



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Inspection of the HSE Fostering Service in Longford Westmeath Local Health Area in the Dublin Mid-Leinster Region

Inspection Report ID Number: 629

Inspection Fieldwork: 15 May – 29 May 2013

Issue Date: 08 November 2013

Service Information*			
Name of HSE local health Area:	Longford Westmeath		
Name of Integrated Service Area:	Midlands		
Type of HSE service:	Foster Care Service		
Report ID number:	629		
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: 38	General foster care: 91	Total: 129
Number of children with allocated social worker	Relative: 27	General foster care: 68	Total: 95
Number of carer households	Relative: 28	General foster care: 68	Total: 96

* Data source: HSE Child and Family Services Template completed by Longford Westmeath 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.

Number of households with allocated link worker	Relative: 17	General foster care: 54	Total: 71
Dates of inspection fieldwork:	15 May 2013 – 29 May 2013		
Lead HIQA inspector:	Maureen Burns Rees		
HIQA support inspector(s):	Eimear Short/ Ann Delany/ Helen Donovan		
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.....	iii
1. Introduction.....	1
2. Profile of HSE Longford Westmeath LHA	2
3. Summary of findings	4
4. Methodology	5
5. Inspection findings	6
6. Children and young people's comments	36
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 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 non-relative 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 Longford Westmeath Local Health Area (LHA).

2. Profile of HSE Longford Westmeath LHA

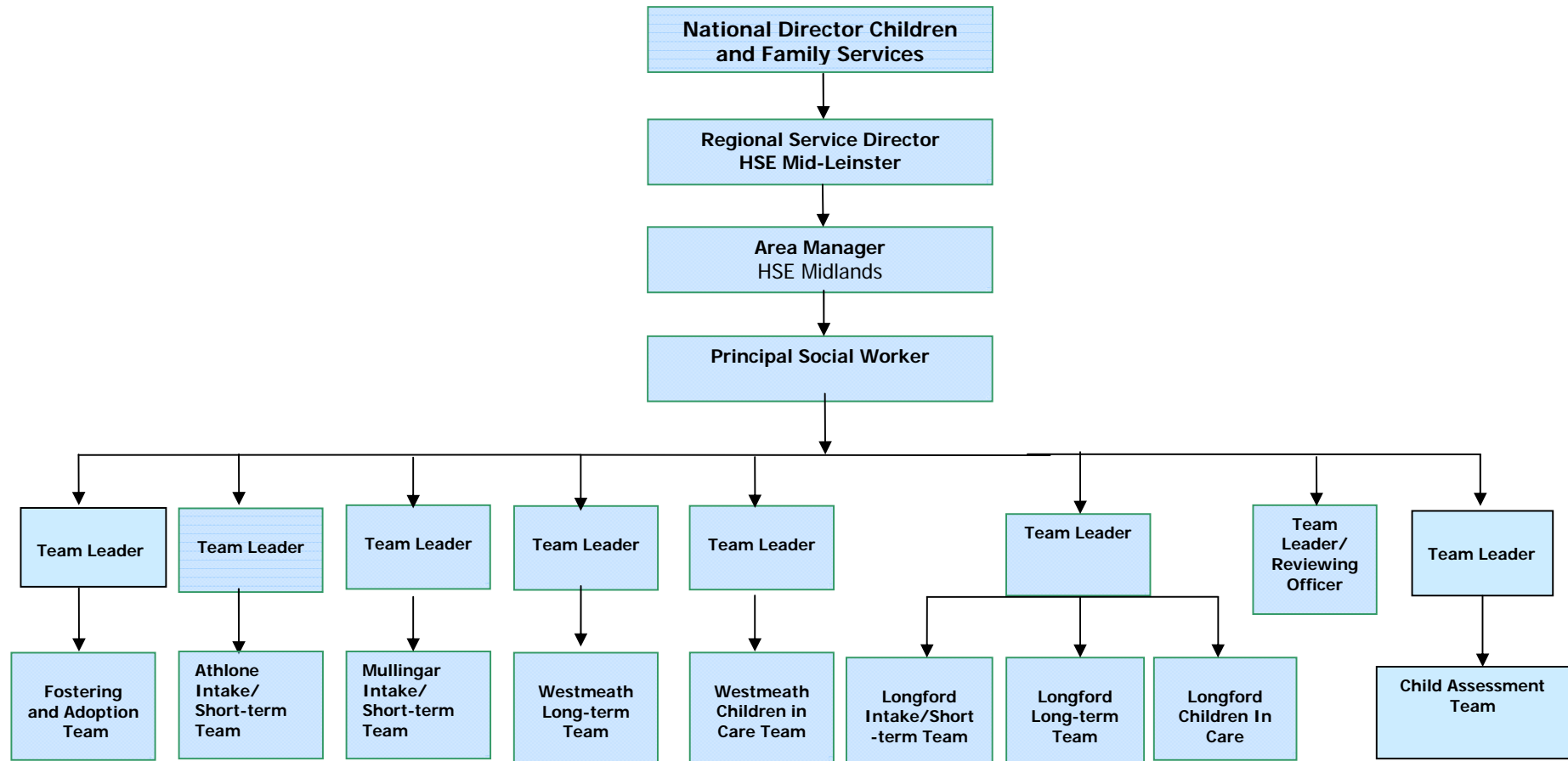
Longford Westmeath Local Health Area (LHA) is one of two LHAs in the Midlands Service Area (SA) in the HSE Dublin-Mid Leinster Region. At the time of this inspection, the organisational structural changes in preparation for the Child and Family Agency had not yet been implemented. There was a draft proposed organisational structure in place.

According to census figures in 2006, the LHA had an estimated child population of 36,588. At the time of this inspection, there were 129 children living in foster care in the LHA, being cared for by 68 non-relative foster care and 28 relative care households. Sixty-eight (75%) of the children in non-relative foster care had an allocated social worker and 27 (88%) of the children in foster care with relatives had an allocated social worker. Fifty four (79%) of non-relative foster care households had an allocated link worker, whilst 17 (61%) of relative care households had an allocated link worker.

