in relation to all children in its care and all additional children known to them:
 - are adequate
 - keep children safe and protected
 - have addressed all concerns notified to it
- develop, implement and monitor safe, effective and robust systems that ensure that foster carers found to be unsuitable to care for children do not have children placed with them, and that all relevant parties are notified of their unsuitability
- develop and maintain a national register of all allegations made against foster carers
- ensure that foster carers and children's individual case files contain records of reports and notifications of alleged abuse by foster carers to the Garda Síochána, outcomes of any criminal investigations conducted by the Garda Síochána, and any other protective measures taken by the HSE

to ensure the protection of individual children

- introduce a model of risk assessment that takes account of the potential of peer abuse in each new admission to a foster home
- ensure that in any respite or child minding arrangements social workers know exactly who is looking after a child and ensures that appropriate steps are taken to assess his/her suitability.

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and:

- implement *Children First: National Guidelines on the Protection and Welfare of Children* and National Standards (including those issued by Ministers and produced by the Authority subsequent to this inspection)
- review all child protection concerns and complaints in respect of children in foster care and ensure they have been dealt with appropriately.

Recommendation 6:

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

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

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

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

National

To meet this Standard and the regulations the HSE must:

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

approved in compliance with the regulations.

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and ensure that the:

- Fostering Resource Unit and local health office social workers use similar criteria when assessing relative foster carers in emergency and long-term placements
- HSE South Area reviews the purpose and function of the Fostering Resource Unit considering its capacity to recruit, assess, train and support foster carers in the four local health offices, North Lee, South Lee, North Cork and West Cork.

Recommendation 7: Standard 15: Supervision and Support Regulations: Part III and Part IV

National and Local

To meet this Standard and the regulations the HSE must:

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

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and ensure that:

- the relationship between the FRU and the area social work teams is reviewed and strategies are put in place to resolve outstanding matters,

promote partnership and quality assure practice to ensure that everyone works together in the best interests of the child

- all foster carers attend training and records of attendance are maintained.

Recommendation 8:

Standards 18 and 21: Effective Policies and Recruitment and Retention of an Appropriate Range of Foster Carers

Regulations: Part III s.5

National and Local

To meet this Standard and the regulations the HSE must:

- develop a strategy for the development and delivery of a range of foster care services, including recruitment and retention to meet the needs of children and young people in the area
- ensure there are robust policies to support the placement of children in foster care. These should include:
 - an up-to-date and complete register of children in care
 - promotion of partnership in the best interests of the child between foster carers, link social workers and child and family social workers
 - systems for the involvement of children, according to their age, stage of development and individual needs, their families, foster carers, professionals employed by the HSE and other agencies in the development and delivery of fostering services.

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and ensure that:

- there is a policy and operational procedure to identify, manage and respond to complaints about all aspects of foster care services
- an audit of foster placement needs is undertaken in the four local health areas and a recruitment strategy developed to address identified needs
- regular reviews of foster carers are carried out in compliance with the Standards.

Recommendation 9:

Standard 19: Management and Monitoring of Foster Care Services Regulations: Part IV s.12, 13, 17 and Part VI

National and Local

To meet this Standard and the regulations the HSE must:

- ensure that foster care services are managed in accordance with legislation, the regulations and National Standards and are child centred in every aspect of their delivery
- review the governance of all social work departments in order to satisfy itself that they:
 - are fit for purpose
 - have high quality leadership
 - have suitably qualified staff
- have a senior managerial structure to which they are accountable and which provides clear support to them in the execution of their duties
- establish a *national* register of all foster carers and systems that ensure it is:
 - accurately maintained
 - dependable
 - up to date
 - contains names of any carer(s) found to be unsuitable to care for children
- ensure that all foster carers are approved on the basis of a thorough registration process in the case of first time applicants and that registration status is verified for all other applicants
- ensure that no child is placed with a carer who is not registered
- review and amend as necessary the systems for collecting, recording, filing, day-to-day storage of and archiving of information on children and families so that all records are accountable, coherent, complete, secure, up to date, reflective of practice, maintained in accordance with legislation and accessible to those with a right to access them
- introduce governance and management systems to quality assure the information systems implemented, and all information held by the HSE in relation to children and families.

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and ensure that:

- effective monitoring of foster care services is undertaken by HSE appointed monitoring officer(s), and necessary actions are taken to address any shortcomings identified by them.

Recommendation 10:
Standard 23: Foster Care Committee
Regulations: Part III s.5 (3)(4)
Child Care Act, 1991: Part II (s.8)

National and Local

To meet this Standard and the regulations the HSE must:

- review the functions of the Foster Care Committee(s) to ensure that it:
 - complies fully with the requirements of the child care regulations and National Standards
 - is child centred
 - maintains an up-to-date panel of all foster carers
 - contributes to foster care service planning
 - functions effectively and efficiently
 - is notified appropriately of significant events, serious incidents and allegations
 - receives notifications of the outcome of all foster care reviews
 - confirms that foster carers with whom children are to be placed have been vetted, assessed and approved
 - develops good practice in matching foster carers and children
 - has defined duties in respect of allegations made against foster carers
 - has a defined process for removing the names of foster carers from the panel.

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and:

- review the functions of the Fostering Approval Committee and ensure that it has terms of reference which are compliant with the regulations and the National Standards

- ensure that all members of the committee receive training in safeguarding and child protection
- ensure that long-serving members of the committee receive refresher training in the local method of foster carer assessment.

1. Introduction to foster care

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

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

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

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

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

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

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

1995 and Child Care (Placement of Children with Relatives) Regulations 1995 (referred in this report as the child care regulations).

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

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

1.1 The Authority's inspections of foster care services

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

This report sets out the findings of an SSI inspection of foster care services in four HSE local health areas: North Lee, South Lee, North Cork and West Cork.

1.2 Regulations governing the recruitment and assessment of foster carers

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

1.3 Assessment of foster carers

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

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

1.4 Placement of children in foster care

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

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

by the principal social worker and/or the general manager for the area before undergoing a full assessment by the foster care team within 12 weeks, as required by the child care regulations.

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

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

1.5 Social work visits

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

1.6 Care plan

Under the child care regulations, within specific timeframes, the HSE must prepare a plan for the care and upbringing of the child. The plan is known as a care plan.

The child care regulations detail what a care plan must include. In situations where a placement is made in an emergency, the care plan must be prepared as soon as possible after placement.

1.7 Care plan reviews

All children in care must have their case and their care plan reviewed at the frequency required under the child care regulations. The frequency for review, under the child care regulations, should be as often as necessary and cannot be less than once every six months for the first two years of a placement, and after this not less than annually.

1.8 Supervision and support of foster carers

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

1.9 Payments to foster carers

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

1.10 Additional duties of the HSE in relation to record keeping

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

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

2. Methodology

The Social Services Inspectorate (SSI) of the Health Information and Quality Authority announced an inspection of the HSE foster care services in the North Lee, South Lee, North Cork, and West Cork local health areas, HSE South, in August 2009 and fieldwork commenced in September 2009. Pre-inspection fieldwork questionnaires were issued to the HSE as a normal part of such inspections. The inspection was carried out against the relevant child care regulations and 11 key representative National Standards as listed below, which capture the majority of the quality and safety issues in all 25 of the National Standards.

Standard 1:	Positive sense of identity
Standard 2:	Family and friends
Standard 3:	Children's rights
Standard 5:	The child and family social worker
Standard 10:	Safeguarding and child protection
Standard 14:	Assessment and approval of foster carers
Standard 15:	Supervision and support
Standard 18:	Effective policies
Standard 19:	Management and monitoring
Standard 21:	Recruitment and retention of an appropriate range of foster carers
Standard 23:	Foster care committee

The judgments of inspectors in this inspection are based on an analysis of findings verified from more than one source of evidence gathered through:

- documentation review
- interviews
- analysis of data provided by the HSE
- observation.

This inspection reports on findings under the National Standards from:

- analysis of HSE-provided data
- findings for a sample of 43 children in foster care independently selected by the Authority.

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

2.1 First phase of inspection

The first phase of the inspection focused on how the four local health areas managed and monitored foster care services. Inspectors examined:

- summary information on the management structure of the service
- register of children in care in the four local health areas on 30 June 2009
- placement details of children in foster care
- data on care planning and allocation of social workers to children
- a questionnaire from the Chairperson of the Foster Care Committee
- HSE policies and procedures for foster care
- panel of foster carers, October 2009
- HSE South Fostering Service Policy and Procedure Manual 2007
- terms of reference for the Fostering Approvals Committee 2008
- HSE South Competency Based Fostering Assessment Report.

During this stage of the inspection, inspectors interviewed senior managers in the local health areas about the provision and management of foster care services, their capacity to meet the needs of children, and how they monitored the quality of its service to the children. This included:

- Chairperson of the Fostering Approval Committee
- Acting General Manager (who was also Acting Local Health Manager)
- four principal social workers
- four social work team leaders.

