



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Inspection of the HSE Wexford Local Health Area Fostering Service in the Waterford/Wexford Integrated Service Area

Inspection Report ID Number: 588

**Inspection Fieldwork: 19 November 2012 – 22 November 2012
26 November 2012 – 28 November 2012
3 December 2012 – 5 December 2012**

Issue date: 15 May 2013

Service information [†]			
Name of HSE Local Health Area:	Wexford		
Name of Integrated Service Area:	Waterford/Wexford		
Type of HSE service:	Foster Care		
Report ID number:	588		
Announced or Unannounced	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced		
Type of inspection:	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Triggered <input type="checkbox"/> Targeted <input type="checkbox"/> Follow-up		
Legal authority to inspect:	Section 69(2) Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011		
Regulations governing HSE Foster Care Services	Child Care (Placement of Children in Foster Care) 1995 Child Care (Placement of Children with Relatives) 1995		
Relevant Standards	<i>National Standards for Foster Care</i> Department of Health, 2003		
Other key National Guidance	<i>Children First: National Guidance for the Protection and Welfare of Children</i> (2011)		
Governance structure:	<input checked="" type="checkbox"/> Statutory reporting structure		
Number of children in foster care in the LHA	Relative: 32	General foster care: 180	Total: 212
Number of children with allocated social worker	Relative: 31	General foster care: 157	Total: 188
Number of carer households	Relative: 28	General foster care: 115	Total: 143
Number of households with assigned link worker	Relative: 28	General foster care: 115	Total: 143
Dates of inspection fieldwork:	19 November 2012 – 22 November 2012 26 November 2012 – 28 November 2012 3 December 2012 – 5 December 2012		
Lead HIQA inspector:	Tom Flanagan		

[†] Data Source: HSE Child and Family Services Template completed by Wexford Local Health Area (LHA). This was completed at the request of inspectors as part of this inspection. Amendments were made, following verification by inspectors on site.

HIQA support inspector(s):	Susan Geary
Date of last inspection:	N/A
Type of last inspection:	<input checked="" type="checkbox"/> Not applicable - first inspection of service <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Triggered <input type="checkbox"/> Targeted <input type="checkbox"/> Follow-up
ID number of last HIQA inspection report for this service:	<input checked="" type="checkbox"/> Not applicable - first inspection of service

Contents

Service information	ii
1. Introduction.....	2
2. Profile of HSE Wexford LHA.....	3
3. Summary of findings	5
4. Methodology.....	6
5. Inspection findings	7
6. Children and young people comments.....	35
7. Summary of Standards	37
8. Glossary of Terms	39
9. Action Plan	41

1. Introduction

The great majority of children in the care of the Health Service Executive (HSE) who require a care placement are placed in foster care, which is provided for in the Child Care Act, 1991 and regulated through the Child Care (Placement of Children in Foster Care) Regulations 1995 and Child Care (Placement of Children with Relatives) Regulations 1995 (referred to in this report as the child care regulations). Once the child is in the care of the HSE, the HSE has responsibility for that child's care, welfare and upbringing. Children are generally placed in family situations, either with their relatives or with general foster carers.

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

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

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

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

Acknowledgements

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

2. Profile of HSE Wexford LHA

The LHA provides a range of health and social services throughout the county of Wexford. According to the HSE Review of Adequacy for HSE Children and Families Services 2010 (published April 2012), the Wexford Local Health Area (LHA) had an estimated child population of 37,776 in 2010 and had 216 children in care, which was the ninth highest percentage of children in care of the 32 LHAs in Ireland.

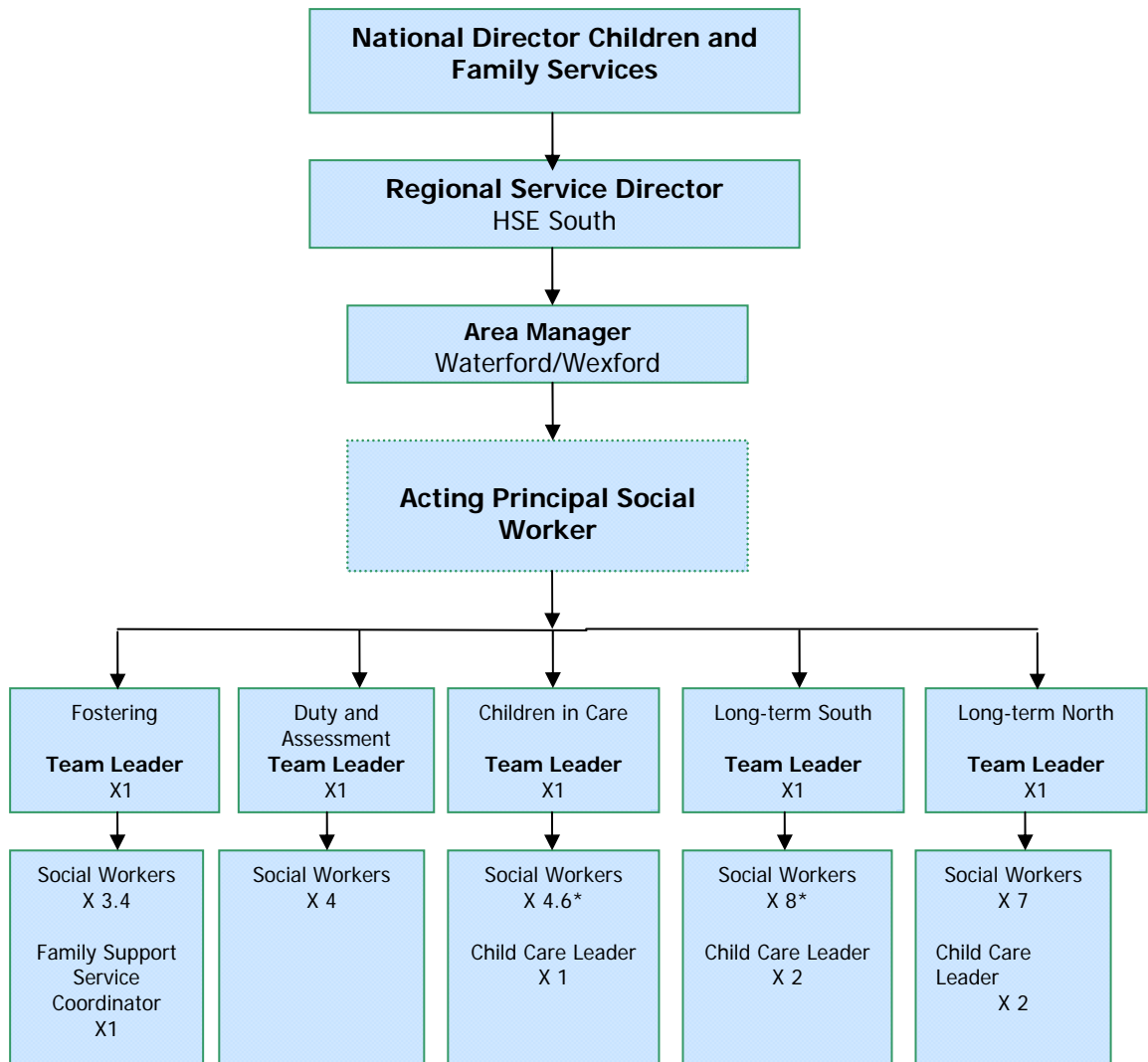
At the time of this inspection, there were 212 children living in foster care in the LHA being cared for by 214 foster carers and 38 relative carers in 143 households. 188 (89%) children had an allocated social worker, while 252 (100%) carers had an allocated link worker (link social workers support carers in caring for children).

There were 15 (10%) households caring for more than two children who were not siblings. The service had not placed any children in non-statutory foster care placements. There were three children awaiting foster care placements.

Each LHA throughout the country has a social work department. The department may comprise a number of social work teams, each led by a social work team leader, under the direction of a principal social worker.

The social work service in Wexford LHA was provided by five separate teams, comprising a duty and assessment team, two long-term teams, a children in care team and a fostering team. Each of the teams had a team leader, who reported to the acting principal social worker. The teams and their membership are outlined in the organisational chart in Figure 1 on the following page.

Figure 1. Organisational structure of the Social Work Department, HSE Wexford Local Health Area*



* One member of the team on maternity leave.

* Source: HSE Limerick Local Health Area.

3. Summary of findings

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

Overall, HIQA inspectors found that the outcomes for children in foster care in the LHA were positive in general. There were examples of good practice in relation to the majority of the Standards but there were also deficits in the practice and systems which supported the children's placements. Children were treated with dignity and their privacy was respected. There was evidence that they were consulted about decisions, encouraged to voice their opinions and that they routinely attended their child in care reviews. Children received a high level of support from staff who were professionally qualified. Children's contact with their family and friends was promoted and, where possible, they were maintained in their own community. Children were supported and encouraged to attend and do well at school and their primary health needs were being met. However, children were not always fully informed in writing of their rights and the quality of information available to children to support them to make a complaint or access information needed to be improved. There was a lack of culturally appropriate placements to meet the needs of children from different backgrounds. Young people received assistance to prepare for leaving care. An aftercare service was provided, but the national policy on Leaving and Aftercare was not fully implemented.

There were many practices in place in the LHA to ensure children were safe and protected from abuse. However, the Children First (2011) guidance was not implemented in full. Improvements were required to make sure that all practices, especially those in relation to dealing with allegations against carers, updating Garda Síochána vetting and reviewing foster carers, are sufficiently robust to fully promote the safeguarding of children.

Children who had an allocated social worker had their care coordinated in line with the Standards and they were visited in their foster homes by their social workers. The majority of children had reviews of their care plan in line with regulations. However, 24 children in care were without an allocated social worker at the time of the inspection.

The quality of care provided by foster carers was good and relative carers were prioritised for assessment. However, procedures for the recruitment of foster carers, including adherence to the timeframes laid down for the assessment process and the practice of undertaking Garda Síochána vetting and child protection checks needed to be improved. All foster care households had an allocated link worker and foster

carers felt well supported by their link workers. However, some foster carers required more supervision than they were receiving. There was good quality training available for foster carers but there were no reviews of foster carers in the LHA.

The new management and governance structures provided clear lines of authority and accountability and the local management team demonstrated leadership and a commitment to improve the quality of services to children. National policies needed to be implemented in full. Strategic planning for the development of the service required improvement, while the management of risk required further development. The service was under-resourced with the social work department functioning at approximately 70% of its staff complement. The role and functions of the Foster Care Committee[‡] needed to be further developed, the matching process was not robust and reviews of unplanned endings were not carried out. Written information on the complaints procedures needed to be produced and disseminated and the complaints management system needed to be enhanced.

4. Methodology

Inspectors reviewed policies and procedures, records and other documents and data as part of this inspection of the quality of the HSE foster care services to children in this LHA. The Authority also conducted on-site fieldwork, which included interviews with key HSE personnel, examination of children's and carers' case files, home visits to foster carers and children, and interviews with birth parents.

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

The inspection approach entailed review and evaluation of information derived from multiple sources including documentation, data, interviews and on-site fieldwork. The Authority issued formal requests to the HSE for documentation and data in accordance with Section 69(3) (b) of the Child Care Act, 1991. Information was also obtained through interviews with HSE staff. Inspectors selected and met with 13 children and their carers during visits to 10 households. They also spoke with six birth parents on the telephone to elicit their experiences of the service. The Authority also reviewed the case files of 32 children and 38 foster carers as part of the evidence gathering process.

[‡] This is a Committee that makes recommendations to the HSE on the suitability or otherwise of foster carers.