The service had placed 10 children (8%) in non-statutory foster care placements. There were eight children awaiting foster care placements and four of these had been waiting for more than three months. There were four non-relative foster care households (6%) caring for more than two children who were not siblings.

The social work service was provided by nine separate teams, managed by seven Team Leaders and a reviewing officer under the direction of the principal social worker. There were 16 whole-time equivalent social worker positions dedicated to children-in-care and fostering. There were five and a half whole-time equivalent social worker vacancies. All social workers assisted with the provision of the duty service once every four to six weeks for one week. 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 Longford Westmeath 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.

Outcomes for children in the LHA were positive. Their primary care, healthcare and educational needs were met. Inspectors found that children were treated with dignity and respect, their rights were promoted by social workers and carers and they were consulted about decisions that impacted on their lives. The needs of young people leaving care were met through the LHA's dedicated aftercare service.

Children were safeguarded and protected. There were systems and processes in place to safeguard and protect children, which were implemented in line with the Children First: *National Guidance for the Protection and Welfare of Children* (2011). The Foster Care Committee was notified of allegations against foster carers and presented with a report once an investigation of the allegation was completed. However, none of the foster carers had received training in child protection, and all of the required checks had not been carried out for a small number of carers or adults living in foster care households. Foster carers were not routinely reviewed.

There were insufficient foster carers available to meet the needs of children, including specialist needs. Although the LHA had a strategy in place for the recruitment of foster carers, staffing shortages meant that any new applications could not be processed. Due to the limited number of carers within the LHA, the formal matching of children to carers was not rigorous.

The systems in place to assess and support foster carers were not robust. Carers had received limited ongoing training to ensure that they had the knowledge and skills to meet children and young people's needs and a number did not have a link worker. Although the assessment process for foster carers was thorough and comprehensive, there were significant delays in completing assessments, particularly for relative carers with whom children had been placed. The LHA did not undertake formal reviews of foster carers as specified in the Standards. Thus the LHA could not be assured that foster carers with whom children were placed were able to provide quality safe care.

The quality of the social work support for children was good but severely affected by a significant number of social work vacancies, which meant that, not all children in the LHA had an allocated social worker. Overall, 34 out of 129 (26%) children in foster care did not have an allocated social worker and supervision of unallocated cases was severely limited.

Management structures provided clear lines of accountability. The governance

systems in place were effective but there were a number of significant deficiencies which were attributed to limited resources. Managers worked to prioritise the use of resources but there were serious gaps in the service which led to the limited monitoring of children's safety and quality of life. Communication of decisions from national, regional and local level was good. There were systems in place to manage, monitor and report on risk. However, not all of the national policies procedures and guidelines in place had been consistently or fully implemented. There was limited data collated and used to inform strategic planning and service improvement.

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, observation of meetings, 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 interview with HSE staff. Inspectors selected and met with 10 carers (seven households), 12 children and interviewed six birth parents to elicit their experiences of the service. The Authority also reviewed 35 case files of both children and foster carers as part of the evidence gathering process.

All foster carers and children were informed of the inspection and were invited to give their views through an online questionnaire. Inspectors, through the principal social worker and team leaders, provided young people who had recently left the service with an opportunity to come and meet with inspectors to share their experience. As a consequence a group of five young people who had recently left the service met with an inspector.

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 not aware of their rights and had only recently been made aware of the complaints process. Children's opinions and feelings were sought on various aspects of their daily lives and they had a voice in decisions that impacted on their lives. In general, children with a disability received appropriate support from their foster carers.

Standard 3: Children's rights

This standard was met in part

Not all children understood their rights, although the service promoted children's rights in its policies and many of its practices. Some children were unsure or unaware of their rights and their rights to dignity, respect, privacy and choice could be undermined. Social workers said that they did not routinely advise or educate children about their rights. Inspectors found evidence that the 'Children's Booklet about Foster Care', which refers to children's rights, was distributed to some children in foster care but was not routinely provided. The majority of the children who spoke with inspectors did not fully understand their rights in relation to access to information, consultation, complaints and their right to access their case files.

Children were consulted with by their social workers and carers about decisions that impacted on their lives and the majority of children who met with inspectors reported that their opinions and feelings were sought by social workers. Inspectors found that children, as age appropriate, were invited to their statutory care plan reviews by their social workers, although many decided not to attend. Inspectors reviewed case files that demonstrated that the majority of children completed the consultation form for care plan reviews and expressed their wishes through this process. Through file review, inspectors found children's views and wishes informed the decision making process at statutory child-in-care reviews. Inspectors reviewed a leaflet for young people about the child-in-care review which had recently been developed and distributed by the LHA so as to inform young people about the process.

Children were encouraged to exercise choice across a range of daily activities by their foster carers. This meant that children's individual choices were reflected in their daily care, in a manner similar to their peers, and with due regard to their age and developmental stage. The majority of children who spoke to inspectors spoke enthusiastically about daily activities including sports and leisure activities. Inspectors observed children in different households exercising choice regarding food, clothing, how they spent their pocket money, activities and sports. Inspectors were shown children's bedrooms which were decorated to reflect their choices.

Inspectors found that children were provided with personal care appropriate to their age, stage of development, gender, culture, ethnicity and individual needs. All of the young people interviewed felt that their dignity and privacy was respected, in that they each had their own rooms, were able to have undisturbed contact with families and friends and their independence as age appropriate was respected by their foster carers. Foster carers interviewed outlined ways in which they encouraged the children in their care to exercise choice, facilitate privacy and promote children's dignity. Inspectors reviewed one case where social workers had identified that children's individual choices were not being reflected in their daily care and this was in the process of being addressed with the foster carers.