2.2 Second phase of the inspection

The second phase involved a detailed review of the care of a sample of 43 children, independently selected by the Authority as representative of foster children in the four local health areas. Inspectors undertook the fieldwork for this phase between February and May 2010. A briefing session was held by inspectors with five principal social workers at the beginning of this phase to inform the social work departments and the Fostering Resource Unit (FRU) of the methodology of the inspection and to coordinate operational aspects of the inspection.

The sample was based on a profile of the total group of children in foster care based on factors such as age, gender, length of time in placement. It was drawn from:

- information gathered during the inspection for the 43 children in the sample
- case files, care plans and care plan reviews for the 43 children in the sample
- information on 20 foster carers in the sample group
- foster carers' files for the foster carers of the children in the sample
- questionnaires (issued by SSI) which were completed by social workers.

Visits to foster households were arranged directly by inspectors following receipt

of foster carers' contact information from the social work departments in the four local health areas, subsequent to the independent selection of the sample by the Authority. Thirty-four children were met by inspectors, while their foster carers, social workers and the link social workers – who support foster carers – were also interviewed to assess the quality of foster care provided to them. Inspectors also viewed foster children's sleeping accommodation.

The following documents were reviewed during this phase:

- summary information on sample group
- placement details of sample group
- data on social work visits and care plans as of 30 September 2009
- summary information on complaints
- summary information on child protection concerns
- 24 children's files regarding child protection concerns
- 20 foster carers' files regarding child protection concerns
- details on training provided to foster carers
- 43 social worker files
- 20 foster carer files
- questionnaires on the 43 children in the sample
- questionnaires on 20 foster carers.

The following people were interviewed:

- 34 of the 43 children in the sample (visited)
- 11 birth parents
- 20 foster carers (one telephone interview)
- 1 Acting General Manager
- 19 social workers for the children in the sample group
- 6 link social workers for foster carers in the sample
- 5 principal social workers
- 10 social work team leaders
- 1 acting principal social worker (FRU)
- social work team leaders (FRU).

2.3 Acknowledgements

Inspectors would like to thank the children, foster carers and parents for their cooperation with the inspection and also to express our gratitude for the friendly way they welcomed us into their lives. Inspectors also wish to note the level of cooperation and engagement of social workers and managers in HSE South.

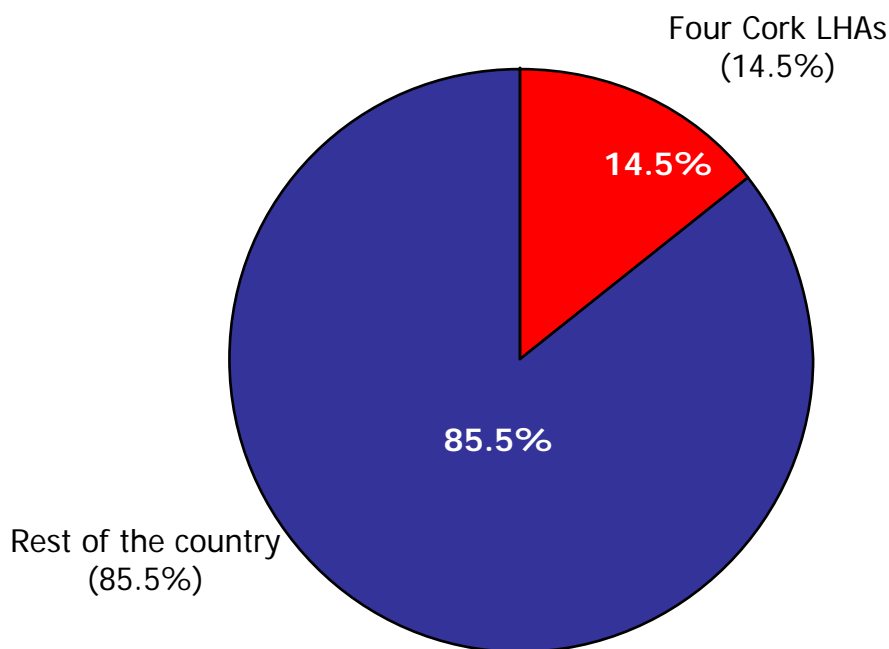
3. Profile of foster care services in the four Cork local health areas

The services of the HSE, both health and personal social services, are delivered through local health offices to areas known as local health areas (LHAs), formerly known as community care areas. Each 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.

HSE North Lee Local Health Area provides services to communities in Cork City north of the River Lee, while HSE South Lee Local Health Area provides services in Cork City south of the Lee. HSE North Cork Local Health Area is based in Mallow and provides services in north County Cork. In Skibbereen, Co Cork, HSE West Cork Local Health Area provides services to communities for the West Cork geographical area.

HSE data indicated that in the four LHAs there were 692 children in foster care in 2008 (see Table 1 on the next page), which was 14.5% of the children in foster care in Ireland in 2008 (see Chart 1 below).

Chart 1. Percentage of foster children in the four Cork local health areas in HSE South compared to the rest of Ireland in 2008*



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

An analysis of the data provided during this inspection by the HSE on 690 children in foster care placements in the four LHAs showed that 441 (64%) were in non-relative foster care and 249 (36%) in relative foster care. Thirty-four of the children in relative care had been placed on an emergency basis and were not referred to the FRU for assessment or approval. Table 1 provides a comparative view of the numbers of children in foster care nationally in 2008 with those in the four local health areas.

Table 1: Population of children in foster care in four Cork HSE LHAs in 2008*

	NATIONAL	North Lee	South Lee	North Cork	West Cork	Total of 4 LHAs
Number of children in care 2008	5,347	363	190	78	61	692
Number of whom in foster care	4,742	333	168	67	44	612
Percentage of whom in foster care	89%	92%	88%	86%	72%	
Number of admissions to care 2008	2,013	106	89	39	37	271
Number of whom were in foster care	1,585	96	76	29	36	237
Percentage of whom were in foster care	79%	91%	85%	74%	97%	

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

During the inspection, analysis of data by inspectors found that 503 (73%) children were in foster care five years or less, 119 (17%) between 6 and 10 years, and the remaining 10% over 10 years. Of the four LHAs, North Lee had the largest number of children in foster care, with 370 (54%). Of the total of 690 children, 255 (37%) children in foster care in the area were in voluntary care of the HSE, while 356 (52%) children were on full care orders under section 18 of the Child Care Act, 1991.

Table 2 on the next page provides a profile of children placed in relative and non-relative foster care by local health area. This is based on the data provided to inspectors as of the 30 June 2009.

Table 2. Profile of children in foster care in the four Cork LHAs in HSE South

	North Lee	South Lee	North Cork	West Cork	TOTAL	%
Number of children in foster care (general and relative)	370	170	87	63	690	100%
Number of children in general foster care	257	94	41	49	441	64%
Number of children in relative foster care	113	76	46	14	249	36%

Further analysis of the data provided to inspectors found that 13 of the children were under 12 months old. Inspectors found that 71 children were 16 years of age and older and eligible for referral to an aftercare service. Boys accounted for 53% (364) of the total numbers of children in foster care. There were variations in different areas. For example, 62% of the children in care in the North Cork LHA were boys, while in contrast 55% in the South Lee LHA were girls.

3.1 Profile of the sample group

Children and their carers are not identified in children’s inspection reports in order to protect their privacy. Forty-three children were independently selected by the Authority from the children in foster care register for the four LHAs. This represented 6.2% of the total number of children in foster care and inspectors met with 34 of them, that is, 5% of the total group. They also interviewed their carers to assess the quality of care provided to the children.

In this sample group there were 19 boys and 24 girls. Their ages ranged from three to 17 years. Their average age was 10 years and four months. The sample included eight sets of siblings, consisting of: five sibling groups of two children, two sibling groups of three children and one sibling group of five children. Some children had siblings in foster care that were not included in the sample as they were not in placement with the same foster carers.

4. Findings

This section set out the Authority's findings in relation to its inspection of foster care services in the HSE South four local health areas, North Lee, South Lee, North Cork and West Cork under a number of themes, as follows:

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

Inspectors examined data returned from the HSE in the first phase of the inspection and found a significant number of children did not have statutory care plans (see Table 3 on the next page). There were also a significant number of un-assessed carers.

In the second phase of the inspection, inspectors found that the quality of the data provided by the HSE in the initial phase was not complete. However, the information provided was used as guidance on the fostering service in the area.

Table 3. Findings on the analysis of information provided by the HSE South for children in foster care in the four LHAs on 30 June 2009

	4 LHAs in HSE South	%
Number of children in foster care (general and relative)	690	100%
Number of children with an assigned social worker	686	99%
Number of children who had not been visited in the past six months by a child and family social worker	Not available*	-
Total number of foster carers (general and relative)	452 (342 general carers and 110 relative carers)	100%
Number of unapproved foster carers	34 [±]	7.5%
Number of foster carers without a link social worker	48	11%
Number of children without care plans	186	27%

Table 3 shows that 690 children were in foster care on the 30 June 2009. While the table shows that 686 children were allocated social workers, inspectors found that there were less children with allocated social workers. There was no central data maintained of the number of visits by social workers to children in foster care. The total number of foster carers on the HSE panel was 452. Inspectors were told that 34 of the foster carers were un-assessed and unapproved. However, the HSE subsequently identified a further 14 carers who had children placed with them and who were un-assessed and unapproved.