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

5. Inspection findings

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

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

Related reference:

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

Summary of Outcome 1

Children were treated with dignity and their privacy was respected. They were listened to and consulted about decisions although some were not fully aware of their rights and there was a lack of written information in this regard. Children from different backgrounds and abilities received informed and sensitive support from the LHA, but resources to meet their needs were limited.

Standard 3: Children's rights

This standard was met in part.

Inspectors found that the rights of children in relation to access to services, information and the making of complaints were promoted by their social workers. Children were aware of their rights and they told inspectors that they understood that they had the right to express their views and to make choices. However, several children told inspectors that they had never received any information in writing outlining their rights. Some children were given personalised information sheets

about foster care and what it meant but other children were not. This meant that not all children received consistent and comprehensive information about their rights.

Children were listened to and their feelings and opinions were taken into account in decisions about their care. The LHA actively promoted the involvement of children in their reviews, when appropriate. Inspectors viewed a sample of children's files and noted that children attended their reviews unless they themselves chose not to. In addition, inspectors found that children completed their own forms to bring to the review in which they outlined their wishes. The children told inspectors that they had a say in the decisions made about them. The questionnaires returned by young people to inspectors indicated that they were consulted about decisions that affected them.

Children were facilitated to exercise choice as individuals in areas such as leisure activities and appearance. Many of the children visited by inspectors talked about a broad range of interests and activities in which they were involved. Inspectors viewed the rooms of several children at their invitation and found that some had mementos and keepsakes and all of the children had individualised their space as they wished.

Children's complaints were dealt with in a child-centred way and records demonstrated the efforts made to resolve the children's complaints. However, the outcomes of the complaints were not always clearly recorded on file and it was not always evident that the children and young people were satisfied with the outcomes. Children told inspectors that they would tell their foster carers or social workers if they had a problem and some told the inspectors that they had their social worker's telephone number, met their social worker in private and that they would tell them if they had a complaint. However, none of the children had received any information in writing outlining how to make a complaint. While they told inspectors that they would ring their social workers, many of them did not know what they should do if they were unhappy about the response they received.

Standard 4: Valuing diversity

This standard was met in part.

Children's cultural identity was valued and staff engaged with children on such issues. However, children from different ethnicities and cultures were not placed with foster carers from the same background and inspectors found that the LHA did not have a range of culturally appropriate placements available to meet the needs of all children.

The LHA made significant effort to meet the needs of children from different backgrounds. Inspectors viewed the minutes of reviews which showed that individual children's needs in this regard were discussed. The case files demonstrated that life story work had been completed and, in cases where children were from a different ethnic or cultural minority background, extensive direct work was carried out by staff

to help children understand and appreciate their identity. Inspectors found that the needs of individual children were identified in their care plans but the overall needs of specific groups of children were not identified.

The needs of children with disabilities were not always met. There was a large number of children with disabilities. Inspectors found that the needs of children with disabilities under the age of five years were met but, for older children and those with a mild learning difficulty, there were gaps in the level of service provided. Social workers told inspectors that children over five years of age spent significant amounts of time on waiting lists for services, particularly for psychology services. Managers confirmed that the disability services did not provide a service to children over the age of five with a mild intellectual disability. Inspectors found evidence that such children were particularly vulnerable when leaving care. Inspectors viewed files and found that strenuous efforts were made by the social work department to involve disability services in the planning for these children and young people, although they did not meet the stated criteria for such a service. Social workers and foster carers told inspectors that there was a difficulty in sourcing appropriate educational and vocational placements for young people with mild intellectual disabilities who were leaving care. Foster carers said that they were worried about what would happen to these young people when they reached 18 years of age and continued to require the support of services. Inspectors found that there was a risk that children and young people with mild intellectual disabilities might not receive an adequate service at a particularly vulnerable time in their lives.

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

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

Related reference:

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

Summary of Outcome 2

Children enjoyed good quality contact with their family and friends and this was supported and promoted by foster carers and LHA staff. Sibling groups remained together whenever possible. Children were generally placed in their own communities. However, the number of children placed in the care of their relatives was low and some opportunities to remain in their wider family context may have been lost.

Standard 1: Positive sense of identity

This standard was met in part.

The number of children placed in relative foster care was low. Approximately 15% of children in foster care in the LHA, 32 children out of a total of 212, were placed with relatives, compared to approximately 50% in other LHAs. While the LHA informed inspectors that they always considered relatives first, this was not always recorded in the case files.

There was a sufficient number of foster carers available around the county to ensure that children were facilitated to continue to live within their own communities in so far as possible. Children, parents, carers and social workers told inspectors that this was the case and that this was discussed in the children's review. A review of children's files showed that this was recorded. This meant that they could continue to attend their schools and maintain contact with family and friends.

Foster carers promoted a positive sense of identity for the children in foster care and children were helped to understand events in their lives. Foster carers and children showed inspectors scrap books which contained photographs of significant events throughout the children's lives. Inspectors also saw evidence on files of life story work which promoted the children's understanding of their history and their sense of identity. Children were facilitated by carers in keeping mementos from home and family photographs. However, while some social workers helped children to access

information about their backgrounds from their files, inspectors found that the LHA had no policy in relation to the promotion of this right.

Standard 2: Family and Friends

This standard was met.

The foster care service had sufficient resources to enable siblings to be placed together in accordance with their care plans except in the case of very large sibling groups. Twenty eight sibling groups were placed together and social workers told inspectors that they always strived to do this when appropriate. Inspectors spoke with some children who did not live with their siblings and they confirmed that they were supported by their social worker to see their siblings regularly.

Children were in contact with their family and friends and this supported significant ongoing relationships. There was a dedicated access house which provided a homely atmosphere for access visits when they could not take place in the birth family home. Inspectors visited the access house and observed that the facility was used by extended family members and to celebrate key events in the lives of children and their families. There was no waiting list for this service and inspectors found that it facilitated high quality access. It was sufficient to meet the needs of children and families in the LHA.

Parents were involved in the care of the children in partnership with foster carers and social workers, where appropriate. Files viewed by inspectors showed that many parents attended reviews. Parents confirmed that they were invited to reviews and that social workers listened to their opinions. A number of parents told inspectors that they visited their children in the foster care households on a regular basis. Parents expressed satisfaction that they were informed about important events in their children's lives, and many spoke about foster carers contacting them directly to keep them up to date on issues about their children.

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

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

Related reference:

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

Summary of Outcome 3

The majority of children enjoyed stability in their placements although the processes for matching children with carers were not sufficiently robust to ensure that all children were placed with foster carers who had the capacity to meet their needs and therefore reduce the risk of multiple placements for children. Children's educational and health needs were assessed and, in the main, they were met. Their needs in terms of specialist services were not always met and their health records were not always complete. Overall, children lived in safe environments which were warm and nurturing. Young people received assistance to prepare for leaving care and an aftercare service was provided although the national policy on Leaving and Aftercare was not fully implemented.

Standard 8: Matching children with carers

This standard was met in part.

A clear process was in place for arranging the planned placement of a child in foster care. The child's social worker submitted a placement request to the fostering team who discussed the request at their team meeting. They told inspectors that they considered the child's needs and the available foster care places and made great efforts to match the child with suitable carers in their local community. The files of children showed that many did remain in their local communities and continued to attend their own schools. However, inspectors found that there was no standardised comprehensive assessment framework for assessing the needs of children and those

needs were not clearly documented in the placement request forms. Social workers and foster carers told inspectors that foster carers did not always get full information on their prospective foster child which could lead to foster carers accepting children for placement whose needs they could not always meet.

Inspectors found that there were also a number of other issues that needed to be addressed in order to improve the process of matching:

- the Foster Care Committee had no role in matching children with foster carers or in approving the long term placements of children
- there were 36 foster carers who provided care for children, whose need for long-term care they were not approved to meet
- there were no foster carers from different cultural and ethnic backgrounds
- there was a very limited special foster care provision.

No data was gathered on placements that ended in an unplanned manner and there were no formal reviews of unplanned endings. Data submitted to the Authority by the LHA showed that 17 children in foster care had unplanned endings to their placements in the previous 12 months. Inspectors viewed the files of some of these children and found that a number of them already had a history of placement breakdown and were especially vulnerable. There did not appear to be learning from these placement breakdowns, although the number of them was of concern. Since there were no formal reviews of foster carers, even following a placement breakdown, the ongoing capacity of foster carers to provide a quality service to the children with very complex needs was not re-assessed. Link workers told inspectors that they discussed unplanned endings in their team meetings and issues such as further training for foster carers were addressed.

The fostering team leader told inspectors that the link workers monitored how placements were progressing, discussed their cases in supervision and prioritised support for foster carers who were experiencing difficulties. Foster carers told inspectors that the link workers responded quickly and provided support when it was required. There was also evidence to show that social workers and child care leaders provided support to children according to their level of need. Records showed that, in the event of an unplanned ending, social workers acted quickly to find a suitable alternative placement for the child concerned.

Standard 9: A safe and positive environment

This standard was met in part.

The primary care needs of children were met. Inspectors visited a randomly-chosen selection of foster care households with the permission of the foster carers and children who lived there and found them to be warm and nurturing environments. Inspectors found that furnishings, facilities and accommodation of the foster care households were safe and that there was sufficient space for the number of people living there. Inspectors observed that a great deal of affection was shown by foster carers to children and vice versa and that age-appropriate boundaries were in place.

Children who spoke with inspectors told them that they were well cared for and well treated and that they trusted their foster carers. The children and young people invited inspectors to see their rooms, which were comfortable and appropriately furnished. Children were integrated into the foster care families and took a full part in family events such as holidays. Many of the children spoke about the support their foster carers gave them to pursue interests in sport, music and other activities. Children had adequate food and clothing and foster carers took into account the individual preferences and needs of the children.

Until recently, the assessment of foster carers had not included any health and safety assessment of their homes and the surrounding environment. The files of foster carers which were viewed by inspectors did not contain health and safety assessments. The fostering team told inspectors that health and safety assessments had been introduced recently and had been completed for people being assessed as foster carers at the time of the inspection. One file did contain a health and safety checklist which was a self-assessment by a foster carer but inspectors found that a more robust health and safety assessment was required.

Standard 11: Health and Development

This standard was met in part.

The health and developmental needs of children and young people were addressed in their care plans and seen as a priority by foster carers. Inspectors found that there was good communication between social workers and foster carers in relation to health needs and the primary health needs of children were met. Foster carers told inspectors that the subject of health needs was addressed during their training and, more recently, foster carers were trained in first aid techniques.

Foster carers who spoke to inspectors understood their responsibilities regarding consent for medical treatment and their duty to inform the HSE in relation to health issues. Birth parents interviewed by inspectors stated that social workers kept them informed regarding any health issues that arose for their children and that their consent was sought for any treatment that was necessary.

Complete medical histories of children were not routinely collated by the social workers and foster carers were given very little information on the medical histories or health needs of the children. Some files did not contain immunisation records or evidence of medical examinations being carried out before the children came into care.

The case files showed that social workers recorded health needs of children and advocated for access to community health services. There was evidence from foster carers and in the case files that child care leaders undertook specific pieces of work with some young people on issues such as sexual health and drug awareness. Some of the young people met by inspectors had been encouraged to take increased responsibility for their own health needs between the ages of 16 and 18 years.

However, children in foster care were not given prioritised access to specialist health services in the LHA. Social workers and foster carers told inspectors that there were long delays of up to two years in accessing psychology services and that the extent of mental health services provided varied according to whether the child lived in the north or south of the county.