Children had only recently been made aware of the complaints process. This meant that up to then, children's worries and or concerns may not have been identified or addressed. Inspectors found evidence that three weeks prior to this inspection, a new complaints information leaflet had been circulated by the LHA to all children in foster care. Social workers reported that they had not had an opportunity to bring every child through the leaflet in person but that they planned to do this. Children who met with inspectors reported that they were not aware of the complaints process, prior to receiving the complaint leaflet and none of them reported that they had ever made a complaint. Social workers told inspectors that day-to-day complaints by children regarding care issues were responded to by the child's social worker. These complaints were recorded in case notes and were not routinely notified to the complaints officer. Data provided by the LHA identified that there had been one complaint from a young person in the past 12 months. Inspectors found that this complaint had been dealt with in a child-centred manner. The low number of reported complaints and the limited amount of information provided to young people suggested that children had not been made aware of how to make a

complaint and as a result some complaints might not have been raised.

Standard 4: Valuing diversity

This standard was met in part

Inspectors found that children from different cultural or ethnic backgrounds were not placed with carers from a similar background to their own as none had been recruited within the LHA. This meant that some children might not have their cultural identity understood, that specific needs might not be met and that the stability of placements could be undermined. Data provided by the LHA demonstrated that there were nine children from different ethnic and/or cultural backgrounds in foster care. The LHA had attempted to secure a placement in the Travelling community and the shared rearing scheme for specific children without success. However, there had not been any targeted recruitment campaigns for foster carers from different cultural, ethnic and/or religious backgrounds. Carers who had children placed with them from different cultural and ethnic backgrounds reported that they had received limited training or information from the LHA to support them to meet the needs of the children.

There was some evidence of anti-discriminatory practices in place within the LHA when working and caring for children from different ethnic, cultural and religious backgrounds. Through file review and speaking to children and carers, inspectors found that children from a variety of backgrounds were settled and happy in their placements and were being brought up in the religion of their parents' choosing. There was evidence that age-appropriate life story work had been undertaken with a number of children, by their social worker, to assist them in understanding their cultural heritage. Some foster carers were found to have taken a very positive approach to the children's ethnicity and culture and supported the children to maintain links with their cultural heritage. Inspectors reviewed a case where social workers had identified that the carers had difficulties in enhancing a child's cultural and ethnic identity and had undertaken one-to-one work with the carers to address the difficulties identified. Inspectors found that foster carers and social workers had received limited training in anti-discriminatory practices. There was no specific policy in place to support anti-discriminatory practices in working and caring for children from different ethnic, cultural and religious backgrounds.

This inspection found that children with a disability were provided with an adequate service. Data provided by the LHA demonstrated that 17 out of 129 (13%) children in foster care in the LHA had a disability. Inspectors met with some children who had a disability and their foster carers and found that the children were well cared for and their foster carers supported them to achieve their full potential. Carers of children with a disability told inspectors that they generally felt supported by their social workers but reported that they had received limited ongoing training and information on the child's disability, diagnosis and implications for care.

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

The majority of children were able to maintain positive relationships with their birth parents, siblings and other significant family members and friends. Children had a positive sense of identity and a good circle of friends. Birth parents were generally involved in their child's care wherever possible and as appropriate.

Standard 1: Positive sense of identity

This standard was met

Children lived with their relatives wherever possible, which reduced the impact for these children of being in care and promoted a positive sense of identity. Data provided by the LHA demonstrated that there were 28 relative foster carer Households in the LHA caring for 38 children (29%). Social workers reported that every effort was made to identify a relative carer in the first instance before a non-relative foster care placement would be considered. These efforts were recorded within case files reviewed by inspectors.

The majority of children were able to live in their own community. This meant that children were able to maintain ties with their schools and friends. Data provided by the LHA demonstrated that 10 children were placed in foster care placements outside of the area, either with relatives or in private foster care placements. Team leaders reported that these children were supported to maintain positive relationships with their birth parents, families and friends by the social work department and their carers. Social workers reported that due to a limited number of foster care places available in Athlone that children sometimes needed to be moved outside of their direct community into the wider community, for example, Mullingar.

In general, foster carers promoted a positive sense of identity to children in foster care. This meant that children were accepted as individuals. Carers reported that they spoke positively with children about their parents and backgrounds, facilitated access with parents, and worked in partnership with parents. In general, parents

who spoke with inspectors reported that they had a good relationship with their child's foster carer. On home visits, inspectors observed pictures of birth parents and siblings in children's bedrooms and memory boxes with children's mementoes and personal belongings. Inspectors found evidence of cases where birth parents attended access visits in the foster carers' home, a parent who had spent Christmas day with the foster family and a parent who stayed overnight in a foster family home on occasions. A number of children reported that they went on holidays with their foster parents and felt part of their foster family's home. However, inspectors reviewed a small number of cases where social workers had identified issues regarding a foster carer's ability to promote a positive sense of identity for children. Inspectors found that these had either been appropriately addressed or were in the process of being addressed through link work support, supervision and child-in-care reviews.

Children were helped to understand events in their lives. This meant that children could maintain their identity by being able to openly communicate and ask questions about their lives. Through case file reviews and meeting with children, inspectors found that age-appropriate life story work had been undertaken with children and young people by the child-in-care social worker. Children who spoke with inspectors reported that they felt the life story work helped them to better understand things that had happened in their lives. There was evidence that parents and extended family members had collaborated in life story work undertaken.

Standard 2: Family and friends

This standard was met

Inspectors found that, where appropriate, the majority of sibling groups were placed together and, where not deemed appropriate, they were placed in close proximity to each other to facilitate access. This meant that relationships between siblings were supported. Data provided by the LHA demonstrated that of the 17 sibling groups deemed appropriate to be placed together only one group had not been placed together. The principal social worker reported that in this case no suitable placement was available. The team leaders and social workers reported that suitable placements for larger sibling groups were not always available when required. Through case file review, inspectors found evidence of siblings who had not been placed together, as was deemed to be in their best interest, but who had a good level of contact with each other. Carers who met with inspectors outlined how they facilitated and encouraged this access.