4.1 Positive sense of identity

Promoting the self confidence and self esteem of children is an essential part of their care. The National Standards outline the need to promote a positive sense of their own identity through contact with their families, listening and respecting their views and maintaining links through their past to present. As part of the inspection, the Authority analysed the HSE South Area's performance against Standard 1.

* This information was not available as the number of visits to children by the child and family social workers was only recorded on individual care files, and was not recorded centrally by the HSE South

[±] 34 were initially referred for assessment. A further 14 (total 48) were identified in subsequent HSE National Audit.

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

The National Standards require that where possible and in the best interests of children, the HSE seeks to identify and support relative carers or friends of the child who can provide an appropriate placement that meets the child's assessed need. The standard also states that priority is given to placing siblings together unless it is inappropriate, and priority is also given to placing children in their locality, including remaining at the school they attended prior to their placement.

Inspectors found that young people and children were provided with foster care services that promoted a positive sense of identity for them. This Standard was met. From an analysis of data provided by the HSE South Area, inspectors found that over 24% of carers were categorised as relative carers. There was a good level of awareness amongst social workers that children should be placed with relatives where possible. Principal social workers told inspectors they expected social workers to explore relative care options before other foster care options.

Inspectors were concerned that some children were placed with relative carers where formal assessments and approval by the Fostering Resource Unit (FRU) and the Fostering Approval Committee (FAC) had not been sought. This will be further explored under the section on assessment and approval of foster carers, Standard 14.

In the sample group, inspectors found that all children were placed in or near their local communities. This assisted children to continue to attend the same school and maintain contact with friends and relatives. Inspectors found evidence where sibling groups were placed together. Within the sample group there were five sibling groups of two children, two sibling groups of three children and one sibling group of five children. In one instance inspectors noted that five siblings in care were being cared for by three non-relative carers who themselves were related. This arrangement allowed for ongoing and informal contact between the children within a normal family context.

From the sample group of children, 16 were placed with relatives. In the majority of these cases, children saw themselves living with their grandmother, aunt, uncle or sister and the connection with their family of origin was strong and regular. All children in the sample group maintained their surnames and foster carers highlighted the importance of the children maintaining their own identity.

In the general foster care population in the area, social workers and social work managers highlighted some challenges in placing children locally either with relatives or non-relatives. Social work department managers cited the large

geographical area the FRU serviced as a challenge in securing localised placements for children. Several examples were found by inspectors that evidenced children travelling long distances to school. These were interim arrangements but created challenges for children, foster carers and social workers.

Recommendation 1:

Standard 1: Positive Sense of Identity

Regulations: Part III (s.8)

National and Local

To meet this Standard and the regulations the HSE must:

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

4.2. Family and friends

The inspection looked at what day-to-day life was like for children living in foster care in the Area. As part of the inspection, inspectors met 34 of the 43 children in the sample group. Among the issues analysed through the case file review and interviews were the children's relationship with their birth family and their friends as specified in Standard 2 of the National Standards.

Standard 2

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

Inspectors found a good awareness amongst social workers and foster carers about the importance for children and young people to have contact with their parents and extended family. This Standard was mostly met. The practice of placing children where possible near their place of origin assisted in maintaining contact with family members.

Inspectors found examples of foster carers and birth families with good positive relationships which had a positive impact on the lives of children. Inspectors were told by one birth parent that s/he was delighted with the care provided by the foster carers who cared for her/his children. S/he believed the time with the carers was the first stable period in their lives and s/he welcomed this for them.

In interviews with children and young people inspectors found that contacts with families and friends were positive. Some children told inspectors that their parents were not well or unable to mind them all the time but that they saw them every week. Children also told inspectors about their contact with extended family members and friends. Inspectors found the majority of children had positive experiences of contact with extended family members.

Inspectors found a range of options used by the four local health areas inspected in HSE South when facilitating access between children and parents. In some instances children went to parents' homes for day visits and in other cases on overnight visits. Other arrangements included supervised access between parents and children by a community child care worker or social worker. The frequency of access varied from daily to four times a year, and in the majority of cases these arrangements were reflected in the care plan and care plan reviews.

Inspectors found that in two cases foster carers and birth parents were unclear about the access arrangements. In both cases, contact between children and birth mothers had not occurred for years. In one case, the decision not to have contact had been made by the parent many years before when the child was very young. This matter was raised by inspectors with the social work department and a care plan meeting was held during the time of the inspection fieldwork. An agreement was reached about the introduction of the child's mother into the child's life in an appropriate and sensitive manner. Inspectors were satisfied with the action taken to address this situation.

Another case found that a birth parent had had no contact with the child for nearly a decade. It was evident to inspectors that foster carers had offered support to facilitate contact between them but were unsuccessful. Care plan

review meetings were held on a regular basis but the matter was not resolved. At the time of the fieldwork, discussions were taking place between the parent and the relevant social work department managers in the HSE South about how best to address the issue considering the child's needs and wishes.

Care plans and care plan reviews are addressed under the standard relating to the child and family social worker role. Inspectors were concerned that due to deficiencies in meeting the regulatory requirements for care planning and care plan reviews, access arrangements and contact with families were not formally addressed or reviewed.

Recommendation 2:

Standard 2: Family and Friends

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

National and Local

To meet this Standard and the regulations the HSE must:

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

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and:

- ensure that access arrangements between children and family members are regularly reviewed during the care planning process and the views of children, young people and parents' or guardians' views are given due weight and consideration.

4.3. Children's rights

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

Standard 3

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

Inspectors found that the Standard was met in some respects only. Inspectors found that the children they visited received personal care appropriate to their age. Children expressed satisfaction with the care they were receiving. Nine children did not wish to meet with inspectors. They told their carers that they had nothing to say or they were busy with recreational activities.

Foster carers and social workers for the foster children sample had an awareness of children's cultural and religious needs. For example, social workers had placed children from a particular ethnic background with carers from a similar ethnic origin. The decision to place the children was based on assessed need, but the non-relative carer was not assessed. Inspectors also found that foster carers supported children attending religious services in accordance with birth parents' wishes.

In general, inspectors found that children understood the contact arrangements with their families. Two young people expressed the view that they would like to have more freedom to have contact with parents and visit them when they wished. Inspectors found that plans were being developed to address the young people's wishes at the time of the inspection.

In the sample group of foster care households visited, there were variations in the types of accommodation, locations, and numbers of people living in the carer's home. Foster carers encouraged children to have their own personal space and personal effects. Children had pictures of families and friends displayed throughout the house and usually in their bedrooms. Many of the children's bedrooms contained personal memorabilia and there was evidence of hobbies and interests that children and young people were involved with.

Section 43 of the Child Care (Amendment) Act 2007 gives enhanced rights to foster carers who have cared for children for a continuous period of not less than five years. Once granted by the district court, foster carers have the right to give consent to medical or psychiatric examination or treatment for the child and also sign passport applications and school consent forms. The provision of these rights to carers allows for children to be treated similar to their peers who are not in care.

Inspectors found that consent forms for dental treatment or passport applications had been signed by principal social workers or social workers. In some instances there were delays in attaining signatures which had a negative impact on the children. In one instance a child could not receive dental treatment for three weeks until the consent form was signed. This was both an unacceptable and avoidable delay, and showed a lack of awareness of the provision for these situations in the National Standards.

There were 21 children in the sample group that were in placement with the same foster carers for over five years. One foster care family had sought and were granted enhanced rights. However, inspectors found that there was a lack of clarity amongst foster carers, social workers and link workers as to the HSE South's policy on the provision of enhanced rights to foster carers. The HSE has a lead role in informing foster carers who wish to apply for these rights and supporting them throughout the process.

The Standard on choice requires children to be enabled to develop their abilities, aptitudes, skills and interests. In the great majority of cases in the sample this Standard was well met. Many of the children had developed interests in sports and music and this came about as a consequence of the foster carers' positive influence and their interest in the child's wellbeing. Some birth parents saw their children's interests and achievements as very positive and welcomed the opportunities available to them.

Several birth parents expressed the view that while they were proud of their child's achievements, they were concerned about their own ability to provide the same level of support, encouragement and finance to maintain the activities when the children returned home. They were concerned that the children were becoming accustomed to a lifestyle in foster care that they themselves could not maintain. They confirmed they had raised these concerns with the relevant social workers and options were being explored.

Inspectors found there were variations in how complaints or expressions of dissatisfaction from children, foster carers and parents were processed. Children, parents and foster carers were aware that they could make a complaint. In most instances children said they would speak with foster carers, parents or social workers. Foster carers said they would speak with their link social workers. Inspectors were told that there was no local complaints policy in place in the HSE South. The HSE had a national policy, *Your Service, Your Say*, which addressed concerns and complaints. However, there was no evidence that this policy was implemented or used to guide practice in the four LHAs.