Standard 12: Education

This standard was met.

Children were supported to achieve their educational or vocational goals. The case files showed that the educational needs of young people were outlined in their care plans and that there was good liaison between social workers and teachers. Inspectors found that school reports were contained in the files and that educational psychology reports were present in some files. There was also evidence that social workers supported children who experienced difficulties in school or who had not attended school for some time in returning to school or in accessing an educational or vocational training placement suitable for their needs. Foster carers spoke to inspectors of their role in promoting education and learning and supporting the children in their care to maintain the school and vocational placements. There was evidence that teachers attended professionals' meetings in relation to some children.

Standard 13: Preparation for leaving care and adult life

This standard was met in part.

Young people in foster care in the LHA were encouraged and assisted to develop the life skills and competencies necessary for adult living and there was an aftercare service available. However, staff told inspectors they were unable to implement the HSE Policy and Procedures on Leaving and Aftercare in full due to staffing shortages.

There was no dedicated aftercare team in the LHA. Some child care leaders told inspectors that they felt ill-equipped to deal with aftercare cases in addition to their work in the teams. Furthermore, they told inspectors they had received no specific training on the provision of aftercare and that they had difficulty accessing resources, such as accommodation, in the community. Up to the age of 18 years, the aftercare service was provided by the young person's social worker and a child care leader. Once a young person reached the age of 16, a child care leader was invited to the next review of the care plan. A plan for leaving care and aftercare was formulated and the child care leader undertook specific pieces of preparatory work with the young person. When the young person reached the age of 18, they were discharged from the social work service and from foster care and the child care leader continued to work with them as their aftercare worker.

Young people over the age of 16 had care plans that included aftercare plans. Inspectors found examples of good quality work with young people preparing for leaving care, which had very positive outcomes for the young people concerned.

However, there were also examples of young people, such as young people with mild intellectual disabilities, who did not have specialist support services formally involved in their care. Data provided to the Authority showed that 22 young people over the age of 18 years were receiving an aftercare service. Fourteen young people, ten of whom were living in supported lodgings, were attending college or training.

Young people preparing for leaving care were encouraged to become more independent and assume more responsibility for their behaviour and their choices. Inspectors met with young people who met their GP and discussed their health needs in private and were supported to live away from their foster home for periods of time to pursue vocational goals. Foster carers told inspectors that the young people were assured that they could continue living with their foster parents if they wished when they reached the age of 18 years and their legal status changed.

The area manager told inspectors that he was reviewing the provision of aftercare in the Wexford/Waterford integrated area and that a restructuring of the service was being discussed.

Outcome 4 – Children are safe and services comply with *Children First: National Guidance for the Protection and Welfare of Children*.

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

Related reference:

- Standard 10: Safeguarding and Child Protection
- *Children First: National Guidance for the Protection and Welfare of Children 2011*.

Summary of Outcome 4

Children were safe and protected from abuse but there were deficits in some safeguarding practices which could lead to a potential risk to the safety of children in foster care. For example, the Children First (2011) guidance was not implemented in full and not all foster parents were adequately trained or reviewed.

Standard 10: Safeguarding and Child Protection

This standard was met in part.

Many practices were in place to ensure the safety and wellbeing of children. However, Children First (2011) had not been implemented in full and a number of improvements were required to make certain that all practices fully promote the safety of children in care. Social workers were aware of the policies and procedures in relation to children in foster care and were clear that Children First (2011) procedures should be followed for all children, including those in foster care. The LHA provided a comprehensive Foundation Training Course for all prospective foster carers. Foster carers told inspectors that they found this to be thorough and comprehensive and this included areas like safe care practices, guidelines to follow if a child goes missing from care and managing challenging behaviour.

However, not all foster carers attended the training sessions or the briefings on Children First (2011). Foster carers who had been assessed and approved some years ago had not had the same level of foundation training as the more recently recruited carers. Some foster carers told inspectors that they would welcome the opportunity to attend this updated training. As a consequence, foster carers approved some years ago had not had any training in key areas like safe care practices, although they did state that their social worker sent them information from time to time on relevant issues.

The contact between social workers and children was the main mechanism for ensuring the safety of children in foster care. Social workers visited children in their foster homes and met with them in private. Children informed inspectors that they felt safe in their foster homes and that they would inform their social worker if they felt unsafe. Good safeguarding practice was seen in relation to relative carers being prioritised for assessment, thereby minimising the amount of time a child was placed with an un-assessed relative. However, at the time of inspection, 24 children in care were without an allocated social worker due to some staff being on extended leave, and, while a team leader managed any immediate concerns if they arose, these children were not being visited in the foster home and their progress in the placement was not regularly monitored. Moreover, they did not have the same opportunities to express concerns as children who were visited regularly.

Inspectors viewed the files of carers and found that in some cases several years had elapsed since Garda Síochána vetting had been received for some foster carers. As there were no current profiles of the foster care households on the file, the current composition of the household was unclear. Inspectors could not ascertain if there were other adults in the household apart from the foster carers and, if so, whether Garda Síochána vetting had been sought for these adults.

Not all reports of welfare and child protection concerns had been dealt with in accordance with Children First (2011) and local policy. The LHA had a comprehensive policy in relation to dealing with allegations against foster carers. Inspectors found that, when the policy was applied, there was good practice in relation to addressing allegations against carers. Inspectors viewed files where allegations had been made and found that, when the policy was followed, an assessment was conducted, measures were taken to ensure the safety of the child and a full report was presented to the Foster Care Committee, thus ensuring safe practice in this area. Inspectors also viewed files which showed that the policy had not been followed. In these instances, inspectors were concerned that children could potentially be at risk. This concern was raised with managers during the course of the inspection process.

Furthermore, managers told inspectors that they did not maintain a comprehensive record of allegations made against foster carers. While managers may have been informed of an allegation against a carer, there was no system in place to ensure that all the procedures had been followed and the matter concluded. Inspectors found that, in a case in which a concern had arisen about a foster placement, a comprehensive risk assessment was not conducted to ensure the safeguarding of any future children placed in this household. The Foster Care Committee, while informed of allegations against foster carers, did not maintain a log or record of these allegations in order to track the practice in the area, as outlined in the policy.

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

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

Related reference:

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

Summary of Outcome 5

The care of the majority of children was planned and managed effectively by social workers to whom they had good access. Children received a high level of support while in foster care and children, their parents and carers were actively involved in decision making. However, the quality of care plans could be improved by the participation in reviews of all professionals involved in their care.

Standard 5: The Child and Family Social Worker

This standard was met in part.

The majority of children had a social worker allocated to them. Data submitted to the Authority showed that 188 (89%) of children in foster care had an allocated social worker (see Table 1).

Social workers visited the children in their foster homes on a regular basis every six months, in line with the regulations. Data returned by the area outlined that 210 children had received a visit from their social workers within the past six months (Table 1). Arrangements were in place to visit the remaining two children.

Children told inspectors that they could speak to their social workers in private and that they had their social workers' mobile telephone number and could contact them if they needed to. Foster carers informed inspectors that the children's social workers were accessible to them. Social workers spoken to by inspectors were aware of their duties in relation to visiting children in care.

Social workers were familiar with the children and their needs. Inspectors viewed the files which showed that social workers kept up to date and comprehensive records and linked in with other professionals as required in relation to the children. The LHA had an IT system in which all activity, including home visits and telephone calls regarding children, was recorded.

However, 24 children did not have an allocated social worker who would coordinate their care as required by the standard and with whom they could develop a trusting relationship.

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

Children in foster care	Total children in foster care is 212	%
Number of children with an assigned social worker	188	89%
<i>Regulation Article 17</i> Number of children who had been visited in the past six months by a child and family social worker	210	99%
<i>Regulation Article 11</i> Number of children with a written care plan on file	212	100%
<i>Regulation Article 18</i> Number of children whose care plans have been reviewed in accordance with the regulations	180	85%

Standard 6: Assessment of Children and Young People

This standard was met in part.

There was no stand-alone assessment of each child recorded in an easily accessible format. The needs of the children were recorded in case notes, in the review minutes and care plans. The area manager told inspectors that in the absence of a nationally agreed assessment of need framework, the LHA did not utilise any particular assessment tool. Social workers acknowledged that, should a social worker not be available for any reason, locating the needs assessment of the child would be difficult since there was no single document on the file. The needs of the children in care were discussed at reviews and children and parents participated in this process. Social workers confirmed to inspectors that they assessed the children's needs on an ongoing basis and made efforts to ensure all their needs were addressed. Social

workers spoken to by inspectors had a good knowledge of the children's needs and demonstrated good liaison with other professionals regarding the specific needs of the children. Inspectors found that social workers were proactive in accessing specialist services for children and inspectors found evidence that social workers advocated on behalf of the children for access to the specific services they required.

There was evidence of good liaison between the children's social workers and the fostering team and evidence that the needs of the child informed the placement offered by the fostering department.

Standard 7: Care Planning and Review

This standard was met in part.

All children in the area had care plans which were informed by social work assessments. However, files viewed by inspectors found that social workers did not routinely update the care plans. The practice in the area was that, if changes were required to the care plan following a statutory care review, the team leader would note the changes on a one page 'Update to Care Plan'. Inspectors found that, in some instances, this meant that the original care plan no longer reflected the current needs or circumstances of the child and the care plan itself became fragmented. Social workers informed inspectors that making changes to the original care plan for the child would not be a significantly time consuming task, since the forms were generally contained on the IT system and changes could be easily made to the original document.

Children and their parents told inspectors that their views were sought at reviews and that they were free to voice their opinions. One hundred and eighty (85%) children had had reviews of their care plan in line with regulations (Table 1). Files viewed by inspectors showed good participation and attendance by children and parents. Minutes of reviews were generally circulated to relevant participants. Care plans were reviewed at review meetings.

However, data submitted to the Authority showed that 32 children, the majority of these being children who did not have an allocated social worker, did not have an up-to-date review of their care plan. Since the care plan document itself was not always amended to reflect the changes in the circumstances of the child, inspectors found cases in which there were 'Update to Care Plan' sheets spanning several reviews, which made it difficult to establish what the current care plan for the child was.

The quality of care plans for some children could be improved. Social workers told inspectors that, when necessary, they contacted schools and other professionals for information prior to a review but that this was at their discretion and not a pre-requisite for a review. Inspectors were concerned that some reviews of children with complex needs were held without the participation of the relevant professional with, for example, the expertise in the area of the child's disability. Disability services did

not routinely contribute to the child's care planning process as required by Standard 7. Representatives from other services such as schools, health services or disability services, who were involved in the children's care, were not routinely invited to attend or contribute in writing to reviews.

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

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

Related reference:

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

Summary of Outcome 6

Children lived with foster carers who had been assessed or were in the process of being assessed by a qualified social worker. However, not all assessments were carried out in a timely manner and the procedure for recruiting foster carers was slow, which could impact on the availability of placements for children. Some children lived with foster carers who were not approved to meet their particular needs for long term care and this meant that their placements could become unstable. The practice of undertaking Garda Síochána vetting and child protection checks was not sufficiently robust to ensure that checks had been carried out on all adults living in foster care households.

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

This standard was met in part.

Prior to the inspection, the LHA submitted written procedures for the recruitment of foster carers, which set out the steps to be followed from the initial enquiry to the commencement of the assessment process, and a Fostering Assessment Tool and Guidance document. However, these did not constitute a written policy on the assessment and approval of foster carers and clear assessment procedures to enable the LHA to approve and match foster carers to the needs of children in their care.