Contact with family members was actively promoted in the LHA and children could maintain their attachments to their families. Parents who spoke with inspectors reported that the LHA supported them to attend access, if required. In a small number of the case files reviewed, there was evidence that access occurred in the carers' homes. In general, inspectors found that access occurred in line with the frequency, timelines, locations and supervision requirements agreed in the child's care plan. Children generally reported that they were happy with the level of access they had with their birth parents. For children who had an allocated social worker

there was evidence that the quality and frequency of access arrangements was discussed, planned and reviewed by social workers, as part of supervision, and through the social workers' contacts with the children. Inspectors found that case file notes recorded occasions where access did not occur or was limited and the reasons for same and the measures taken by the social worker to address difficulties arising. However, for children whose cases were unallocated, there was limited active monitoring of access arrangements to ensure that they met the child's ongoing needs in terms of attachment to their families.

In general, there was evidence that parents were involved in the care of the child in partnership with carers and social workers unless this was considered detrimental to the child's health and wellbeing and children could maintain positive relationships with their parents through their involvement in their care. The majority of parents who spoke with inspectors said that they felt involved in their children's care. A small number reported that they did not feel they were adequately involved as either the foster carer was not approachable and or the social worker did not support them in contributing to their children's lives. Carers interviewed outlined ways in which they involved parents, including inviting them to significant events, facilitating access visits and providing updates on their child's care and wellbeing. Inspectors found that parents were invited to care plan review meetings, although some parents chose not to attend. Parents reported that they received a copy of the minutes of review meetings and of their child's care plan.

Children in foster care had friends. Each of the children who met with inspectors (where age appropriate) said that they had enough friends and they met up with them regularly. Carers reported that they encouraged the children to meet with their friends in their home and or in their friends' homes. Inspectors found through file review and interviews with foster carers that children were involved in a number of youth groups and extracurricular activities aimed at enhancing socialisation skills and encouraging friendships. For example, children attended scouts, dance class, football club and music class. Some older children said that they used mobile phones and social media to maintain contact with families and friends and this was supervised by their carers. This was confirmed by carers.

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

In the main, children were placed with carers who could meet their assessed needs. Children's primary care, health and educational needs were met, although there was a delay for some children in accessing specialist services. The needs of young people leaving care were met through the LHA's dedicated aftercare service, but outcomes for all care leavers were not formally collated and used to improve the outcomes for others.

Standard 8: Matching carers with children and young people

This standard was met in part

In general, children were placed with foster carers chosen for their capacity and skills to meet their assessed needs. However, there were a limited number of placements available within the LHA. This meant that the ability of the LHA to match children to carers, based on their assessed needs, was restricted. The LHA had a placement system whereby the five link workers acted as placement officers on a rotational basis. The placement officer received, reviewed and progressed all placement requests. Through interview with the placement officer and document review, it was ascertained that placement meetings, involving relevant professionals, took place to determine the capacity of the carers to meet the children's needs. The team leader and social workers reported that children would not be placed with foster carers who were not in a position to meet their immediate needs. In the cases reviewed,

inspectors verified this. Children (where age appropriate) told inspectors that they were asked for their opinion on placements.

The LHA's processes to monitor and respond to placements that had ended in an unplanned manner were not always robust. As a consequence, opportunities to identify and learn from issues which could affect future children's placements were being missed. Data provided by the LHA showed that there were four unplanned endings in the past 12 months in respect of five children. Social workers said that there was informal evaluation following all placement breakdowns. The team leader told inspectors that the placement officer was aware of issues in relation to any placement breakdown and that she/he was satisfied that a further placement would not be made if ongoing issues were identified. Inspectors found that unplanned endings were not routinely reported to the Foster Care Committee via the disruption reports as required by the *HSE Committee Policy Procedures and Best Practice Guidelines for Foster Care Committees* (2012).

Standard 9: A safe and positive environment

This standard was met in part

Children visited by inspectors were living in homes that were safe. The assessment of foster carers included an assessment of their home. However, inspectors found that prior to January 2013, the assessment of foster care households was not always comprehensively documented from a health and safety perspective. Through interview with social workers and document review, inspectors found that a self-assessment safety checklist regarding foster carers' homes had been sent to all carers in January 2013 and some had been returned and verified by the foster carers' link workers. Others had not been returned or followed up, meaning that the LHA could not be assured as to the safety of these homes from a health and safety perspective. Two of the case files reviewed by inspectors included an addendum assessment report completed following refurbishment of the carers' homes which showed that the carers' home was safe following refurbishment.

Children's primary care needs were attended to by carers. This meant that foster carers provided a safe, nurturing and positive environment which promoted the welfare of the children and met their developmental needs. The sample of children who met with inspectors were dressed in a similar way to their peers. Inspectors observed that homes were well maintained, warm and homely, and provided opportunities for play and development. For example, there was an array of toys, board games, household pets, play houses and bicycles. Children reported that they felt safe, were well cared for and had access to plenty of nutritious meals and snacks. Inspectors found, through interview with social workers and review of case files, that children's primary care and safety needs were assessed and evaluated through the care planning process, when undertaken, and through social workers' direct work with children. Inspectors found, in case files reviewed of children who did not have an allocated social worker, that there was no active monitoring of children's welfare and needs.

Standard 11: Health and development

This standard was met in part

This inspection found that on a day-to-day basis, the health and development needs of children were met. The majority of case files reviewed by inspectors, demonstrated that a medical assessment had been undertaken when children were admitted into care, except in circumstances where it was considered that such an examination was unnecessary. Through interview with team leaders and case file review, inspectors found that social workers periodically wrote to medical practitioners requesting updated records for case files. The majority of files sampled contained up-to-date immunisation summary records. Inspectors found, through case file review, that where possible and appropriate, children continued to attend their family general practitioner (GP). Parents who spoke with inspectors reported that they received regular updates regarding the wellbeing of their children from their child's foster carer. This was verified in interview with foster carers. A small number of parents reported that they were unhappy with the limited amount of information they received from their child's social worker regarding their child's health and treatment.