Recommendation 3:

Standard 3: Children's Rights

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

National and Local

To meet this Standard and the regulations the HSE must:

- ensure that there is a robust complaints process in place which children and foster carers have confidence in
- ensure that the needs of all children with disabilities are assessed and addressed immediately, paying particular attention to providing a supportive framework for foster carers that enable them to care and provide for these children in an effective manner
- ensure that children have access to their case files and this access is encouraged and facilitated as appropriate
- ensure that all children in care are made aware of their rights, and that all foster carers and social workers are clear of their duty to promote, protect and facilitate them
- ensure that complaints made by children in foster care are centrally recorded and that the complaints system is regularly monitored
- ensure that policies and operational procedures are in place to support foster carers and where applicable apply for enhanced rights under Section 43, The Child Care (Amendment Act) 2007.

4.4. Child and family social worker

Under the child care regulations, each child in foster care should have an assigned social worker called the child and family social worker. The child and family social worker's primary role is to ensure that the child is safe and that the welfare and development of the child is promoted with all reasonable safeguards in place.

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

Standard 5

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

The child care regulations require an assigned social worker to visit a child in the placement within specific timeframes. The social worker is required to meet the child in private. This allows the child an opportunity to talk openly about their care and discuss any concerns they may have. It is one of the main ways the HSE assesses the quality of the care of fostered children and ensures that they are protected from abuse. When there is no social worker assigned to a child's case and visits have not taken place, the HSE is not in a position to satisfy itself that the child is being cared for safely and well, and that identified needs are being met. When a social worker visits a child in foster care, any concerns that arise about child protection should be responded to promptly.

The Standard was assessed against data initially provided to the Authority by the four HSE LHAs and the inspectors' review of the sample of children in foster care in the LHAs. The HSE was found to be in breach of its statutory duty in relation to social work visits to children in foster care and care planning.

Inspectors found that the local health areas inspected in HSE South met this Standard in some respects only. The majority of children in foster care had an allocated social worker. Initial data provided to inspectors by the HSE on 30 June 2009 indicated that 100% of children in the four HSE LHAs had an allocated social worker. The HSE National Audit of Foster Care Services, October 2009, states that four children in the North Cork Local Health Area did not have an assigned social worker. The three remaining areas indicated that all children in foster care had an allocated social worker. In contrast, in the course of the inspection, inspectors were told by social work managers in South Lee local health area that 25 cases were unallocated due to maternity leave. Inspectors found that where social worker posts became vacant due to extended leave or career breaks, cases remained unallocated.

Inspectors found that social work team leaders were contacted by foster carers, children or foster carer social workers if specific concerns arose or were identified. Social worker team leaders and social work department managers accepted there were deficiencies in this system and inspectors found that no alternative system was in place as vacant posts due to maternity leave were not filled at the time of the inspection.

The care planning process allows for social workers, foster carers, parents, children and other professionals to develop a plan to meet a child's physical, emotional and educational needs within short-, medium- and long-term timeframes. The plan is finalised at a formal meeting of all those involved with

the child and it identifies the actions to be taken, the timeframe for each action and the nominated person to progress the action. The care plan should be reviewed on a yearly basis to consider the actions and goals taken and achieved, and to establish new actions appropriate to the development of the child.

Inspectors were concerned that while statutory care plan reviews were held, there was no evidence of the initial statutory care plan having been held on file. Teams did not operate within regulated timeframes and cited the caseload being worked by individual social workers as the contributing factor to this deficit.

Principal social workers told inspectors of deficiencies in the provision of statutory care plans and reviews. A review of data provided to inspectors by the HSE South Area data showed that 183 (27%) of children in the four local health areas inspected did not have statutory care plans. Records showed that of the 183 children, 53 had reviews in 2009 and 49 in 2008. There were 44 children with "no comments" on the data base for reviews. Another 14 were categorised as "no reviews" and 5 were categorised as "no records of reviews". Records also showed that reviews for 18 children were last held in 2007, 2006 and 2005.

Further analysis of the 183 children who did not have statutory care plans highlighted that 108 of these children were placed in general foster care, and 56 of the children were placed with relative carers known to the Fostering Resource Unit. A further 19 children were placed with relative carers who were not known to the Fostering Resource Unit and not been assessed.

From an analysis undertaken by inspectors of data on the children in the sample group, 28 (65%) of the children were subject of full care orders. The remaining 15 were in voluntary care. Inspectors found that case files of 32 (74%) children in the sample had a copy of the care order or the voluntary consent form on file, and 32 children in the sample had copies of the children's birth certificates. This meant that files for a significant number, nearly a quarter of the sample group of 43 children, were not maintained in compliance with the HSE's statutory responsibility under the child care regulations.

Twelve (28%) of the children in the sample group did not have care plans. Inspectors found that case reviews had not taken place since 2005 for three of the children who did not have statutory care plans. This matter was notified to the relevant managers of the social work departments, who acknowledged the deficiency in the fulfillment of their statutory duties, and in the course of the inspection, inspectors confirmed that this was immediately remedied by the social work departments. Statutory care plan reviews were held for the remaining nine children between 2008 and 2010. Inspectors were given sight of a strategy to undertake statutory reviews for all children in foster care in the four LHAs during 2010. This will be addressed later in the report.

Inspectors found that social workers had not visited 14 (33%) of the sample group of children for several years. It was noted that social workers maintained contact with foster carers through phone contact and that where reviews were held social workers had contact with those children who attended review meetings. Social workers and social work department managers told inspectors that they accepted there was a deficiency in meeting the requirement of the child care regulations to hold care plan reviews within specified timescales.

Deficiencies in the care planning and visiting of children in foster care were brought to the notice of the managers of the service at the time of the inspection and inspectors noted that a plan was put in place to undertake care planning meetings and ensure that social work visits took place in accordance with the timescales set out in the child care regulations.

Inspectors found there were different methods used to measure caseloads managed by social workers. This included the differential in counting all children in a family or one family as a case. Social workers managed cases of children / families living in the community as well as children in care. Social work department managers said there were many challenges for them in deciding on where to prioritise time and resources in respect of families / children in need in the community and of children in care. These challenges included the time to measure the risks to children and families and identify the protective factors in place to keep children safe.

Inspectors found that social workers carried a number of complex cases that were demanding on social workers' time through direct intervention, court appearances and report writing. These cases had an unequivocal impact on social workers' capacity to fulfil the statutory requirements of cases both to children in care and children / families at risk in the community. Inspectors found there were challenges and divergence in reaching decisions on the prioritisations of time and resources for such complex cases. This resulted in children in care not receiving the level of social work contact and intervention required by them. Two social work department managers were also concerned about the possibility that reports of alleged neglect and abuse made in their areas about children and families in the community were not always attended to in a timely manner due to workloads and the requirement to address children in care regulations and standards.

The allocation of cases through the social work departments occurred at allocation meetings with team leaders, where workloads were divided amongst social workers. The need to reprioritise ongoing work due to the evolving demands and risks created anomalies as work initiated with children and families remained incomplete. An example found by inspectors showed that where a

social worker had initiated life story book work with a young child, there was no one available to follow up the programme when the social worker went on maternity leave. The child had requested that the direct work was to be completed. Inspectors found that some social workers preferred not to initiate direct work with children as they were fearful of being unable to complete this work.

Inspectors found that social workers received supervision from team leaders. The majority of this was described as case management meetings which allowed workloads and high priority cases to be reviewed and strategies agreed. Most of the social workers interviewed told inspectors that they felt supported by senior management and line managers. Some social workers told inspectors of the constant struggle to balance their fieldwork with administrative duties. This was a balance they found difficult to achieve and sought direction from their team leaders within supervision. Social workers highlighted that their priority was the social work role with the child and as a consequence administrative records were not always maintained.

Inspectors reviewed care files for 43 children from four social work departments. There were some disparities in the quality and structure of the case files. Inspectors were aware of the complexity of some cases from the files. The volume of documentation and recorded activity maintained on these files were substantial. The capacity to attain an understanding of the key issues from these files, the interventions undertaken by the social workers, and the plans for the future were difficult to locate and track. Children did not always have an individual file as required under the National Standards. Their information may be contained within a social worker file on the family.

The care files had an index system to assist in identifying sections such as education, reports, and legal correspondence and case notes. It was in the case note section that the activities of the social worker were sourced. To identify an event from the file it was necessary to have a date to find the case notes on the information required. Inspectors found it difficult to source information on complaints or child protection concerns as this information was maintained in case notes and not in individual named sections. This was not a safe or efficient system and the structures of the files did not lend itself to the smooth transfer of information when social workers changed.

In the North Lee LHA there was an electronic system for case recording which involved completing documents on specific templates and printing off for the hard copy file. Inspectors were told by social workers and managers that while this system had its merits the ability of social workers to allocate the necessary time to maintain records was restricted and as a consequence the case files records were not maintained to a satisfactory level. They attributed the backlog

of case notes and reports not being typed and not available on file to a reduction in administrative support. The consequence was a backlog of case notes, reports not been typed and up-to-date records not being available on file. There is no value in having an electronic system that operates in parallel with a filing system and is not congruent with it. Inspectors found that the structure of case files for children needed to be reviewed to allow for sourcing of information and retention of specific information such as child protection concerns and complaints. Specific areas for consideration include chronology of social work activity, reflective practice and protective measures taken by the social worker.