All general foster carers had undergone a formal assessment carried out by a link worker, who made recommendations to the Foster Care Committee as to whether

the applicants should be approved and, if so, what services they could offer. The files also contained medical references, Garda Síochána vetting and references for the applicants. However, inspectors found that the vetting process was not comprehensive and suitably robust. Data supplied by the LHA to the Authority showed that 160 child protection checks were outstanding. This figure included internal HSE child protection checks on 86 foster carers and 44 Garda Síochána vetting checks on adult children of foster carers. Inspectors expressed concern about these outstanding checks at a pre-inspection meeting with LHA managers and the matter was addressed immediately. During the inspection inspectors found evidence of recently completed child protection checks and Garda Síochána vetting applications.

All general foster carers were approved by the Foster Care Committee prior to children being placed with them. However, while the register of foster carers recorded that all general foster carers were approved, the date of the approval was not included for over 30 foster carers. Inspectors found that the files for the majority of foster carers contained a letter of approval. However, the files of some foster carers, who had been caring for many years, did not contain a letter of approval and made no reference to their having been approved by the Foster Care Committee.

The files of foster carers contained copies of the contracts between the HSE and the foster carers for children placed with them. In the majority of foster carer files, the approval status of foster carers, i.e. whether the foster carer was approved for emergency, short-term, long-term, relative or day fostering, was recorded. However, inspectors found that many children were living with foster carers who were not approved to meet their particular need for long-term care. This was particularly problematic as foster carers in this situation were not being formally reviewed. Figures supplied by the LHA during the inspection showed that there were 36 foster carer households in which foster carers were caring for children whose particular need for long-term care they were not approved to meet. This created a potential risk to the stability of children's placements as they could be living with foster carers who did not have the knowledge and skills to care for them.

Staff told the inspectors that the complete process from application to assessment and approval of foster carers could take in excess of 12 months and that assessments were generally taking between 16 to 26 weeks. This could result in the drop out of potential carers and impact on the availability of suitable carers in the LHA. The foster carer files did not contain a chronology sheet which outlined the timescale for the assessment process of individual foster carers. The HSE subsequently told the Authority that the assessment report contains a timescale. The Fostering Team Leader told the inspectors that the 16 week timeframe required by the Regulations was not achievable in practice due to shortage of staff and the demands of the assessment process.

There was a clear, written policy on the assessment and approval of relative foster carers and clear assessment procedures. It was the policy of the LHA to allocate a link worker to relative carers immediately in the case of an emergency relative

placement.

The majority of relative carers were formally assessed by a link worker and approved by the Foster Care Committee. At the time of the inspection there were three relative carer households which had not been approved. One of these was located in another LHA. Inspectors were told that the link worker in the other LHA had undertaken the assessment and the Foster Care Committee in that LHA were due to consider the application for approval within weeks. Preliminary checks had been undertaken for the remaining two relative carers and the assessments were in progress.

The vetting process for relative carers was not comprehensive and suitably robust. The files of a sample of relative carers contained medical references, Garda Síochána vetting and references for the applicants. However, Garda Síochána vetting checks on the adult children of foster carers had not been completed in all cases. Inspectors found that the files of relative carers contained copies of the contracts between the HSE and the relative carers for children placed with them.

The timeframe of 12 weeks after the date of placement for completion of the assessment and approval process as required by the Regulations was not being met. Inspectors found that, while the risk to children's safety might be deemed to be low following the completion of preliminary checks, the process required strengthening to ensure that relatives who were providing care to children were suitable.

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

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

Related reference:

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

Summary of Outcome 7

Foster carers were supported by link workers but this support was not provided in a consistent way. Not all foster carers were sufficiently supervised and not all attended ongoing training. The suitability of carers was not formally reviewed and thus it could not be assured that children were living with carers who had the knowledge and skills to provide suitable high quality care for children.

Standard 15: Supervision and Support

This standard was met in part.

All 143 foster care households, including relative carers who were awaiting assessment, had an allocated link worker (Table 2). Inspectors visited and spoke to foster carers in 10 households. All had received copies of the National Standards for Foster Care. Foster carers were clear about their roles as foster carers. The majority of foster carers who met with inspectors said that they received great support from their link workers, who visited them regularly and were very available to them for advice and information.

However, inspectors found that the files of foster carers reflected a lack of consistency in the level of support provided. Letters were issued from the fostering team to foster carers in 2012 indicated that the reduction in staff numbers in 2011, coupled with restrictions on travel, would result in less frequent home visits and the provision of more office-based clinics to foster carers. However, there was no evidence that foster carers attended more office-based clinics. The files of some foster carers contained records of regular visits, telephone calls and discussion of pertinent issues. Other files contained no records of visits or telephone calls for periods of up to 18 months and not all serious incidents that were alleged to have occurred in foster care households were recorded. Data supplied to the Authority by

the LHA showed that the individual caseloads of link workers had increased since December 2011 from an average of 27 to 43 households and link workers told inspectors that the shortage of staff made it difficult for them to carry out all the functions of a link worker.

Supervisory meetings with foster carers, as outlined in the HSE Guidance for Link workers (January 2012) were not recorded. During 2012, the fostering team introduced a programme of monthly support mornings for groups of foster carers in different locations around the county. Individual foster carers told inspectors that these gatherings proved very beneficial for them in a number of ways. They had the opportunity to meet other foster carers and found this to be supportive. They also received information and presentations on issues such as bullying which they found informative and useful.

Inspectors attended one of the support mornings and spoke with up to 20 foster carers who were present. Many of the group spoke very positively about the support they received from the link workers and they valued the introduction of the support mornings. A number of issues of concern to the foster carers were also voiced. These included lack of supervision, the associated danger of burnout and the pressure on foster carers to offer placements in the absence of an appropriate matching process.

Standard 16: Training

This standard was met in part.

General foster carers received training in their role prior to children being placed in their care. All foster carers who met with inspectors told them that they had received training during the period of their assessment. Records showed that 10 applicant foster carers, who were undergoing assessments at the time of inspection, had attended Foundations for Fostering training. The training was provided by members of the fostering team and a number of experienced foster carers.

Ongoing training was also provided to foster carers. In the 12 months prior to the inspection, 33 foster carers attended the Foundation for Fostering training; 15 attended Attachment for Foster Care training; and 13 attended Therapeutic Intervention for Foster Carers. Fifty five foster carers attended a briefing on Children First (2011) in December 2012. Several foster carers who attended the support morning spoke highly about the training courses and expressed the hope that they will continue to be provided. In addition to training for foster carers, 13 children of general foster carers and relative carers attended New Horizons training. Inspectors found the provision of training to be of a good standard.

No overall training records for foster carers were maintained by the LHA and, therefore, it was not possible for the LHA to say how many foster carers had attended training since their approval. Foster carers were not required to attend ongoing training and the majority of foster carers' files viewed by inspectors did not contain any reference to completed training. Furthermore, there was no analysis of

the training needs of foster carers and inspectors found that there was no strategy for ensuring that all foster carers received training on a regular basis in order to further develop the skills and knowledge they required in order to provide high quality care.

Standard 17: Reviews of Foster Carers

This standard was not met.

Reviews of foster carers did not take place. As reviews provide valuable information on the strengths and weaknesses of the fostering service and serve to ensure the continuing capacity of foster carers to provide high quality care, the absence of reviews was a serious deficit.

The fostering team told inspectors that they had plans in place to commence the process of reviewing foster carers in 2012 but that, due to a shortage of staff, they could not implement these plans. Foster carers who spoke to inspectors confirmed that they had been told that reviews would take place.

Inspectors raised this issue with management of the service who acknowledged that failure to carry out reviews was not acceptable.

Table 2. Allocation of link worker to carers

Foster carers households	Number	%
All foster carers households	143	100%
Assigned a link worker	143	100%
Not assigned a link worker	0	0%
General (non-relative) foster carers	115	100%
Assigned a link worker	115	100%
Not assigned a link worker	0	0%
Relative foster carers	28	100%
Assigned link worker	28	100%
Not assigned a link worker	0	0%

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

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

Related reference:

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

Summary of Outcome 8

The management system in place was not yet fully developed and was not sufficiently robust to ensure that an analysis of the needs of children informed the planning of service delivery. Some national policies designed to improve the outcomes for children had not been implemented. The social work service to children in foster care was quality assured but the system of monitoring the overall service needed strengthening. Children with serious behavioural difficulties were not supported with a sufficient range of special foster care placements and the service was not sufficiently resourced to meet the needs of all children in foster care.

Standard 18: Effective policies

This standard was not met.

Some of the HSE national policies had been implemented fully in the LHA. However, a number of key national policies had not been implemented and other national policies had been only implemented in part.

The LHA had implemented policies on measuring, managing and reporting on social work activity and the quality assurance of child protection cases. However, the national policy on case transfers between LHAs and social work departments had not been implemented and inspectors found this failure was likely to have a serious impact on the quality of service received by dozens of children in foster care. While the policy states that transfers should take place in the shortest possible time, the

acting principal social worker told inspectors that there were 45 children on a waiting list for transfer to the LHA but that the LHA was not accepting transfers due to lack of resources.

Staff in the LHA told inspectors that the new national policies were sent to them by email but that they had not received any briefings or training on them. They had considered the new policies in their teams and decided that there were some that they were unable to implement in full. For example, they told inspectors that the policy on aftercare could not be implemented in full as there was no dedicated aftercare team in the LHA and the role of the link worker, which includes the supervision and review of foster carers, could not be fully implemented due to shortage of staff. Inspectors found that significant improvement was required in the implementation of policies to ensure best outcomes for children in foster care, although inspectors acknowledged the challenges faced by the LHA.

Standard 19: Management and Monitoring of Foster Care Services

This standard was met in part.

The senior management and governance structures in place set out clear lines of authority and accountability. During 2012 and in preparation for the formation of the proposed Child and Family Support Agency, an area manager was appointed to manage the newly created Integrated Services Area (ISA) of Wexford/Waterford. Since taking up his post, the area manager had met with the acting principal social worker and team leaders on a number of occasions to discuss the needs of the service. Team leaders and the acting principal social worker told inspectors that the new structures were more streamlined. Each month, the team leaders generated a report on social work activity and needs that arose in the service. The acting principal social worker then compiled a report for the area manager, which was, in turn, sent to the regional service director.

The area manager told inspectors that he had a monthly meeting with the regional service director and that he attended a monthly meeting of area managers from around the country at which national issues were addressed. However, the implementation of decisions between national, regional and local management was not sufficiently robust and the roles and responsibilities of local managers were likely to change in the near future. For example, not all national policies were implemented and, although there had been a meeting to consider the implications of the national policy on foster care committees, there was no plan in place to re-structure and improve the functioning of the Foster Care Committee. The area manager told inspectors the recruitment of a principal social worker for alternative care was imminent and that he planned to re-structure the management team in the Wexford/Waterford ISA. He told the inspectors that a strategic plan for the development of the service would be developed.

Inspectors found that communication between national, regional and local management also needed to be strengthened. Prior to the inspection, the LHA

submitted information to the Authority showing that there were 24 children in foster care who did not have an allocated social worker from June 2012 until November 2012 at least. However, according to the HSE Performance Reports in relation to the National Service Plan 2012, published on the HSE website www.hse.ie, all children in foster care in Wexford LHA had an allocated social worker during this period. This meant that some information, which was used to provide regional and national management with oversight of children's needs and to inform the planning of services, was inaccurate. This was discussed with the acting principal social worker who acknowledged this inaccuracy.