Children did not have timely access to some specialist services and this was evident in their case files. This meant that the needs of some children might not be identified or met in a timely manner. Inspectors found that these needs were generally identified at the care planning/ review process or via the direct work of social workers with the child. Foster carers reported that they collaborated closely with social workers and the child's parents regarding the child's health and developmental needs. Social workers told inspector that they made every effort to access services required and that cases were escalated to the principal social worker. This was verified in case files reviewed by inspectors and it was noted that private funding had been secured for some specialist services.

Children with a diagnosis of moderate or severe disability were well supported by specialist services. However, children with a diagnosis of a mild disability appeared to find it difficult to access services and this meant that their needs might not be met in a timely manner. The principal social worker and team leaders told inspectors that children in foster care did not have prioritised access to psychology and psychiatry services, as suggested by the standards. Social workers reported considerable delays in accessing psychology and psychiatry services which impacted on the quality of care provided. This was confirmed through case file review. There was evidence of cases being escalated to the principal social worker and consequently private funding being secured for some psychology assessments.

Practices in relation to consent issues were good and this was evidenced in case files reviewed. Foster carers, who inspectors met with, told inspectors that they were regularly reminded of requirements by their social worker and that responsibilities had been covered in their foundation training course prior to their approval.

Standard 12: Education

This standard was met in part

Inspectors found that children were supported to meet their educational potential. The principal social worker reported that all children of school-going age were attending school or a training placement. The educational needs of most children were assessed and met through the care planning process. Inspectors found that school reports on attendance and progress were requested by the social work department and discussed at all child-in-care reviews, which enabled an assessment of the child's educational needs and achievements. Children and young people told inspectors that they enjoyed school and spoke about their aspirations for the future. Carers reported that they supported and encouraged children to undertake their school work to the best of their ability. Inspectors found that some carers had funded private tuition for children and others travelled a distance each day to facilitate the children's attendance at a specialist school. From case file reviews there was evidence of school reports on file and regular communication between social workers and schools.

Inspectors found that although the LHA gathered basic information about school attendance, managers did not ascertain educational outcomes for children in foster care on an ongoing basis and did not strategically plan to improve these outcomes.

Standard 13: Preparation for leaving care and adult life

This standard was met

The LHA provided an effective aftercare service that met the needs of care leavers. This meant that all young people who left their placement at 18 years were supported and prepared for leaving care and adult life. There was an aftercare worker based in each of the three LHA offices. Data provided by the LHA demonstrated that there were 17 young people over the age of 18 years in foster care placements. A number of these were in educational placements which were being supported by the LHA. Social workers told inspectors that there was a process in place to ensure that all children over the age of 16 years were referred to the aftercare service, had an assigned aftercare worker and aftercare plan in place as appropriate. There was evidence in case files of this and of one-to-one work with young people, carried out by key workers to assist them in gaining skills for independent living and in assisting them to secure college places and accommodation. Young people who met with inspectors reported having a good relationship with their aftercare worker and that they had found that the aftercare service was very helpful to them.

Inspectors found that children's life skills were developed in their foster care placements. Foster carers reported that they supported the young people in their care to learn to cook, undertake general household chores and to develop practical budgeting skills. Young people who met with inspectors reported that they had gained the skills required to live independently. Link workers and their team leader

told the inspector that from their direct work with foster carers, they were satisfied that all carers caring for children over 16 years were supporting young people to develop necessary skills.

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 a 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 safeguarded through safe care practices and the implementation of Children First (2011) by the social work department. However, none of the foster carers had received training on child protection issues and hence there was a potential that foster carers might not have been able to recognise and respond to safeguarding issues for children, and that social workers might not be aware of some children who could be experiencing harm.

Standard 10: Safeguarding and child protection

This standard was met in part

This inspection found that the LHA had policies, procedures and guidelines in place that reflected the requirements of Children First (2011) and practice was informed by these documents. Social work teams were organised and resourced to respond to and manage child welfare and protection concerns. Social workers described to inspectors the appropriate management of child protection concerns and reported that they each held a copy of the Children First (2011) guidance. Case files reviewed by inspectors demonstrated that practices reflected the requirements of the policies and procedures in place although it was evident that documentation was not always completed within the timelines proposed in the HSE's *Child Protection and Welfare Practice Handbook* (2011).

Foster carers were supported to manage the behaviours of children in a consistent and proportionate way which was safe for children. Carers told inspectors that their

link workers had advised them on the appropriate use of sanctions and that slapping, smacking or any form of humiliating treatment was not allowed. This was confirmed by link workers. Foster carers confirmed that they had received a copy of a number of national foster care policies and procedures including the 'Policy on Dealing with Incidents of Bullying against Foster Children' (2012). Link workers told inspectors that they had provided foster carers with information on what they should do if a child in their care goes missing in line with An Garda Síochána and the HSE Joint Protocol on children missing from care (2011).

Limited training and guidance had been provided to foster carers regarding safe care practices. This meant that foster carers might not have the necessary knowledge and skills to recognise signs of abuse and to report concerns appropriately. Foster carers told inspectors that their initial 'Foundation for Fostering' course provided information on safe care practices. However, limited ongoing training and guidance had been provided to foster carers. Records reviewed by inspectors showed that all approved foster carers had completed the initial foundation training. Information provided by the LHA demonstrated that none of the carers had attended child protection training and that only a small number had attended training in the management of challenging behaviour. The majority of the carers who spoke with inspectors were not aware of Children First (2011).

Information provided by the LHA demonstrated that the required checks for 14 carers and/or all adults living in foster carers' households had not been completed at the time of inspection. This meant that children's safety could be undermined if they were living with an unsuitable adult from a child protection and safeguarding perspective. The principal social worker and team leaders reported that these checks were being actively progressed at the time of inspection.