Recommendation 4:
Standard 5: The Child and Family Social Worker
Regulations: Part IV
National and Local

To meet this Standard and the regulations the HSE must:

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

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and comply with:

- Child Care (Placement of Children in Foster Care) Regulations 1995 Part IV, Article 17 (Supervision and visiting children)

- Child Care (Placement of Children with Relatives) Regulations 1995, Part IV, Article 17 (Supervision and visiting children)
- Child Care (Placement of Children in Foster Care) Regulations 1995 Part III, Article 11 (care planning) and Articles 18, 19 and 20 (review of cases)
- Child Care (Placement of Children with Relatives) Regulations 1995 Part III, Article 11 (care planning) and Articles 18, 19 and 20 (review of cases).

4.5 Safeguarding and child protection

Under the Child Care Act, 1991, children may be received into the care of the HSE from their birth families when there is concern about their safety and wellbeing. The expectation is that through being placed in foster care the HSE is ensuring that they are now being cared for safely and well. There are various mechanisms in the child care regulations for the HSE to ensure children are being cared for appropriately in their placements.

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

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

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

Children First: National Guidelines for the Protection and Welfare of Children (1999) is applied in the HSE South to inform practice in the area of reporting child protection concerns, assessing and managing child protection risks.

Inspectors found that practice under this Standard was met in part only. Inspectors found that as each of the four local health areas had their own social work departments, different child protection notification systems were also in place.

Inspectors were told of variations in the operations of these systems because of local factors. In West Cork Local Health Area, there was no child care manager to chair the Child Protection Notification Management Team (CPNMT). As a

consequence the systems management structure as identified within the 1999 Children First guidelines was not in place for almost two years. In North Cork Local Health Area, the child care manager post had become vacant during the inspection and the management system ceased. The principal social worker acknowledged the need for a CPNMT to operate in the area. However, he decided to await the outcome of a number of national reviews on the Children First guidelines and the CPNMT had stopped meeting.

Inspectors were provided with summary information from each area on complaints and child protection concerns for the 12 months prior to the inspection. From the total population of children in care in the areas, there were 24 reports of concerns and child protection concerns for this period. These concerns and complaints related to 20 children or young people. Inspectors reviewed all 20 children's care files. It should be noted that in some instances there were more than one complaint or concern about a foster carer. All young people or children in these placements at the time the complaints were made were included in the total number of concerns and complaints. In two instances, the reports related to two siblings groups who were in the same foster care placement.

Inspectors found no evidence from the file reviews of ongoing risks or concerns to these 20 children. From the summary information provided to the inspectors, there was evidence that four complaints were assessed by the child's social worker and they concluded that no abuse occurred. Assessments were ongoing on four other complaints. Inspectors found that five young people had either left care and/or their foster placement at the time of the inspection.

There were five reports relating to allegations of physical abuse. Inspectors found that two children were moved to another foster care placement. On another occasion, a foster carer moved out of the family home while the assessment was undertaken. Inspectors found references on two foster carers' files that advised that children should not be placed with them again. In other foster carers' files, inspectors found entries from social workers that the foster carers had no case to answer. Inspectors also found recommendations that reviews of carers were to be undertaken and reports to be submitted to the FAC for its consideration. Inspectors found that these reviews had not taken place and no explanation was evident as to the reason for not undertaking the reviews.

In addition, inspectors reviewed 20 foster carers' files associated with the concerns and complaints provided to the Authority by the four local health areas inspected in the HSE South. Inspectors found evidence of joint working between the link workers and the area social workers. In some cases there was evidence of interviews with children and young people as part of the assessment process. It was unclear from the files if parents were told of the complaints or child

protection concerns. There was some evidence of team leaders and principal social workers meeting to address and review progress of specific complaints.

Inspectors found deficiencies in the systems management of child protection concerns in the four local health areas inspected in HSE South. It was not always clear who took the lead in the management of a reported child protection concern, particularly where carers had children from a number of local health areas. Some social workers reported the fostering social worker as having the pivotal role in notifying all social workers of a concern or complaint. Inspectors found this function was largely dependant on the personal relationships between social workers and the fostering social workers. Inspectors found this practice to be unsafe as it was not formalised throughout the four local health areas.

During the inspection visits to children and foster carers, no child protection concerns in relation to foster carers arose. Parents interviewed as part of the fieldwork expressed satisfaction with carers. In some instances birth parents and foster carers told inspectors of challenges in the relationships between foster carers and birth parents. All birth parents interviewed told inspectors that they believed their children were safe in their foster care placements.

During the fieldwork a number of issues – such as access arrangements, delays in completion of documentation passport applications for children and delays in care planning meetings – were raised by foster carers and birth parents. These were forwarded to the relevant local health area in the HSE South and the inspectors were satisfied with the responses and actions taken by the HSE South to address the issues raised.

Where carers were assessed and approved, the FRU had sought Garda Síochána checks, independent references and medical reports for foster carers. Within the sample group a number of relative carers were un-assessed and the children's social workers had undertaken to acquire independent references, medical examination reports and local Garda checks. In many instances, full assessments of relatives did not take place within the 12-week timeframe as required under the Child Care (Placement of Children with relatives) Regulations, 1995, Article 6 (2).

Children told inspectors they had someone they could speak with if they had a worry or concern. Children said they would speak with their social workers or the foster carers, parents and teachers. Inspectors were mindful that where children did not have regular contact with social workers, or social workers did not meet with children in private, or where statutory care plans and reviews were not held on a regular basis, safeguarding processes were unsafe.

Recommendation 5:
Standard 10: Safeguarding and Child Protection
Regulations: Part II
Child Care Act, 1991: Part II

National and Local

To meet this Standard and the regulations the HSE must:

- ensure that any and all protective measures taken by the HSE in relation to all children in its care and all additional children known to them:
 - are adequate
 - keep children safe and protected
 - have addressed all concerns notified to it
- develop, implement and monitor safe, effective and robust systems that ensure that foster carers found to be unsuitable to care for children do not have children placed with them, and that all relevant parties are notified of their unsuitability
- develop and maintain a national register of all allegations made against foster carers
- ensure that foster carers and children's individual case files contain records of reports and notifications of alleged abuse by foster carers to the Garda Síochána, outcomes of any criminal investigations conducted by the Garda Síochána, and any other protective measures taken by the HSE to ensure the protection of individual children
- introduce a model of risk assessment that takes account of the potential of peer abuse in each new admission to a foster home
- ensure that in any respite or child minding arrangements social workers know exactly who is looking after a child and ensures that appropriate steps are taken to assess his/her suitability.

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and:

- implement *Children First: National Guidelines on the Protection and Welfare of Children* and National Standards (including those issued by Ministers and produced by the Authority subsequent to this inspection)

- review all child protection concerns and complaints in respect of children in foster care and ensure they have been dealt with appropriately.

4.6 Assessment and approval of relative and non relative foster carers

Persons who apply to become foster carers (non-relative foster carers, also called general carers) must undergo a formal assessment carried out by a suitably qualified and trained social worker. This assessment is generally carried out by a link social worker. Inspectors assessed the service's performance against Standard 14.a of the National Standards outlined below:

Standard 14.a

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

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

Inspectors reviewed the assessment and approval of relative foster carers in the area inspected against Standard 14.b of the National Standards:

Standard 14.b

Relatives who apply, or are requested to apply, to care for a child or young person under Section 36(1)(d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the HSE.

The Child Care (Placement of Children in Foster Care) Regulations 1995 Part III, Article 5 (Assessment of foster parents) and the Child Care (Placement of Children with Relatives) Regulations 1995, Part III, Article 5 (Assessment of relatives) address the requirement for the HSE to maintain a panel or panels of foster carers. It addresses the requirement for medical reports, references, Garda Síochána checks and other information to be furnished to the HSE before the carers are placed on the panel as foster carers. These regulations also state an assessment of potential carers and their home to be carried out and carers to receive advice and training in relation to foster care.

The Fostering Resource Unit (FRU) had a process of screening potential carers and this included the provision of information at formal meetings. There were guidelines for eligibility as foster carers which informed potential carers on areas they should consider before the formal assessment process was initiated. FRU managers told inspectors that they held the view that the assessment should be undertaken over a nine-month period. They held the view that this allowed time for potential carers to reflect on the training, the assessment process and for the FRU social workers to be confident in the recommendation to the FAC.

The FRU managers acknowledged that at the time of the inspection, the assessment process took longer than nine months. Managers of the FRU told inspectors that this was due to several factors including the time required to gather references, timing of the preparation training course for applicants, time to address issues that may arise for applicants and the time required by social workers in the FRU to undertake the interviews as part of the assessments.

Inspectors found that children were placed with relative carers by area social workers following an initial assessment by them. This included checks with the local Garda Síochána, and securing references and medical reports on the carers. Inspectors were told by managers that relative carers who were referred to the FRU for assessment could experience a delay of two years before they were assessed and referred to the FAC for approval. In a National Audit of Foster Care carried out by the HSE in October 2009, 48 relative carers were identified who had not been referred to the FRU for assessment. This issue will be addressed further in the report.