There was evidence that the local management team demonstrated leadership and a commitment to improving the service. The acting principal social worker and the team leaders met every four to six weeks. They carried out a re-structuring of the teams in 2010, following the provision of 12 new social work posts. They had also implemented a number of new initiatives, including the introduction of Phase 1 of the HSE business processes and introduced a system of auditing of case files.

The LHA maintained an electronic register of children placed with foster carers which complied with Regulations. The LHA also maintained an up-to-date register of the panel of foster carers, both general and relative. Both registers were maintained and updated by an administrator.

A limited system of monitoring the foster care services in the region was in place in order to ensure that the service was in compliance with the Standards and Regulations. Prior to the inspection, the monitoring officer told inspectors that he had undertaken a monitoring inspection of the Wexford Fostering Service in 2009 and he forwarded a copy of his report to the Authority. This report was circulated to senior managers in the area at the time. However, there was no evidence that an implementation plan was put in place in response to the recommendations contained in this report.

A system of internal monitoring had been recently put in place. Inspectors saw evidence that the acting principal social worker had undertaken an audit of a substantial number of case files, including files of children in care, during 2012. Team leaders, whose social workers used the IT system for case records, had begun the process of auditing the social work files within their teams and auditing case files from other teams. This process had not yet been extended to include the case files of the fostering team, which were not maintained on the IT system.

A risk register was maintained and this was regularly updated and forwarded to the area manager in order to notify senior managers of risks to the service. Inspectors viewed the risk register and found that it addressed a wide range of risks identified by staff of the social work department. However, it was not comprehensive. Risks such as outstanding child protection checks, lack of reviews of foster carers and children in foster care without an allocated social worker were not included. Inspectors found that the risk register needed to be reviewed and updated in order to ensure that it was comprehensive and that all risks were identified and addressed

appropriately.

The foster care service was not sufficiently resourced to meet the needs of children, including those in foster care. The social work department had seven whole time equivalent social work vacancies and was functioning at approximately 71% staffing due to the HSE moratorium on recruitment and the non-replacement of social workers on extended leave. The acting principal social worker told inspectors that two more social workers would be leaving the service in December 2012. All of the teams, including the children in care team and the fostering team were functioning at reduced staffing levels and this impacted on outcomes for children. Staff told inspectors that they felt under strain because of high caseloads.

The work of the social workers was also supported by other staff from within the social work department. The family support service assisted with access visits for children in foster care and provided support to some of the young people receiving aftercare. However, the number of family support workers had been reduced from 17 to 14 during 2012 and staff told inspectors that the reduction was likely to have a negative impact on services provided to children in foster care.

The efficiency of the delivery of foster care services was impacted negatively by a shortage of administration support. Staff told inspectors that they did their own administration and spent large amounts of time typing court reports and assessment reports. In a focus group, the fostering team told inspectors that they did not have access to the internet and that this limited their access to information from within the HSE and to general information on resources that may be of use in their work with foster carers. The HSE subsequently informed the Authority that the fostering team do have access to the internet and the HSE intranet.

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

This standard was met in part.

The LHA did not have an effective strategy in place for the ongoing recruitment of foster carers. Data provided to the Authority by the LHA prior to the inspection indicated that there were 163 long-term, 17 short-term, nine emergency, 50 respite and one special/high support fostering placements available in the LHA. However, there were no foster carers from different cultural and ethnic minority backgrounds on the panel.

No recruitment campaign had been undertaken in recent years as there was a sufficient flow of unsolicited enquiries by prospective fosters carers to provide an adequate number of new carers each year. There was an adequate number of foster care placements but the absence of targeted recruitment campaigns meant that the specific, complex needs of some children might not be met. Moreover, the needs of children from particular cultural and ethnic backgrounds could not be adequately addressed by foster carers from similar backgrounds. Inspectors also found that the

LHA did not place sufficient emphasis on the placement of children with relatives, where possible. Approximately 15% of children in foster care in the LHA were placed with relative carers.

There was no overall analysis of the needs of children in the LHA to inform a strategy for recruiting foster carers. Managers and social workers were aware that there was a shortage of suitable placements for teenagers with serious behavioural difficulties, which sometimes resulted in these young people experiencing multiple placements and meant that some foster carers were at risk of burnout. However, inspectors found that there was no plan in place to address these deficits.

Standard 22: Special Foster Care

This standard was not met.

There was no system in place to identify children in need of special foster care and there were no plans in place to develop any further special foster care placements. The LHA had only one placement available in the category of special foster care provision. The outcome for some children with serious behavioural difficulties was that they were not supported by carers who were specifically trained and skilled or did not have the experience necessary to provide the care they required.

Standard 23: The Foster Care Committee

This standard was met in part.

The LHA had a foster care committee, which comprised professionals with expertise in child welfare and experienced foster carers and was chaired by the HSE Regional Lead for Children First and Child Protection. The Committee met approximately eight times per year and could be convened at short notice in the event of an emergency or a serious allegation against a foster carer.

Inspectors found that the role of the Foster Care Committee was not clearly defined in accordance with the Standards and Regulations. There was no local policy in place and the HSE policy, procedures and best practice guidance for foster care committees had not been implemented. The Chairperson of the Committee told inspectors that the committee members had attended a briefing on the new policy but there was no plan in place for its implementation. The Foster Care Committee did not have a role in service planning in the LHA.

The Foster Care Committee approved all foster carers in the LHA and notified foster carers in writing of their approval status. However, the Committee did not approve all long-term placements and had no role in matching children with suitable foster carers. The Foster Care Committee did consider allegations against foster carers, but there was no system in place to ensure that all allegations were notified to it and inspectors found that not all allegations were brought to the attention of the committee. The Foster Care Committee did not formally change the approval status

of foster carers on the foster care panel when an allegation against a foster carer was investigated and confirmed and a decision was made not to place any further children with the foster carer concerned. Inspectors found this practice was not in accordance with the HSE policy, procedures and best practice guidance for foster care committees and could place children at risk.

Standard 24: Placement of Children through non-statutory agencies

There were no children placed by the LHA with non-statutory agencies at the time of the inspection. The LHA had a sufficient number of foster care places to provide for the number of foster care places required. However, the number of specialist foster care places required had not been determined and the number of available specialist foster care places was low.

Standard 25: Representation and complaints

This standard was met in part.

Not all appropriate measures were taken to inform foster carers and others about how to make a complaint. The HSE had a procedure and guidelines in place called 'Your Service, Your Say', for dealing with complaints and representations. However, copies of these procedures were not given to all parties involved in the foster care service and they were not available in an age-appropriate format for children. Managers told inspectors that social workers and link workers told children, birth parents and foster parents about their right to complain but that they were not given any written information on this. Children, foster parents and birth parents confirmed that they knew how to make a complaint but that they had not been given any written information on the formal procedures.

Inspectors viewed details of complaints in the case files. There was evidence that complaints were investigated and referred for third party investigation when required. The acting principal social worker was the designated complaints officer. An independent appeals mechanism was also in place. Inspectors found evidence that complaints made by children, foster carers and birth parents were taken seriously and investigated. However, the records did not always include details of the complaint, details of the investigation, the action taken to resolve it and whether or not the complainant was satisfied with the outcome.

Complaints were recorded in the children's or foster carers' files but no central record of complaints was maintained. Inspectors found that valuable information, which could contribute to effective complaints management and inform the quality assurance and development of the service, was not gathered and no improvements were made following analysis of complaints.

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

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

Related reference:

- Standard 20: Training and qualifications.

Summary of Outcome 9

Children received a high level of support from staff, who were professionally qualified and were supervised regularly and frequently. Sufficient ongoing training was not available for staff, to improve their knowledge and skills. Not all personnel files contained evidence of Garda Síochána vetting.

Standard 20: Training and qualifications

This standard was met in part.

Social workers were professionally qualified and suitably trained to carry out their functions. Inspectors viewed a sample of 12 staff personnel files, each of which contained copies of professional qualifications. Inspectors met 10 of the children's social workers individually and reviewed a sample of their cases. They presented as experienced, knowledgeable and enthusiastic staff, who were committed to the care of the children on their caseloads. The children and foster carers who met with inspectors told them that the social workers visited them regularly, kept them informed and provided them with a great deal of support.

The ongoing training programme needed to be improved in order to provide staff members with the skills and knowledge to carry out their role. Staff received suitable training such as some joint training with members of the Garda Síochána on Children First (2011), which had taken place immediately prior to the inspection. However, managers told inspectors that, while individual training needs were discussed in supervision, no overall analysis of staff training needs had been undertaken. Staff told inspectors that a HSE training programme which had formerly been published annually was no longer available and that some training which they had requested and which had been organised, such as training on anger management and training on suicide awareness, had been cancelled due to financial restrictions.

Social workers received regular supervision of their practice with children and measures were in place to support the work of newly qualified social workers. Inspectors viewed the supervision records of 16 staff. Supervision was provided on a regular and frequent basis by the team leaders. The agenda for supervision covered

a wide range of areas, including case discussion, caseload management, professional development and administrative issues. Staff expressed satisfaction with the content and frequency of supervision. Newly recruited staff received more frequent formal and informal supervision and carried smaller caseloads. There was also evidence in the children's files that team leaders quality assured the practice of individual social workers and that children were well supported as a result.

The staff personnel files were well organised. Of the 12 files viewed by inspectors, each contained at least two references, one of which was from a previous employer. However, two of the files contained no Garda Síochána vetting.

6. Children and young people comments

Inspectors visited 13 children in 10 households during the course of the inspection. Eleven of the children spoke with inspectors and four questionnaires were completed, either filled in online or completed and returned to the Authority. Children spoke positively about their experience of care and of the service provided. They spoke warmly about their social workers. All the children spoken to by inspectors said that they felt safe in their foster homes and that they would tell either their social worker or carer if they had a difficulty.

They talked about their hobbies and activities. Many were joined local clubs such as drama, hurling, soccer and swimming clubs. Some of the young people visited by inspectors had special hobbies and interests such as playing musical instruments and they demonstrated their skills to inspectors. Some children told inspectors that they enjoyed going away on holidays with their carers, and inspectors saw photographs of holidays and other special occasions. They spoke about meeting their friends and how they got on in school.

Young people spoke warmly about their carers. They also spoke about their access with their birth families and said that they were happy with arrangements for this.

Closing the fieldwork

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

7. Summary of Standards

	National Standards for Foster Care	Standard Met, Met in Part and Not met
Outcome 1	Standard 3: Children's rights	Standard met in part
	Standard 4: Valuing diversity	Standard met in part
Outcome 2	Standard 1: Positive sense of identity	Standard met in part
	Standard 2: Family and Friends	Standard met
Outcome 3	Standard 8: Matching children with carers	Standard met in part
	Standard 9: A safe and positive environment	Standard met in part
	Standard 11: Health and Development	Standard met in part
	Standard 12: Education	Standard met
	Standard 13: Preparation for leaving care and adult life	Standard met in part
Outcome 4	Standard 10: Safeguarding and child protection including implementation of <i>Children First: National Guidance for the Protection and Welfare of Children 2011</i>	Standard met in part
Outcome 5	Standard 5: The child and family social worker	Standard met in part
	Standard 6: Assessment of Children and Young People	Standard met in part
	Standard 7: Care Planning and Review	Standard met in part
Outcome 6	Standard 14: Assessment and Approval of Foster Carers	Standard met in part

Outcome 7	Standard 15: Supervision and Support	Standard met in part
	Standard 16: Training	Standard met in part
	Standard 17: Reviews of Foster Carers	Standard not met
Outcome 8	Standard 18: Effective policies	Standard not met
	Standard 19: Management and Monitoring of Foster Care Services	Standard met in part
	Standard 21: Recruitment and retention of an appropriate range of Foster Carers	Standard met in part
	Standard 22: Special Foster Care	Standard not met
	Standard 23: The Foster Care Committee	Standard met in part
	Standard 24: Placement of Children through non-statutory agencies	N/A
	Standard 25: Representation and complaints	Standard met in part
Outcome 9	Standard 20: Training and qualifications	Standard met in part

8. Glossary of Terms

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

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

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

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

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

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

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

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

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

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

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

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

9. Action Plan

Health Information and Quality Authority
Social Services Inspectorate



HSE response to report*

HSE LHA	Wexford
Inspection ID:	588
Dates of inspection:	19 November 2012 – 22 November 2012 26 November 2012 – 28 November 2012 3 December 2012 – 5 December 2012
Date of response:	29 April 2013

Recommendations

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

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

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that children were given information about their rights and the services available to them and that they had access to information held on their case files.