Child protection and safeguarding concerns were appropriately addressed to ensure that children were safe. Information provided by the LHA demonstrated that there were 36 concerns about the welfare and protection of children in foster care within the past 12 months, with 10 of these relating to the care being provided by foster carers. Inspectors reviewed assessments of a number of allegations and found that they were comprehensive and included an assessment of the possible risk to all children in the foster care placement with appropriate actions taken to mitigate immediate risks. Social workers told inspectors that they engaged with all children in the foster care household, as age-appropriate, as part of the assessment process. Inspectors met with a number of children who had made an allegation, who told inspectors that they felt their concerns had been taken seriously and that their social worker had met with them regularly to keep them updated on the social workers' assessment. Inspectors found detailed safety plans on a number of files reviewed which included the involvement of a number of agencies. The principal social worker reported that the LHA had recently introduced a new process whereby an independent social worker formed part of the assessment team.

In accordance with the *HSE Policy Procedures and Best Practice Guidelines for Foster Care Committees*, allegations against foster carers were notified to the Foster Care Committee. The area manager and principal social worker confirmed this to

inspectors. Inspectors found through review of case files that assessment reports, formulated following the investigation of allegations, were submitted to the Committee, which in turn reconsidered the foster carer's approval status based on the report submitted.

Inspectors reviewed a number of case files where allegations against foster carers had been confirmed but training needs were not identified and/or additional training and supports were not provided. Social workers told inspectors that they believed additional training such as training in behaviour that challenges would have benefited these carers.

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

Many children had an allocated social worker who advocated on their behalf and was a trusted professional in whom they could confide. However, a significant number of children did not. Some children's care plans had not been reviewed in line with the timelines specified in the Standards and Regulations. This meant that the children's progress was not being monitored or that any changes in their needs addressed.

Standard 5: The child and family social worker

This standard was met in part

Not all children had an allocated social worker. This meant that some children did not have a named professional advocating on their behalf and ensuring that they were safe, content and receiving all the services that they required. At the time of this inspection, 34 out of 129 (26%) children in foster care did not have an allocated social worker. Inspectors found that for some of these children this was a recent

occurrence and for others, the periods of time without an allocated social worker ranged up to eight months' duration. The principal social worker and team leaders reported that all cases were risk assessed and prioritised to ensure that children at highest risk had an allocated social worker. The principal social worker also told inspectors that the foster carers for children who did not have an allocated social worker had an allocated link worker. Inspectors found that a new process had recently been put in place, whereby a social-work trained individual had been seconded to undertake home visits for some of the unallocated cases. Inspectors observed detailed reports pertaining to home visits undertaken by this professional where she/ he met with the children, which were shared with the fostering and appropriate child-in-care team leader. These reports detailed contact made with the child's school and other professionals where appropriate. The principal social worker and child-in-care team leaders told inspectors that unallocated cases were being monitored by team leaders.

Some, but not all children, were regularly supervised by their social workers. Children, whose cases were allocated, were visited by their social worker in line with the regulations, that is, in the last six months. This meant that these children had regular contact with a professional with whom they could voice any concerns or worries which they might have. Data provided demonstrated that 16 children (17%) had not received a visit from their allocated social worker within the last six months. This meant that these children did not have regular contact with a professional who could ensure that the welfare of the children is promoted, that they are protected from abuse and who could ensure that placements continued to meet children's needs. Each of the social workers interviewed reported that they visited children in private within their placement.

Inspectors found that the majority of children experienced coordinated care, supported by relevant professionals and inter-agency working, which ensured that the complex needs of children were met. Inspectors found evidence of consultation with other professionals, such as teachers, doctors, public health nurses and psychologists. This was verified through case file reviews, minutes of care planning meetings and interviews with social workers.

Children saw their social workers as a trusted adult in whom they could confide. This meant that children were enabled to develop a trusting relationship with their social worker. The majority of children who met with inspectors reported that they liked their social worker and would speak with them if they were worried about something. Inspectors found that a number of these children had the same social worker over an extended period. However, team leaders reported that over the course of the past two years due to leave and staff attrition there had been considerable movement of social workers from one child's case to another, which impacted on children's ability to build trusting relationships with their social worker. This was confirmed through case file reviews and interviews with children.

Inspectors found that children's case records were up to date and contained records required by the regulations. This meant that important information about children was available on file to inform their assessments and care plans. Files reviewed by inspectors had up-to-date, contemporaneous case notes, although the case files of children with no allocated social worker had some gaps in relation to the monitoring of their care. Case notes were generally handwritten due to a shortage of computers. Inspectors found that the case files reviewed were of a good quality and legible.

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

Children in foster care	Total children in foster care is 129	%
Number of children with an assigned social worker	95	74%
<i>Regulation Article 17</i> Number of children who had been visited in the past six months by a child and family social worker	113	87.5%
<i>Regulation Article 11</i> Number of children with a written care plan on file	103	80%
<i>Regulation Article 18</i> Number of children whose care plans have been reviewed in accordance with the regulations	103	80%

Standard 6: Assessment of children and young people

This standard was met in part

A record of initial assessment of need was not available on all files reviewed by inspectors because the process had only been introduced in early 2013. Inspectors read some of the assessments which had been completed in the new format and found that they were a good quality. Prior to this, initial assessments of need had been integrated into the child's care plan and care planning process. Inspectors found comprehensive multidisciplinary assessments of children's needs in the majority of cases with evidence of consultation with other professionals, such as teachers, doctors, public health nurses and psychologists. A small number of the case files reviewed by inspectors included a basic initial assessment of need which was not comprehensive. Social workers told inspectors that the children's assessment provided the basis for discussion with the reviewing officer to obtain the best possible match to a foster carer. Inspectors verified this process through case file review.