Overall, relative carers were either awaiting a full assessment or assessments were not proceeding as the FRU had a policy not to proceed with assessments if it was thought that the relatives would not meet the required threshold for approval. Inspectors were concerned that as several of the relative carers did not have link social workers, training and support was not available to them.

Of the 20 carers in the sample, 10 were general foster carers and 10 were relative carers. One general foster carer was not assessed and was unapproved. One of the relative carers was in a similar situation while the other had been assessed and the FAC decided not to approve this carer. Twenty-two children (51%) were placed with assessed non-relatives while 15 (35%) were placed with assessed relatives. Six of the children were placed with carers who had not been assessed. Two of them (5%) were placed with un-assessed relative carers and four were placed with un-assessed non-relative carers.

More in-depth analysis of the information retained by the HSE South Area of the children-in-care register would be required to determine the amount and length

of time children were in different foster care placements. Such analysis should be undertaken by the HSE South to determine trends and consider the degree and type of demands which are placed on the fostering service so as to inform placement needs and foster care strategy for the future.

The HSE South Area had structures in place to ensure the preparation and implementation of assessment reports. A competency-based fostering assessment model focused on four general areas: (1) caring for children, (2) providing a safe and caring environment, (3) working as part of a team and (4) carers' own development. These areas were further broken into a framework of 14 key competencies to support the assessment process. FRU managers told inspectors that they were satisfied with the assessment model used to select foster carers.

However, inspectors were told by some children's social workers and social work department managers that they were concerned about how some foster carers had been successful in the assessment process and placed on the panel. They told inspectors that they believed that some carers were not prepared for the challenges of caring for foster care children. This included a lack of understanding of the difficulties some children have in attachment and behavioral problems. Inspectors were told there was no process in the HSE South Area to explore these issues and the concerns remained unresolved.

Inspectors were concerned that the information maintained on the FRU foster care panel was incorrect. Following a national audit undertaken in October 2009 by the HSE, 48 carers were found to have children placed with them who were not assessed by the FRU. The HSE informed the Authority that it was developing a strategy to address the deficit. A national strategy to assess relative carers was in the process of being developed by the HSE at the time of the inspection.

The HSE South Area acknowledge in its fostering service manual the need to add to the panel of foster carers to respond to ongoing demands from the local health areas and maintain a core number of carers. While specific recruitment methods were identified by the HSE South Area in targeting suitable carers, inspectors were told by FRU managers that they had people on the waiting list for consideration. The key challenge for the HSE South Area was to identify potential carers who were motivated to foster for the right reasons.

Inspectors were told by FRU managers that reviews of foster carers were undertaken with carers when carers decided not to foster any longer. Nine interviews were undertaken in the previous three years. However, 27 carers were being re-considered for inclusion on the panel. Inspectors were told by HSE South Area managers that many of these carers had ceased fostering or had moved away from the area and the process of removing from the panel was an

administrative process. Inspectors recommend that interviews are undertaken with all carers leaving the service as a mechanism of acquiring insight into the role of foster carers and challenges they experienced. This approach will also inform the strategy for the retention of foster carers.

The HSE South Area had not undertaken a review of recruitment campaigns or retention strategies in order to assess their efficiency and effectiveness. Such a process would help to inform the HSE South Area and the FRU in the recruitment of carers for particular children or levels of need. Inspectors were told throughout the inspection that foster placements for teenagers, children with disabilities and non-national children were urgently required. There was no evidence found that a specific strategy or approach was in place to source families to meet the identified need. Inspectors noted that there was no evidence as to the exact needs in the areas.

Inspectors were concerned that when children were placed with relative carers and awaiting assessment, they were not assigned a fostering social worker. In some instances relative carers were not recommended to the fostering approval committee as relative carers but continued as carers and were not assigned fostering social workers. Thirty-four carers in the HSE South Area were categorised as relative carers, however, they were not assessed. Inspectors found this situation to be unacceptable and unsafe. The HSE South Area was in the process of developing a strategy to assess these relative carers.

Inspectors were provided with information on specific cases where children were placed with relative carers in other local health areas. Inspectors found that in some instances arrangements with other local health areas existed to ensure access to training and support to the relative carers. Examples were also provided where support and training was offered by the placing local health area.

In the four local health areas inspected in the HSE South, inspectors were told by social work department managers that private companies were used on some occasions to provide foster care placements. One area cited the placement of a child for one week with a provider. Another area indicated that three children were being considered for placements with a private company and approval was given by the HSE senior management for these placements.

Private foster companies were contracted to provide specific services when foster care placements were unavailable from within the HSE South Area foster care services. Inspectors were also told by social work department managers that the capacity of the private companies to provide a tailor-made service for specific identified needs was quickly available.

The HSE nationally had contracted to a non-statutory provider the provision of

emergency foster care placements for children removed by an Garda Síochána under Section 12 of the Child Care Act, 1991 and requiring a place of safety. The provision of private foster care placements was not central to this inspection and will be addressed in future inspections.

Recommendation 6:

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

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

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

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

National

To meet this Standard and the regulations the HSE must:

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

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and ensure that the:

- Fostering Resource Unit and local health office social workers use similar criteria when assessing relative foster carers in emergency and long-term placements
- HSE South Area reviews the purpose and function of the Fostering Resource Unit considering its capacity to recruit, assess, train and support foster carers in the four local health offices, North Lee, South Lee, North Cork and West Cork.

4.7 Supervision and support

Each foster carer should have an allocated social worker known as a link social worker assigned to supervise and support them. They also recruit and assess new foster carers, and review, support and provide training for current carers. Link social workers should meet with foster carers and the carers' own children on a regular basis. They should ensure that foster carers understand, accept and operate within all relevant National Standards, policies and guidance of the HSE. Consequently, the Authority assessed the service's performance against Standard 15 of the National Standards.

Standard 15

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

An analysis of data provided to inspectors by the HSE in the initial phase of the inspection indicated that this Standard was met in some respects only. The four Cork HSE LHAs had one Fostering Resource Unit (FRU) managed by an acting principal social worker and two social work team leaders. The key functions of the unit were to recruit and assess applicant foster carers, and supervise, support, and provide relevant training to approved foster carers in all four LHAs.

The FRU had one acting principal social worker, two team leaders, 12.2 social worker posts and three administrative support staff. During the fieldwork, inspectors found that there was a high level of staff retention in the FRU. Foster carers commented that they had the same social worker for many years and often the social worker would have initially assessed them as foster carers. Inspectors were told by foster carers that this led to good relationships and understanding of foster carers and foster carers' children. At the time of the inspection there were 452 foster carers on the panel for the four Cork LHAs.

It was a concern to inspectors that generally, relative carers were less likely to have been assessed and approved, less likely to have link social workers, and less likely to receive supervision, training and support as required by the National Standards.

The HSE South had a system in place for the allocation of link workers to foster carers who were approved on the recommendation of the FAC. The role of the link worker was defined in the FRU policy document. However, inspectors found that child and family social workers were unaware of the policy, and had differing

views about the role.

Under the National Standards the FRU was also required to review approved foster carers within specified timescales. This is a means by which the vetting and continued capacity and ongoing status of foster carers, along with the quality of support and training needs provided by the HSE, are reviewed. Inspectors found that the FRU did not carry out reviews of foster carers and recommended that this requirement of the National Standards was put into practice without delay.

Inspectors found that Standard 15 was partly met in the sample group. Foster carers were positive about the contact, support and advice they received from link social workers. Inspectors found some evidence of joint working between foster carers' and child's social workers when specific issues needed to be addressed. However, they also found that on some occasions the carers sought intervention or support from their link social workers in order to resolve issues with the children's social workers. Inspectors were told by link social workers and children's social workers they interviewed that this was often the carers' preferred way to address issues.

Inspectors were told by one foster carer of a complaint made against them and how joint meetings were held between the carers, their link social worker and the child and family social worker to address the complaint. Although the matter was resolved, the relationship between the carer and the social workers for the child and the foster carers remained strained.

Standard 15 requires the HSE to have written protocols that define the role of the link social worker and the child and family social worker but allow for negotiation in relation to the carrying out of specific tasks. The protocols should ensure that there are clear lines of communication between the social workers, and that there is an exchange of reports relevant to the placement within specified time limits.

Inspectors were concerned about the working relationships between the South Lee Local Health Office Social Work Department and the FRU team and the impact this had on foster care placements. Inspectors were told there was a lack of confidence by some children's social workers in the supervision and supportive role of the link social workers. Inspectors found that factors contributing to the poor relationships included a lack of understanding and respect of both roles. This had developed into mistrust and a breakdown of communication.

The North Lee Social Work Department had a better working relationship with the FRU. However, inspectors were told by child and family social workers that the sourcing of suitable foster care placements and the accountability of foster

carers was an ongoing concern for them.

North Cork and West Cork LHAs had a good relationship with the FRU and services operated well. This in part was due to the quality of individual relationships. Inspectors were of the view that robust policies and operational procedures needed to be in place to maintain a functioning service and guide practice issues, and that the managers of the service should ensure that practice in partnership reflects the principles of the policies.