The LHA Wexford did not ensure that children were told about the complaints procedure.

1. Action required:

The HSE Wexford should ensure that children are given information about their rights, the services available to them and that they have access to information held on their case files where appropriate.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and compliance with legal norms.

<p>2. Action required:</p> <p>The LHA Wexford should ensure that children are told about the complaints procedure and given a written copy of it in an age-appropriate format.</p>	
<p>Related references:</p> <p>Standard 3: Children's rights</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response:</p> <p>Action 1</p> <p>Wexford Social Work Department will re-issue the Children's Book about Foster Care to all children currently in foster care and written evidence of this will be documented on the child's case file. For all new admissions, children will receive this booklet. Written evidence of this will be documented on the child's case file by the allocated social worker, in the Children's Rights section of the file.</p> <p>Action 2</p> <p>HSE Wexford will inform children, in an age appropriate manner, regarding the complaints procedure. Children will be provided with a written copy of same.</p>	<p>By end Q2</p> <p>Commenced 22 April 2013 Child and Family SW and SWTL</p> <p>To be completed by end June 2013 Child and Family SW</p>

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

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that children were placed with carers from their own cultural and ethnic background where appropriate.

The LHA Wexford did not ensure that all children with disabilities received appropriate services and supports, to help them to maximise their potential.

3. Action required:

The LHA Wexford should ensure that every effort is made to place children with carers from their own cultural and ethnic background where appropriate.

<p>4. Action required:</p> <p>The LHA Wexford should ensure that all children with disabilities receive appropriate services and supports, including access to specialist health, educational and vocational services, to help them to maximise their potential.</p>	
<p>Related references:</p> <p>Standard 4: Valuing diversity Child Care (Placement of Children in Foster Care) Regulation 8(1) Religion Child Care (Placement of Children in Relative Care) Regulation 8(1) Religion</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response:</p> <p>Action 3</p> <p>A recruitment campaign for foster carers is to be run nationally and is to include reference to a requirement for diverse cultural, ethnic and religious backgrounds to meet the child's needs.</p> <p>The HSE Wexford will ensure that every effort will be made to place children with carers from their own cultural, religious and ethnic background. Where children cannot be placed within their own culture, HSE Wexford will continue to ensure the child's religious and cultural needs are met including dietary requirements, skin and hair care and information on their country of origin. HSE Wexford will be guided by research and literature regarding the complexities of matching children of mixed heritage and/or diverse cultures. (Ref., BAAF, H. Argent, Placing Children, 2006)</p> <p>Action 4</p> <p>Each Child & Family SW will refer any child in care with a disability to the relevant disability/specialist/educational/vocational services and these professionals will be invited to contribute to the needs assessment, the care planning process and to care plan reviews.</p> <p>Engagement will take place between Children and Family Services and Disability/Specialist/Educational/Vocational Service Providers for prioritised access for children with disabilities in care.</p>	<p>May 2013 - December 2013 National Office</p> <p>By end Q4 2013 SWTL - Fostering</p> <p>Commenced 22 April 2013 Child and Family SW SWTLs</p> <p>By End Q4 2013 Area Manager</p>

Outcome 2- Children are able to maintain positive relationships with their parents, siblings and other significant family and friends.	
The LHA Wexford was not compliant with the standard in the following respect:	
<p>The LHA Wexford did not always seek to identify and support relatives or friends of the child who could provide an appropriate placement which met the child's assessed needs.</p> <p>The LHA Wexford did not ensure that children's access to accurate, relevant and comprehensive information about their background and history was encouraged and facilitated.</p>	
5. Action required:	
<p>The LHA Wexford should, in the first instance, seek to identify and support any relative or friend of the child who can provide an appropriate placement which meets the child's assessed needs and that these efforts are recorded in the case file.</p>	
6. Action required:	
<p>The HSE Wexford should ensure that children's access to accurate, relevant and comprehensive information about their background and history is encouraged and facilitated.</p>	
Related references:	
Standard 1: Positive sense of identity	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>Action 5</p> <p>The HSE Wexford will seek to identify any possible relative/friend who may provide a placement which can meet the assessed needs of a child in care.</p> <p>The "Placement Request Form" will be amended to include a question asking referring Social Workers to identify, and supply the details of, any relative/friend who would be in a position to meet the assessed needs of the child.</p>	<p>Commenced 22 April 2013 SWTLs and SWs</p> <p>Commenced 22 April 2013 SWTL Fostering</p>

<p>Action 6</p> <p>The child and family social worker will ensure that the child understands why they are in care and has relevant background information. This work will commence from the time the child is admitted to care.</p>	<p>Commenced 22 April 2013 Child and Family SW</p>
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Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that matching of carers with children was based on a comprehensive assessment of the children's needs and that sufficient appropriate information on the children was provided to prospective foster parents.

The LHA Wexford did not ensure that carers had the capacity to meet the needs of the children concerned and that they were formally approved to do so.

The LHA Wexford did not ensure that the Foster Care Committee approved long-term placements of children.

The LHA Wexford did not ensure that systems and processes were developed and implemented to monitor and respond to unplanned placement endings.

7. Action required:

The LHA Wexford should ensure that matching of carers with children is based on a comprehensive assessment of the children's needs and that sufficient appropriate information on the children is provided to prospective foster parents.

8. Action required:

The LHA Wexford should ensure that carers have the capacity to meet the needs of the children concerned and that they are formally approved to do so.

9. Action required:

The LHA Wexford should ensure that the Foster Care Committee approve long term placements of children.

10. Action required:

The LHA Wexford should ensure that systems and processes are developed and implemented to monitor and respond to unplanned placement endings and that the learning from this informs the process of matching.

Related reference:	
Standard 8: Matching children with carers	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response:	
<p>Action 7</p> <p>A review of the Assessment of Children's Needs form will be completed to ensure that it is comprehensive.</p> <p>The needs assessment will continue to be a requirement by the Fostering team prior to the placement of a child in care, or as soon as practicable in the case of emergency placements, to enable matching of the needs of the child with the most appropriate available foster carer.</p> <p>Information contained in the needs assessment will be shared with the prospective foster carer.</p> <p>HSE Wexford will put in place a quality assurance tool to ensure that assessments are being completed for children in care.</p>	<p>Completed 22 April 2013 PSW, SWTL Fostering SWTLs and SW</p> <p>Commenced 22 April 2013 Link SW</p>
<p>Action 8</p> <p>The capacity of foster carers' to meet the assessed needs of a child in their care will continue to be addressed at the Child in Care Reviews.</p> <p>Discrepancies between the type of care placement for which the foster carer has been approved and the type of placement being provided have been identified in a number of cases. HSE Wexford will undertake an Updated Assessment on these carers to ensure that they have the capacity and support to continue to meet the assessed needs of the child/ren in their care and that their approval status is amended to reflect the type of placement provided.</p>	<p>Quarterly, commencing Q2 SWTL Fostering</p> <p>Commencing Q2 SWTLs through Care Plan Review Process</p> <p>Process commenced 22 April 2013 To be completed Q4 2012 SWTL Fostering & Link SW, FCC</p>
<p>Action 9</p> <p>The Foster Care Committee will approve all long term placements of children.</p>	<p>End Quarter 4 2013 and 2014 Chair of Foster Care</p>

<p>Action 10 The National Disruptions Policy in relation to foster care will be implemented by HSE Wexford. The Policy will include the tracking of unplanned endings in foster care by the SWTL for Fostering, the submission of Disruption Reports to the FCC, and the consideration by the FCC of trends and learning.</p>	<p>Committee, PSW Commencing September 2013 PSW, SWTLs, SWs, FCC</p>
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Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that a health and safety assessment was carried out on all foster carer households.

11. Action required:

The LHA Wexford should ensure that a health and safety assessment is carried out on all foster carer households to ensure that foster carers' homes and their immediate environments are free of avoidable hazards that might expose children to risk of injury or harm.

Related reference:

Standard 9: A Safe and Positive Environment

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

Timescale & Post holder responsible:

HSE response:

Action 11

The Health and Safety Checklist will be completed on all current foster homes and all fostering applicants in accordance with FCC Policies, Procedures and Best Practice Guidance 2012.

Safety Checks will form a standard part of support and supervision visits to foster carers.

By end Q2 2013
SWTL Fostering and Link SW

Commenced Q4 2012
Link SW

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

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that all records of the medical examination of children prior to or on admission to care were maintained.

The LHA Wexford did not ensure that children had prioritized access to medical, psychiatric, psychological, dental, ophthalmic, therapeutic and other specialist services and treatment when required.

The LHA Wexford did not ensure that comprehensive health and medical records were maintained for every child.

12. Action required:

The LHA Wexford should ensure records are maintained of the medical examination of children prior to or on admission to care or the reasons why, having regard to available information and reports, that such an examination is unnecessary.

13. Action required:

The LHA Wexford should ensure that children have prioritized access to medical, psychiatric, psychological, dental, ophthalmic, therapeutic and other specialist services and treatment when required.

14. Action required:

The LHA Wexford should ensure that comprehensive health and medical records are maintained for every child, including immunisation records, and all attempts to obtain any missing information are documented.

Related reference:

Standard 11: Health and Development
Child Care (Placement of Children in Foster Care) Regulation 6 (1)
Child Care (Placement of Children in Relative Care) Regulation 7(1)

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

Timescale & Post holder responsible:

<p>HSE response:</p> <p>Action 12</p> <p>HSE Wexford will ensure that the file in relation to each child in care will contain records of the medical examination of the child prior to/on admission to care. Should a decision be made that such a medical examination is not required, or if it is not possible to have a medical completed a record will be maintained of the reason for same.</p> <p>This process will be quality assured.</p> <p>Action 13</p> <p>HSE and new Child and Family Support agency to devise protocol on need for children in care to get priority access to medical, psychiatric, psychological and specialist services to address significant waiting for assessment and treatment.</p> <p>In the interim engagement will take place with allied specialist services for prioritised access to services for children in foster care.</p> <p>Action 14</p> <p>HSE Wexford will engage with relevant Heads of Discipline for release of medical records to Wexford SW Dept. in relation to children in care.</p> <p>HSE Wexford will ensure that the file in relation to each child in care will contain records of all the appropriate and relevant medical information available, including all immunisation records, which will be requested by the Child & Family SW from the HSE Wexford Immunisation Office.</p> <p>In the event of records not being released to SW, or immunisation records not being available, this should be recorded on file along with all attempts made to obtain the relevant records.</p>	<p>Commenced 22 April 2013 SWTLs and SW</p> <p>Commencing Q4 2013 PSW</p> <p>PSW and Area Manager to clarify with National Office progress in relation to this action by end Quarter 3 2013</p> <p>End Quarter 3 2013 Area Manager and PSW</p> <p>End Q4 2013. Area Manager and PSW</p> <p>Commenced 22 April 2013 SWTL and SW</p>
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Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not fully implement the HSE Policy and Procedures on Leaving and Aftercare.