Standard 7: Care planning and review

This standard was met in part

Care plans reviewed by inspectors were found to be of a good quality and based on a comprehensive assessment of the children's needs. They included details of family backgrounds, the objectives and aims of the current foster care placement, identified actions to be taken and who was responsible for those actions. However, a number of care plans were found to be out of date as they had not been reviewed in accordance with the Standards and regulations. Through case file review and speaking with children and young people, inspectors found that children and young people were consulted about their care plans and assisted to complete age-appropriate review forms in advance of the review meeting. Case files reviewed by inspectors demonstrated that children's views were discussed at their review meeting even if they chose not to attend. Children who met with inspectors said that they were aware of the content of their care plans and had been invited to their review meetings, although some opted not to attend. Inspectors found that foster carers and birth parents were consulted with as part of the care planning process. Inspectors read the correspondence which invited parents and foster carers to review meetings, although some parents chose not to attend.

Inspectors read the care plans in children's case files and found that they took account of the children's needs and identified the services and supports required. The care plans stated the objectives of placements, actions to be undertaken and actions required with an assigned responsible person. Care plans and case notes showed that social workers followed up on the agreed actions. Social workers confirmed that these actions were generally acted upon in a timely manner by the person identified as responsible. Foster carers reported that they found care plans helpful in supporting them to deliver care to the children placed with them.

Not all care plans had been reviewed in a manner and frequency required by the regulations. These require that a child-in-care review is undertaken as often as is necessary but in any event at intervals not exceeding six months during the first two years of placement and thereafter at least once a year. This meant that for children who did not have an updated care plan, if their needs changed there was no plan to address this. The principal social worker and area manager reported that for a nine-month period in 2012, a decision had been taken to postpone almost all statutory child-in-care reviews, so that the reviewing officer could stand into a vacant team leader post. At the time of this inspection the reviewing officer had resumed his/her post and was in the process of scheduling reviews for all cases with an assigned social worker. Data provided by the LHA demonstrated that 26 out of 129 (20%) children in foster care did not have an up-to-date care plan. Inspectors found that children without an assigned social worker did not have someone assigned to ensure that actions outlined in their care plans were carried out and that care plan reviews were not scheduled until such time as a social worker was assigned to their case.

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 were valued and supported in their foster carers. Foster carer assessments undertaken were comprehensive and robust, but they were not always undertaken in a timely manner. A number of children were living with relative foster carers who had not had their assessments completed or approved by the Foster Care Committee.

This standard was met in part

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

Inspectors found that non-relative foster carers had undergone formal good quality assessments carried out by a professionally qualified and trained social worker which was thorough, suitably robust and covered a wide range of issues in potential carers' lives. However, inspectors found that assessments were not always undertaken in a timely manner and took on average between six and 12 months to complete, which meant that potential carers were not available to care for children as soon as they could have been. Data provided by the LHA demonstrated that none of the six new foster care applicants received within the past 12 months had their assessment completed at the time of this inspection.

Inspectors found that non-relative foster carers were approved by the Foster Care Committee prior to children being placed with them. Data provided by the LHA indicated that no children were placed in unapproved non-relative foster care placements at the time of this inspection. This was confirmed by the principal social worker. Inspectors found that there was a process in place whereby all foster carers were presented to the Foster Care Committee for short-term placements and then after eight months, cases were re-presented to the panel for approval as long-term carers. Inspectors found that there were a small number of carers who had been approved for short-term placement, but children had been placed with them for longer than eight months without re-presenting to the Foster Care Committee.

Consequently these carers were providing long-term care for which they had not been designated. The fostering team leader said that each of these cases were all considered appropriate by the social work department for long-term placements.

In the sample of case files reviewed by inspectors, contracts were found to be in place for each child's care with a respective non-relative foster carer. Through interview with team leaders and case file review, it was evident that contracts were put in place in a timely manner. Foster carers told inspectors that they were aware of their responsibilities in terms of the contract in place.

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

Inspectors found that the interim assessment process for relative carers when children were placed in an emergency was sufficiently robust to protect children and place them with suitable carers to meet their immediate needs. This process was carried out by a professionally qualified and trained social worker and included a preliminary assessment of accommodation, as well as foster carers undergoing a medical and local social worker check and An Garda Síochána vetting, prior to the case being referred to the fostering team for formal assessment.

Not all relative carers had undergone a formal assessment in a timely manner after children were placed with them. This meant that children could potentially be placed with relatives who were unable to meet all of their needs and or with whom children's safety could not be guaranteed. Through case file review and interviews with social workers and relative foster carers, inspectors found that the assessment process for relative carers was comprehensive and suitably robust so as to determine the suitability of the respective carers. However, on average these assessments took between one to two years to complete and in some cases more. Inspectors reviewed one case which took more than seven years to complete. The dataset provided by the LHA demonstrated that there were 11 out of 28 (39%) relative foster carers whose assessment was in progress but had not been completed. Through interview with the fostering team leader and data review, inspectors found that an additional six relative foster carer households were caring for children but had not commenced assessment at the time of this inspection. A timeline to commence the assessment had not been agreed. Contracts for children placed with relative carers were found to be on file for the sample of cases reviewed by inspectors.

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

Not all carers had an assigned link worker to supervise and support them to provide high quality care and foster carers were not routinely reviewed. Generally foster carers in the LHA were aware of their duties and responsibilities but received limited ongoing training.

Standard 15: Supervision and support

This standard was met in part

Inspectors found that some but not all foster carers had sufficient access to the necessary information, advice, supervision and support required to enable them to provide high quality foster care. Information provided by the LHA indicated that 14 of the 68 (20%) non-relative foster carers and 11 of the 28 (39%) relative foster carers did not have an allocated link worker. The 11 relative foster carers did have a link social worker as they were undergoing assessment. The fostering team leader told inspectors that the assessment social workers undertook a dual role which consisted of assessment and link worker duties.