Inspectors reviewed the files of 20 foster carers during the inspection. There was evidence of training provided to foster carers during assessments on a variety of subjects including: attachment, managing challenging behaviour, giving children a voice, and foetal alcohol syndrome. Individual carer's files contained some reference to the courses attended, but the FRU did not maintain a central register of training provided or the carers who attended. Foster carers told inspectors that they were notified of training, and some said they tried to attend. However, other carers saw little benefit in attending training and many found it difficult to make time available. Inspectors recommend that appropriate records of training are maintained so as to inform the HSE in its formulation of a strategy to fulfil its obligation towards foster carers in providing suitable regular training.

Recommendation 7:
Standard 15: Supervision and Support
Regulations: Part III and Part IV

National and Local

To meet this Standard and the regulations the HSE must:

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

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and ensure that:

- the relationship between the FRU and the area social work teams is reviewed and strategies are put in place to resolve outstanding matters, promote partnership and quality assure practice to ensure that everyone works together in the best interests of the child
- all foster carers attend training and records of attendance are maintained.

4.8 Effective Policies

The Authority inspected against Standard 18 in relation to performance of the HSE in safeguarding and protection of children in foster care as outlined:

Standard 18

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

Inspectors found that the practices met the required Standard in some respects only. Inspectors were told by senior managers there was no specific foster care strategy in place in the HSE South. The FRU had a Policy and Procedures Manual developed in 2007 which informed the service on operational procedures.

The HSE South did not have a recruitment and retention strategy which related to the needs of children who required foster care. Inspectors were told by LHA social worker managers that they could identify gaps in the fostering service. However, this process had not been formally undertaken. Inspectors found that the understanding of managers about the gaps in the service and the recruitment strategies needed to address shortfalls was merely anecdotal, and that the figures referred to in the section in this report outlining findings on Standard 19 did not inform strategies or planning.

In accordance with the National Standards, the HSE South had a panel of approved carers willing to act as foster carers. As previously outlined, deficiencies were identified in the length of time taken to carry out assessments and in the making of referrals to the FAC for approval of relative carers.

Inspectors found discrepancies in the threshold of assessments undertaken by the FRU and the emergency assessments undertaken by area social workers.

An example found by inspectors was where children were placed with a relative carer who had criminal convictions. While an assessment was undertaken, the recommendation from the FRU to the FAC was not to approve the carer due to the previous convictions. However, the children continued to be cared for by the relative carer for a number of years. Inspectors were told by the children's social workers that the level of care provided by the relative carer was good and this was reiterated by the children's mother.

Inspectors met with these children and the relative carers and found that the children were appropriately cared for by the family. Inspectors were concerned that the relative carers did not have a social worker to support them and they were not offered training as they were not approved relative carers. Inspectors were aware of a number of relative carers similarly unsupervised and unsupported.

Inspectors were concerned about the high level of vulnerability of these children and families with the lower level of support. Inspectors found these situations to be unacceptable and the four local health areas inspected in the HSE South should address the discrepancies in the systems.

4.9 Recruitment and retention of an appropriate range of foster carers

The Authority inspected against Standard 21 in relation to performance of the HSE in safeguarding and protection of children in foster care as outlined below:

Standard 21

The HSE is actively involved in recruiting an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

The Fostering Resource Unit (FRU) led the way in the recruitment of foster carers for the four local health areas inspected in the HSE South. Inspectors found that the practices met the required Standard in some respects only.

The FRU had one acting principal social worker, two team leaders, 12.2 social worker posts and three administrative support staff. Of the social work posts, 1.8 whole-time equivalents were based in North Cork LHA and 1.6 whole-time equivalents were based in West Cork LHA. The remaining staff were located together in one site in Cork City.

The Fostering Resource Unit had 452 carers on the panel in 2009. Seven foster carers were categorised as dual carers. These were carers who were initially assessed as relative carers and subsequently were requested to consider fostering non-relative children. There were four families which were approved to offer emergency placements for children requiring a place of safety and taken into care by an Garda Síochána under Section 12 of the Child Care Act, 1991. These families also provided placements for the social work departments at short notice in response to a crisis. The families were approved to accept children aged 12 years and under only.

FRU managers told inspectors that they did not undertake reviews of foster carers as required by the National Standards, but they did carry out reviews when concerns were identified. Information provided to the inspectors by the HSE South showed that there had been four reviews presented to the FAC in 2007, 11 in 2008 and one in 2009, with five more pending at the time of the inspection fieldwork.

Inspectors found there was no strategy in place in the four local health areas inspected in the HSE South for the recruitment and retention of foster carers. An audit of needs was necessary to determine the type of services and the numbers of carers required to meet the demands in the areas.

Recommendation 8:
Standards 18 and 21: Effective Policies and Recruitment and Retention of an Appropriate Range of Foster Carers
Regulations: Part III s.5

National and Local

To meet this Standard and the regulations the HSE must:

- develop a strategy for the development and delivery of a range of foster care services, including recruitment and retention to meet the needs of children and young people in the area
- ensure there are robust policies to support the placement of children in foster care. These should include:
 - an up-to-date and complete register of children in care
 - promotion of partnership in the best interests of the child between foster carers, link social workers and child and family social workers
 - systems for the involvement of children, according to their age, stage of development and individual needs, their families, foster carers, professionals employed by the HSE and other agencies in the development and delivery of fostering services.

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and ensure that:

- there is a policy and operational procedure to identify, manage and respond to complaints about all aspects of foster care services
- an audit of foster placement needs is undertaken in the four local health areas and a recruitment strategy developed to address identified needs
- regular reviews of foster carers are carried out in compliance with the Standards.

4.10 Governance and management

Standard 19 of the *National Standards for Foster Care* (2003) require the HSE to have effective structures in place for the management and monitoring of foster care services, as outlined:

Standard 19

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

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

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

Inspectors were told by HSE South managers that the functioning of the fostering service was a complex and needs-driven service. The four LHAs had 690 children in foster care placements with 452 carers in June 2009. Inspectors found from data on the sample group that many of the placements were stable, long-term and deemed appropriate. Inspectors were told by social work department managers of the challenges facing HSE South in meeting the needs of children in the community who may require foster placements including sourcing suitable emergency and long-term placements.

Inspectors found no evidence that a plan or strategy for the development and delivery of a range of foster carer services for children existed. Inspectors were told by managers in the FRU that the assessments of general foster carers and relative foster carers was the main objective.

An internal financial audit undertaken by the HSE South of one LHA in June 2009 found there was non-compliance with Article 5 of the child care regulations, which requires the HSE to assess prospective foster carers and refer them to the FAC for approval. The audit found that some relative carers were not assessed and that visits by social workers were not taking place. A HSE National Audit of Foster Care Services in October 2009 also highlighted deficiencies in assessing relative carers. It found that 48 carers in the four LHAs were not assessed or approved. A strategy to address this deficit was being developed by the HSE South at the time of writing this report.

The HSE South maintained a register of children in foster care in the Child Care Information Unit. The register was electronically formatted and systems were in place to keep the register updated but this did not always occur. Inspectors found that the register contained fields for the name, sex and date of birth of the child. Parent's details were also maintained as well as foster placement details.

Inspectors found deficiencies in the information retained on the register as the Child Care Information Unit had not been updated on statutory information including, placement details, birth parents' details and foster carers' details. It was designed to have, but also lacked key information on care planning, such as care plan review meeting dates.

This deficiency became more evident throughout the inspection process. Inspectors were concerned that there was no practice guidance on the gathering, from the different areas, of information to be maintained by the Child Care Information Unit.

The child care regulations also require the HSE to maintain an up-to-date record for children in foster care and outline the key information to be held, such as notes of social work visits, significant events, reviews and care plans. The child and family social worker keeps these case files. The child care regulations require these records to be kept in perpetuity.

The LHAs' social work departments' case files had an index system to assist in identifying sections such as education, reports, and legal correspondence. There was no one section in which statutorily required documents, such as copies of care orders, birth certificates, care plans and social histories, were held. There was a case note section in which the activities of the social worker were

recorded. To identify an event from the file it was necessary to have a date to find the specific case notes on the information.

Inspectors found it difficult to source information on child protection concerns or complaints as this information was not discretely recorded but part of the running record in the case notes. This was not a safe or efficient system and the structures of the files did not lend itself to the smooth transfer of information to newly assigned social workers.

Inspectors concluded that the structure of case files for children needed to be reviewed to allow for ease of access to information for those who have a right to access, including young people exercising their right of access to information. The retention of all statutory information and other information, such as child protection concerns and complaints, should be a clear priority within the system. Specific areas for consideration include: compliance with the requirements of the relevant data protection legislation, the chronology of social work activity, and protective measures taken by the social worker.

Inspectors reviewed case files from four social work departments for 43 children and found that the standard governing social work case records was partly met in the sample. There were some disparities in the quality and structure of the case files. The volume of documentation and recorded activity maintained on these files was substantial. Inspectors were aware of the complexity of some cases from reading the files, but found that the key issues, social work interventions and plans for the future were difficult to track and locate. Children did not always have an individual file as required. In some cases, information on one child was found in a file for the whole family.