<p>15. Action required:</p> <p>The LHA Wexford should ensure that the HSE Policy and Procedures on Leaving and Aftercare is implemented in full.</p>	
<p>Related reference:</p> <p>Standard 13: Preparation for leaving care and adult life</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response:</p> <p>Action 15</p> <p>HSE Wexford will comply with the HSE Policy and Procedures on Leaving and Aftercare.</p>	<p>Commenced Q1 2013 Aftercare Coordinator Wexford-Waterford ISA</p>

Outcome 4 – Children are safe and services comply with *Children First: National Guidance for the Welfare and Protection of Children*.

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that *Children First: National Guidelines for the Welfare and Protection of Children (2011)* was implemented in full.

The LHA Wexford did not ensure that, insofar as possible, link workers were aware of the current composition of every foster carer household and that this information was recorded in the case files.

The LHA Wexford did not ensure that Garda Síochána vetting and appropriate checks were carried out for all adults residing in foster care households.

The LHA Wexford did not ensure that all foster carers received training and guidance in up-to-date child protection and safeguarding practices.

The LHA Wexford did not ensure that the Foster Care Committee was informed of all allegations made against foster carers.

The LHA Wexford did not ensure that the policy in relation to dealing with allegations against foster carers was implemented.

<p>16. Action required:</p> <p>The LHA Wexford should ensure that <i>Children First: National Guidelines for the Welfare and Protection of Children (2011)</i> is implemented in full.</p>	
<p>17. Action required:</p> <p>The LHA Wexford should ensure that, insofar as possible, link workers are aware of the current composition of every foster carer household and that this information is recorded in the case files.</p>	
<p>18. Action required:</p> <p>The LHA Wexford should ensure that Garda Síochána vetting and appropriate checks are carried out for all adults residing in foster care households.</p>	
<p>19. Action required:</p> <p>The LHA Wexford should ensure that all foster carers receive training and guidance in up-to-date child protection and safeguarding practices, including training in <i>Children First: National Guidelines for the Welfare and Protection of Children (2011)</i>.</p>	
<p>20. Action required:</p> <p>The LHA Wexford should ensure that the Foster Care Committee is informed of all allegations made against foster carers.</p>	
<p>21. Action required:</p> <p>The LHA Wexford should ensure that the policy in relation to dealing with allegations against foster carers is implemented in full and that a system to monitor its implementation is put in place.</p>	
<p>Related reference:</p> <p>Standard 10: Safeguarding and child protection <i>Children First: National Guidance for the Protection and Welfare of Children 2011</i></p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>

HSE response:	
<p>Action 16</p> <p>HSE Wexford will implement Children First: National Guidance for the Protection & Welfare of Children 2011 in full. All child protection concerns reported in respect of children in care will be dealt with in accordance with Children First 2011 and the second phase of the Standardised Business Processes.</p>	<p>Commenced 22 April 2013 PSW, SWTLs and SWs</p>
<p>Action 17</p> <p>Link SWs have reviewed with foster carers the details of all household members. This information has been recorded on the fostering file.</p>	<p>Completed Q1 2013 Link SWs</p>
<p>Action 18</p> <p>Any adults (including young people in Aftercare) that have been identified as not having Garda Clearance/Area Checks on file have completed the required forms, which have been forwarded to the Garda Vetting Unit and/or the relevant HSE office for processing.</p>	<p>Commenced Q4 2012 Link SW</p>
<p>A Quality Assurance audit will be undertaken to ensure completion of this action</p>	<p>End Q3 2013 SWTL Fostering</p>
<p>Review of household composition will form a standard part of support & supervision visits to foster carers.</p>	<p>Commenced 22 April 2013 Link SW</p>
<p>Action 19</p> <p>Children First Training commenced for all HSE Wexford foster carers. HSE Wexford will run this training again and will write to those foster carers who have not previously attended, indicating that this training is mandatory for all foster carers.</p>	<p>Commenced Q4 2012 PSW and SWTL (Fostering)</p>
<p>A record will be kept of foster carers who attended training and their attendance will be noted on the fostering file.</p>	<p>By end Q2 2013 SWTL (Fostering) Link SW</p>
<p>Action 20</p> <p>HSE Wexford will ensure that there is a policy to notify the FCC of all child protection allegations and serious concerns in relation to foster carers.</p>	<p>Commencing Q3 2013 Area Manager, PSW, SWTL (Fostering) Link SW, FCC</p>

<p>Action 21</p> <p>HSE will implement in full our policy for dealing with allegations made against foster carers in all cases. The implementation of this policy will be reviewed by the PSW & the SWTL (Fostering) during supervision.</p> <p>A central register will be maintained of all allegations made against foster carers, which will include reference to the implementation of the policy.</p>	<p>Commenced 22 April 2013 PSW, SWTLs, SWs</p> <p>Commenced Q1 2013 PSW, SWTL Fostering</p>
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Outcome 5 – Each child receives high quality care that is effectively planned and managed by a designated social worker.

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that all children in foster care had an allocated social worker.

22. Action required:

The LHA Wexford should ensure that all children in foster care have an allocated social worker to ensure compliance with statutory responsibilities and standards.

Related reference:

Related reference:
Standard 5: The Child and Family Social Worker

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

Timescale & Post holder responsible:

HSE response:

Action 22

HSE Wexford Children in Care Team has been reconfigured. One staff member has returned from Maternity Leave and two additional staff have joined the team.

Commenced April 2013
PSW, SWTLs

HSE Wexford continues to prioritise the allocation of a social worker to children in care.

Commenced Q4 2012
Area Manager PSW and SWTL

HSE Wexford will review records quarterly, when completing

<p>Performance Indicators, to establish whether or not all children in care have an allocated SW.</p> <p>HSE Wexford will continue to highlight the need for recruitment of social workers to senior management and apply for additional staff.</p>	<p>April 2013 PSW and Area Manager</p>
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Outcome 5 – Each child receives high quality care that is effectively planned and managed by a designated social worker.

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that, where appropriate, a comprehensive multidisciplinary assessment was carried out prior to the placement of the child, or immediately afterwards.

23. Action required:

The LHA Wexford should ensure that a comprehensive and, where appropriate, multidisciplinary assessment is carried out prior to the placement of the child, or immediately afterwards in the case of an emergency placement, and that copies of the assessment are given to parents and foster parents.

Related reference:

Related reference:
Standard 6: Assessment of Children and Young People

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

Timescale & Post holder responsible:

HSE response:

Action 23

While awaiting a National Standardised Assessment Framework, an assessment of needs will be completed on all children admitted to foster care.

Outcomes of needs assessments will be shared with children in an age appropriate manner.

Commenced
22 April 2013
SW and SWTL
(Child and Family)

Commenced
22 April 2013
SW

Foster carers will be provided with all available, relevant information on children's needs at the time of placement.	Commenced 22 April 2013 Link SW
A copy of the needs assessment will be provided to parents and carers of children in care.	Commenced 22 April 2013 SW, Link SW

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

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that care plans were reviewed in a timely fashion and that they were updated in the light of significant changes in the circumstances of the child.

The LHA Wexford did not ensure that disability services were involved in the drawing up of care plans for children with disabilities and that other professionals involved in the care of the child were invited to attend reviews or contribute to reviews by submitting a report.

The LHA Wexford did not ensure that a review was held following the unplanned ending of a placement.

24. Action required:

The LHA Wexford should ensure that care plans are reviewed in a timely fashion and in line with the regulations.

25. Action required:

The LHA Wexford should ensure that care plans are updated in the light of significant changes in the circumstances of the child.

26. Action required:

The LHA Wexford should ensure that disability services are involved in the drawing up of care plans for children with disabilities and that other professionals involved in the care of the child are invited to attend reviews or contribute to reviews by submitting a report.

27. Action required:

The LHA Wexford should ensure that, when a placement ends in an unplanned way, a review is held to bring it to a formal conclusion and to amend the care plan to take account of the changed circumstances.

Related reference:	
Related reference: Standard 7: Care Planning and Review	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response:	
Action 24	
HSE Wexford will ensure that care plans are reviewed in line with the regulations. This will be monitored by SWTL through supervision.	Commencing Q3 2013 SWTL and SW
Action 25	
HSE Wexford will ensure that care plans are updated to record significant changes in children's circumstances.	Commencing Q3 2013 SWTL and SW
Action 26	
HSE Wexford will continue to invite professionals from the Disability Services to attend and contribute to the care plans for children in care with special needs.	Commenced 22 April 2013 SWTL
The HSE Wexford will ensure that professionals involved in the care of a child will be invited to contribute to the care plan and review processes, either by attending or submitting a report, dependent upon the wishes and best interest of children.	Commenced 22 April 2013 SWTL
Action 27	
HSE Wexford will ensure that a formal review is held when a placement ends in an unplanned way. The care plan will be amended to reflect the changes.	Commenced end Q2 2013 SWTL

Outcome 6 – Each child receives high quality care from carers that have been appropriately assessed and approved.	
The LHA Wexford was not compliant with the standard in the following respect:	
<p>The LHA Wexford did not ensure that there were clear, written policies on the assessment and approval of foster carers.</p> <p>The LHA Wexford did not ensure that all foster carers were assessed and approved in accordance with the timeframes set out in the standards and regulations.</p> <p>The LHA Wexford did not ensure that the initial and current status of approval was clearly recorded on foster carers' files.</p>	
28. Action required:	
The LHA Wexford should ensure that there are clear, written policies on the assessment and approval of foster carers.	
29. Action required:	
The LHA Wexford should ensure that all foster carers are assessed and approved in accordance with the timeframes set out in the standards and regulations and that the timeframe is clearly recorded in the case files.	
30. Action required:	
The LHA Wexford should ensure that the initial and current status of approval is clearly recorded on foster carers' files and that any arrangement outside of the approval status is routinely notified to the Foster Care Committee.	
Related reference:	
Standard 14: Assessment and Approval of Foster Carers Child Care (Placement of Children in Relative Care) Regulation 6(2)	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>Action 28</p> <p>HSE Wexford will update the written policies on the assessment and approval of foster carers.</p>	<p>End of Q2 2013 PSW and SWTL Fostering</p>

<p>Action 29</p> <p>HSE Wexford will review and monitor the timeframes for the assessment of foster carers. Emergency placement with relatives will be prioritised for a timely assessment.</p> <p>HSE Wexford will include a template on all new foster carers' files outlining the timeframe from application to assessment and approval of each new carer.</p>	<p>Quarterly - commencing Q3 2013 Area Manager, PSW, SWTL Fostering, Link SW</p> <p>Commencing Q3 2013 Link SW</p>
<p>Action 30</p> <p>Files will be reviewed to ensure initial and current approval status of foster carers is clearly recorded on their files.</p> <p>This will be monitored through staff supervision and file auditing.</p>	<p>Commenced Q1 2013 Link SW</p> <p>Commencing Q2 2013 SWTL Fostering</p>

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

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that link workers met with and provided supervision to foster carers on a regular basis.

The LHA Wexford did not ensure that an out of hours service was in place to help foster carers in emergency situations.

31. Action required:

The LHA Wexford should ensure that link workers meet with and provide supervision to foster carers on a regular basis and that they maintain a record of all contacts with foster carers, including the issues discussed.

32. Action required:

The LHA Wexford should ensure that an out of hours service is in place to help foster carers in emergency situations and the foster carers are informed in writing of how to access this service.

Related reference:	
Standard 15: Supervision and Support	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response:	
Action 31	
HSE Wexford will ensure that foster carers are visited to provide them with supervision and support in line with the regulations, and that these visits are recorded appropriately on the foster carers file.	Commencing Q2 2013 SWTL and Link SW
HSE Wexford will implement the guidance template on the Supervision & Support of Foster Carers.	30 April 2013 SWTL and Link SW
Action 32	
A National draft Out of Hours Service Document has been issued. HSE Wexford await the outcome of same from the National Office. We will follow up with National Office to ascertain progress/actions in relation to this.	Q4 2013 National Officer Regional Director Area Manager

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

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that regular evaluations of the foster carers' training programme took place and that strategies were employed to encourage and facilitate attendance by foster carers.

The LHA Wexford did not ensure that applicants and foster carers made a commitment to participate in appropriate training programmes.

33. Action required:

The LHA Wexford should ensure that regular evaluations of the training programme take place, based on an appraisal of foster carers needs, and that strategies are employed to encourage and facilitate attendance by foster carers.

<p>34. Action required:</p> <p>The LHA Wexford should ensure that applicants and foster carers commit themselves to participating in appropriate training programmes and that link workers maintain records of all training undertaken by each foster carer.</p>	
<p>Related reference:</p> <p>Standard 16: Training</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response:</p> <p>Action 33</p> <p>A Training Needs Analysis on all foster carers and regular evaluations of the training programme will be completed by HSE Wexford in consultation with all stakeholders.</p> <p>Strategies will be devised to encourage and facilitate attendance by foster carers.</p> <p>Action 34</p> <p>HSE Wexford will advise foster carers that attendance at training is mandatory.</p> <p>All foster carers will be required to sign the "Commitment to Attend Training" template as outlined in the FCC National Policy, Procedures and Guidance Document 2012.</p> <p>Where a foster carer does not attend training this will be referred to the FCC</p>	<p>End of Q3 2013 Regional Training Unit, SWTL Fostering and Link SWs</p> <p>End of Q3 2013 PSW, SWTL Fostering and Link SW</p> <p>End of Q3 2013 PSW</p> <p>End of Q3 2013 SWTL and Link SW</p> <p>End Q4 2013 SWTL Fostering, Link SWs</p>

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

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that all foster carers were reviewed in accordance with the Standards and that outcomes of the reviews of foster carers were notified to the Foster Care Committee.

35. Action required:

The LHA Wexford should ensure that all foster carers are reviewed in accordance with the Standards as a matter of priority and that outcomes of the reviews of foster carers are notified to the Foster Care Committee.

Related reference:

Standard 17: Reviews of Foster Carers

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

Timescale & Post holder responsible:

HSE response:

Action 35.

The SW Department will devise and implement a process of reviews in accordance with the standards and available resources

Q4 2013 and 2014
Area Manager and
PSW

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

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that the HSE national policies were implemented in full.

36. Action required:

The LHA Wexford should ensure that the HSE national policies are implemented in full.

Related reference:

Standard 18 Effective Policies

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>Action 36.</p> <p>HSE Wexford will devise a plan to roll out and implement all HSE National Policies.</p>	<p>End of Q4 2013 Area Manager, PSW, SWTL Fostering</p>

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

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not have a strategic plan in place to ensure that a high quality foster care service was delivered or ensure that information used for monitoring and planning of the services was accurate.

The LHA Wexford did not ensure that the risk register was comprehensive.

The LHA Wexford did not ensure that auditing of the case files of the Fostering Team was undertaken.

The LHA Wexford did not ensure that there was a sufficient number of social workers and link workers employed to ensure compliance with statutory regulations.

37. Action required:

The LHA Wexford should put in place a strategic plan is put in place to ensure that a high quality foster care service is delivered.

38. Action required:

The LHA Wexford should ensure that information used for monitoring and planning of the services is accurate.

39. Action required:

The LHA Wexford should ensure that the risk register is comprehensive and includes all serious risks to the delivery of high quality foster care services.

<p>40. Action required:</p> <p>The LHA Wexford should ensure that the system of internal auditing of case files should be extended to include auditing of the case files of the Fostering Team.</p>	
<p>41. Action required:</p> <p>The LHA Wexford should ensure that there are a sufficient number of social workers employed to undertake the duties of the child and family social worker and link worker in compliance with statutory regulations.</p>	
<p>Related reference:</p> <p>Standard 19 Management and Monitoring of Foster Care Services</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response:</p> <p>Action 37</p> <p>HSE Wexford are devising and will roll out a strategic plan to ensure that a high quality foster care service is delivered.</p> <p>Action38</p> <p>A system has been put in place by HSE Wexford to ensure that information used for monitoring and planning of the services is accurate.</p> <p>Action 39</p> <p>HSE Wexford has included on the HSE Wexford Risk Register all serious risks to the delivery of high quality of foster care services.</p> <p>Action 40</p> <p>HSE will extend the internal auditing of case files to the Fostering Team.</p>	<p>To commence by end Q2 2013 Area Manager, PSW, SWTL Fostering</p> <p>Q4 2012 Completed by PSW</p> <p>Completed 22 April 2013 PSW</p> <p>May 2013 PSW and SWTL Fostering</p>

<p>Action 41</p> <p>HSE Wexford will continue to measure and highlight resource deficiencies through the MTP/Caseload Management Project/other mechanisms and request additional staff to undertake the duties of the Child & Family SW and Link SW in compliance with Statutory Regulations.</p>	<p>Commenced Q2 2012 Area Manager, PSW and SWTLs</p>
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Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not have recruitment and retention strategies in place to ensure there was a sufficient number and range of foster carers available in the area..

42. Action required:

The LHA Wexford should ensure that there are recruitment and retention strategies in place that relate to the assessed needs of children requiring foster care placements.

Related reference:

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

<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response:</p> <p>Action 42</p> <p>The recruitment of carers is being addressed at a National and regional level and a regional/national campaign is imminent.</p> <p>HSE Wexford will address the low percentage of relative foster carers, by actively requesting Child and family SW to identify potential relatives/friends, who may have capacity to meet the child's needs, at the point of placement request.</p>	<p>May 2013 National Office Regional Office PSW and Area Manager</p> <p>Commenced 22 April 2013 SWTL Fostering, Child and Family SW</p>

<p>Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.</p>	
<p>The LHA Wexford was not compliant with the standard in the following respect:</p> <p>The LHA Wexford did not ensure that policies and procedures were put in place to support the care provided to the particular needs of children with serious behavioural difficulties.</p> <p>The LHA Wexford did not ensure that a sufficient number of special foster carers were recruited, trained and supported in accordance with the Standards.</p>	
<p>43. Action required:</p> <p>The LHA Wexford should ensure that policies and procedures are put in place to support the care provided to the particular needs of children with serious behavioural difficulties.</p>	
<p>44. Action required:</p> <p>The LHA Wexford should ensure that a sufficient number of special foster carers are recruited, trained and supported in accordance with the Standards.</p>	
<p>Related reference:</p> <p>Standard 22: Special Foster Care</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response:</p> <p>Action 43</p> <p>HSE Wexford will ensure that policies and procedures are put in place to support the care provided to children with serious behavioural difficulties.</p> <p>The Child and Family Support Agency is currently negotiating Service Level Agreements with specialist services with regard to accessing services for children in care.</p> <p>HSE Wexford will liaise with regional and national offices to identify progress in relation to this process, in order to ensure that the particular needs of children in care with serious behavioural difficulties are identified and met.</p>	<p>Quarter 3 2013 Area Manager and PSW</p> <p>By end Q3 2013 National Office Regional Office Area Manager PSW</p>

<p>Lack of access to specialist services for children with serious behavioural difficulties will be placed on the HSE Wexford Risk Register.</p>	<p>By end April 2013 PSW</p>
<p>Action 44</p>	<p>End Q3 2013 Area Manager, PSW, with the National Alternative Care Committee</p>
<p>HSE Wexford will clarify the role of Special Foster Care and identify the training and support required to meet this standard.</p>	<p>End Q3 2013 Area Manager, PSW, with the National Alternative Care Committee</p>
<p>A national policy on special foster care will be developed in the coming months. Following this, HSE Wexford will recruit, train, and support special foster carers</p>	<p>Commencing Q4 2013 National Office, Area Manager and PSW</p>

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

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford Foster Care Committee did not fulfil all its functions in accordance with standards and regulations.

45. Action required:

The LHA Wexford should ensure that Foster Care Committee fulfils all its functions in accordance with standards and regulations.

Related reference:

Standard 23: The Foster Care Committee
Child Care (Placement of Children in Foster Care) Regulation 5(3)
Child Care (Placement of Children in Relative Care) Regulation 5(2)

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

Timescale & Post holder responsible:

HSE response:	
The Chair of the FCC will convene more regular meetings for the purpose of discharging the FCC's responsibilities in order to comply with the FCC National Policy, Procedures and Best Practice Guidance Document 2012.	End Q4 2013 Area Manager, PSW Chair and Members of FCC

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

The LHA Wexford was not compliant with the standard in the following respect:

The LHA Wexford did not ensure that parents and foster carers were given copies of the procedures and guidelines for dealing with complaints or that a central record of complaints was maintained in order to inform the evaluation and planning of foster care services.

46. Action required:

The LHA Wexford should ensure that parents and foster carers are given copies of the procedures and guidelines for dealing with complaints.

47. Action required:

The LHA Wexford should ensure that a central record of complaints is maintained in order to inform the evaluation and planning of foster care services.

Related reference:

Standard 25: Representation and Complaints

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
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HSE response:

Action 46

HSE Wexford will give parents and foster carers copies of the procedures and guidelines for dealing with complaints.

Action 47

HSE Wexford will maintain a central record of complaints to inform evaluation and planning of foster care services.

End Q2 2013
SWTL Fostering and
PSW

End Q3 2013
SWTL Fostering, FCC
and PSW.

Outcome 9: Children are supported by staff members that have appropriate qualifications, supervision and training.	
The LHA Wexford was not compliant with the standard in the following respect:	
<p>The LHA Wexford had not completed an analysis of staff training needs and ensured that a programme of staff training was put in place to meet these needs.</p> <p>The LHA Wexford personnel files did not contain Garda Síochána vetting for all staff.</p>	
48. Action required:	
<p>The LHA Wexford should ensure that an analysis of staff training needs is carried out and that a programme of staff training is put in place to meet these needs.</p>	
49. Action required:	
<p>The LHA Wexford should ensure that an audit of personnel files is carried out to ensure that Garda Síochána vetting is in place for all staff.</p>	
Related reference:	
<p>Standard 20: Training and qualifications</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response:</p> <p>Action 48</p> <p>HSE Wexford has advised the Regional Training Unit of a number of training needs in relation to SW staff.</p> <p>HSE will request that the Regional Training Unit complete the training needs analysis for staff in conjunction with PSW, SWTLs and SW teams and put in place a programme of training informed by the above analysis.</p> <p>Action 49</p> <p>An audit of all Wexford SW staff has been undertaken. Those staff identified as not having up to date Garda Síochána have completed the required forms which have been forwarded to the Garda Vetting</p>	<p>Completed February 2013 PSW</p> <p>By end April 2013 PSW</p> <p>Completed Q4 2012 HSE Personnel Officer.</p>

Unit for processing.	April 2013
A quality assurance review will be completed to ensure compliance.	By end of Q2 2013 PSW

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