The Authority also inspected against Standard 19 in relation to the management and monitoring of foster care services. This standard includes the management role of the local health area managers in ensuring that the fostering services meets the needs of children in the area and that children are being cared for safely and well.

The National Standards require the HSE to have monitoring and quality assurance systems in place that are separate from the line management structure of the services in order to:

- ensure compliance with the statutory requirements and the National Standards
- ensure consistency and equity in relation to the quality of services across all LHAs
- collate information on complaints about foster care services
- take action as appropriate.

The fostering service in the four LHAs was not monitored in accordance with the National Standards. Monitoring systems should collate information on the foster care service not only to ensure compliance with regulations and Standards, but also in order to track the actions taken to ensure a high quality service. A HSE South senior manager told inspectors that the provision of a monitoring system would be explored as a matter of urgency. Inspectors recommended that the managers of the HSE South put in place an adequately resourced and effective system in order to meet its obligation to carry out a monitoring and quality assurance function.

Recommendation 9:

**Standard 19: Management and Monitoring of Foster Care Services
Regulations: Part IV s.12, 13, 17 and Part VI**

National and Local

To meet this Standard and the regulations the HSE must:

- ensure that foster care services are managed in accordance with legislation, the regulations and National Standards and are child centred in every aspect of their delivery
- review the governance of all social work departments in order to satisfy itself that they:
 - are fit for purpose
 - have high quality leadership
 - have suitably qualified staff
- have a senior managerial structure to which they are accountable and which provides clear support to them in the execution of their duties
- establish a *national* register of all foster carers and systems that ensure it is:
 - accurately maintained
 - dependable
 - up to date
 - contains names of any carer(s) found to be unsuitable to care for children
- ensure that all foster carers are approved on the basis of a thorough registration process in the case of first time applicants and that registration status is verified for all other applicants
- ensure that no child is placed with a carer who is not registered
- review and amend as necessary the systems for collecting, recording, filing, day-to-day storage of and archiving of information on children and families so that all records are accountable, coherent, complete, secure,

up to date, reflective of practice, maintained in accordance with legislation and accessible to those with a right to access them

- introduce governance and management systems to quality assure the information systems implemented, and all information held by the HSE in relation to children and families.

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and ensure there is:

- effective monitoring of foster care services by HSE appointed monitoring officer(s), and take any actions necessary to address any shortcomings identified by them.

4.11 Foster care committee

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

Inspectors assessed the performance of the service under Standard 23 of the National Standards as follows:

Standard 23

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

Inspectors found that the practices met the required Standard in part only. The HSE South had a Fostering Approval Committee (FAC) with written terms of reference which were revised in 2008.

The terms of reference described the FAC as a multidisciplinary forum mandated under the child care regulations. They stated the aims and objectives and guiding principals and practices of the Committee. They also gave descriptions of the roles and responsibilities of the members of the Committee. The terms of reference contained procedures to be followed in the approval, reviews and removal of foster carers from the panel in the HSE South. They set out the

appeals process for foster carers who were dissatisfied with the Committee's decisions.

Inspectors found that the terms of reference met many of the criteria as set out in the National Standards. However, deficiencies were evident in the governance and operation of the FAC. It did not have a role or function in the approval of long-term foster placements planned for a duration of at least six months. Inspectors were told this was not a function it had previously undertaken.

Inspectors were told by the Chairperson of the Committee and managers in the FRU that reviews of foster carers were not undertaken as outlined in Standard 17, *National Standards for Foster Care* (2003). Reasons cited included workloads of team leaders and lack of time of the link social workers to undertake reviews of new carers within the first 12 months and subsequently every three years.

The child care manager post which had operational responsibility for the foster care service was central in the dissemination and collection of information on fostering for the HSE South. Inspectors were told by the Chairperson of the FAC, that the Committee had no role in the development of the fostering service. The aims of the Committee was to consider assessment reports and make recommendations about the suitability of carers, endorse the outcomes of the foster carers' reviews, consider and make recommendations in cases of allegations against foster carers.

Inspectors found there were systems in place for the FAC to recommend to the child care manager (delegate) with responsibility for foster care the decisions of the assessments and reviews. The FAC also makes recommendations regarding applications presented by the non-statutory fostering agencies using similar terms of reference as the FRU. The child care managers decide whether to accept the recommendations and then communicate the decisions to relevant parties.

The FAC for the HSE South had eight members. Three were foster carers and two of the members were not employees of the HSE. The Committee members had expertise in psychology, social work, nursing and medical fields. Inspectors were told by the Chairperson of the Committee that members had attended training in 2004 on the competency-based assessment model used to select foster carers. Induction for new Committee members was provided by the FRU managers.

An analysis of the membership of the Committee showed that three members were on the Committee over eight years, three between three to five years, and the remaining two joined in the past two years. Inspectors were of the view that Committee members would benefit from training in the areas of safeguarding

and child protection and that long-serving members should receive refresher training in competency-based assessment.

Recommendation 10:

Standard 23: Foster Care Committee

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

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

National and Local

To meet this Standard and the regulations the HSE must:

- review the functions of the Foster Care Committee(s) to ensure that it:
 - complies fully with the requirements of the child care regulations and National Standards
 - is child centred
 - maintains an up-to-date panel of all foster carers
 - contributes to foster care service planning
 - functions effectively and efficiently
 - is notified appropriately of significant events, serious incidents and allegations
 - receives notifications of the outcome of all foster care reviews
 - confirms that foster carers with whom children are to be placed have been vetted, assessed and approved
 - develops good practice in matching foster carers and children
 - has defined duties in respect of allegations made against foster carers
 - has a defined process for removing the names of foster carers from the panel.

Local

To meet this Standard and the regulations the HSE South Area must implement the recommendations above and:

- review the functions of the Fostering Approval Committee and ensure that it has terms of reference which are compliant with the regulations and the National Standards
- ensure that all members of the committee receive training in safeguarding and child protection
- ensure that long-serving members of the committee receive refresher training in the local method of foster carer assessment.

5. Conclusion

The report outlines the main findings of the inspection of the HSE fostering services in the four local health areas in HSE South Area: North Lee, South Lee, North Cork and West Cork. Inspectors found evidence of good practices during the inspection. However, deficiencies in the provision of foster care services were also evident.

While most children in care had allocated social workers, there were shortcomings found in the provision of care plans for children in care. Not all foster carers had link social workers, while the failure of the HSE to undertake assessments of all relative carers was of concern to inspectors.

Inspectors also found deficiencies in safeguarding and child protection practices as the *Children First: National Guidelines for the Protection and Welfare of Children* (1999) was not fully implemented.

Inspectors found the day-to-day experiences of children in foster care to be positive. There was evidence found from the sample group that carers and social workers were attentive to the primary care needs of children.

The inspectors found evidence that the HSE South needed to review the operations of the Fostering Resource Unit and the Fostering Approvals Committee so that they fulfil their stated objectives in line with best practice and regulatory requirements.

Inspectors found that the information held by the HSE South on the children's register was non-compliant with the regulations and systems needed to be developed to address these deficiencies.

The Authority will conduct a follow-up inspection on receipt of the action plan from the HSE. The outcome of this follow-up inspection will be published by the Authority.

6. Next steps

Considerable work remains to be undertaken by the HSE to ensure that foster care services in the four local health areas inspected in the HSE South are safe, robust and efficient. Therefore, the following steps will be taken by the HSE in conjunction with the Authority:

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

7. References

- Child Care Act, 1991. Dublin: The Stationery Office; 1991
- Children Act, 2001. Dublin: The Stationery Office; 2001
- Child Care (Placement of Children in Foster Care) Regulations 1995 SI No. 260 of 1995. Dublin: The Stationery Office; 1995
- Child Care (Placement of Children with Relatives) Regulations 1995 SI No. 261 of 1995. Dublin: The Stationery Office; 1995
- Data Protection Act, 1988. Dublin: The Stationery Office; 1988
- Data Protection (Amendment) Act 2003. Dublin: The Stationery Office; 2003
- Department of Health and Children. *Children First: National Guidelines for the Protection and Welfare of Children*. Dublin: The Stationery Office; 1999
- Department of Health and Children. *National Standards for Foster Care*. Dublin: The Stationery Office; 2003
- Health Act 2004, Dublin: The Stationery Office; 2004
- Health Act 2007. Dublin: The Stationery Office; 2007
- Health Service Executive. *Review of Adequacy of Services for Children and Families 2008*. Dublin: Health Service Executive; 2008

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.

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

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

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

Placing children with relatives: the Child Care (Placement of Children with Relatives) Regulations 1995 make provision for relatives to receive an allowance

for caring for a child placed with them by the HSE. The child care regulations set out the arrangements for the placement and are broadly similar to the foster care regulations.

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

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

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

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

Appendices

Appendix 1

SSI inspection team members

Members of the inspection team from the Social Services Inspectorate of the Health Information and Quality Authority for the inspection of foster care services in the four local health areas in HSE South, North Lee, South Lee, North Cork and West Cork:

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