Foster carers, who had an allocated link worker, who spoke with inspectors reported that they received regular visits and felt well supported. The majority of the foster carers spoken with told inspectors that the social work department was approachable and responsive. Inspectors found that the carers had regular visits from their link worker which were recorded in their case notes and that link workers also met with the carers' children on visits. There was evidence that the LHA had support groups in place for foster carers which met periodically, but had a relatively low level of

attendance. None of the carers who met with inspectors attended these support groups.

Inspectors found through case file review, that the majority of foster carers were aware of their duties overall and provided good care and support to children placed with them. However, some foster carers did not receive regular supervisory visits from link workers, as they did not have an allocated link worker. Two foster carers who did not have a link worker told inspectors that they had received a letter from the fostering team leader advising them to contact him/her if they had any issues, which they found helpful in terms of having a named contact person.

Standard 16: Training

This standard was not met

Inspectors found that the LHA did not ensure that foster carers participated in ongoing training so that they had the required knowledge and skills to provide high quality foster care. The area manager and principal social worker reported that prospective non-relative foster carers were not presented to the Foster Care Committee until verification that training had been completed was received. In the main, relative foster carers attended the 'Foundation for Fostering' training in a relatively short period after children were placed with them. Carers who met with inspectors reported that they found the training helpful and that it equipped them for their role.

Inspectors found that limited training opportunities had been offered by the LHA to foster carers and there was poor attendance by foster carers at the training offered. Information provided by the LHA indicated that in the past 12 months, 35 of 126 (28%) non-relative foster carers attended training and three of 51 (6%) of relative foster carers had attended training. The service had not conducted a training needs analysis in the 12 months prior to inspection.

The team leader and link workers reported that foster carers were encouraged to attend the limited training which was offered. However, there was no contractual requirement for carers to attend training, other than their initial 'Foundation for Fostering' training. Social workers told inspectors that foster carers were required, from time to time, to attend specific training as a result of an allegation. They said that foster carers did attend such training. This was confirmed through case file review. However, inspectors also identified that some foster carers were struggling with children in their care who presented with behaviour that challenges, and no training had been identified or provided for these foster carers.

Inspectors found that the LHA did not have a formal process in place to evaluate the training of foster carers. This meant that in conjunction with the absence of reviews, the LHA could not be assured that the training provided was sufficient to equip carers with the required skills to provide high quality and safe care to children.

Standard 17: Reviews of foster carers

This standard was not met

Inspectors found that foster carers were not routinely reviewed to ensure their continuing capacity to provide high quality care and there was no robust risk assessment in place to monitor and manage potential or actual risk. This meant that the LHA could not be assured that carers continued to have the capacity to provide high quality care and meet the needs of individual children in their care. The fostering team leader reported that foster carers were monitored through the link workers visits and discussion of cases between the team leader and link worker, with unallocated foster carers being monitored by the team leader. Information provided by the LHA indicated that only two foster carer reviews had been carried out within the past 12 months. The principal social worker reported that these two reviews had been undertaken as a consequence of allegations made against the foster carers and that the outcome of these reviews had been reported to the Foster Care Committee. Through interviews with the fostering team leader and link workers, it was reported that each link worker had prioritised cases for review. However, a timeline to commence or complete same had not yet been agreed.

Table 2. Allocation of link worker to carers

Foster carer households	Number	%
All foster carers	96	100%
Assigned a link worker	71	74%
Not assigned a link worker	25	26%
General (non-relative) foster carers	68	100%
Assigned a link worker	54	79%
Not assigned a link worker	14	21%
Relative foster carers	28	100%
Assigned link worker	17	61%
Not assigned a link worker	11	39%

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

Management structures provided clear lines of accountability and communication within the service. However, a number of national policies had not been fully or consistently implemented and there was limited monitoring of compliance against the policies and procedures in place to ascertain if they were effective. Staff resources were stretched due to staff vacancies and leave which impacted on service provision. There were some systems in place to monitor and manage risk and continuously assess the quality of the service. Limited data was collated by the LHA to inform strategic planning and service provision.

Standard 18: Effective policies

This standard was met in part

The LHA had a number of national and local policies and procedures in place which were clearly written and easy to follow. However, a number of these had not been fully or consistently implemented in the area, such as, the *HSE Policy Procedures and Best Practice Guidelines for Foster Care Committees* (2012) and the role of the link worker guidance document (2012), which includes the supervision and review of foster carers. This was confirmed through interview with the area manager and other staff. Inspectors found that staff were aware of the policies and procedures in place and had ready access to them. There was limited evidence of monitoring in relation

to compliance with the policies and procedures in place to ascertain if they were effective.

Inspectors found that the 'HSE Care Transfer Policy Between Local Health Offices Social Work Departments' (2011) was being implemented by the LHA. The principal social worker, team leaders and social workers reported that they had experience of the policy being used with minimal difficulties. Information provided by the LHA indicated that there were eight children placed outside of the LHA. The principal social worker and team leaders reported that the policy to transfer cases to the areas where the children lived had not been followed or considered appropriate in respect of these cases, as specific work was being undertaken by the children's assigned social workers and/or the child's placement had only recently been established and was not yet considered secure.

Standard 19: Management and monitoring of foster care services

This standard was met in part

The LHA had clearly defined governance and accountability structures in place. The local and regional reporting structures were in the process of being reviewed in line with national reporting structures. Staff who met with inspectors were clear about their roles and responsibilities, including their reporting relationships and lines of accountability. Social workers told inspectors how they were held to account for their practice decisions through their supervision meetings with team leaders. Team leaders told inspectors that practice issues would be discussed as part of their supervision with the principal social worker, with decisions reached regarding actions required. This was verified through review of supervision records. Inspectors reviewed documents outlining the fostering link worker and social worker role, dated 2012.

The governance systems in place were effective but there were a number of significant deficiencies attributed to limited resources. For example, reviews of foster carers were not routinely undertaken in the area, limited ongoing training was provided to foster carers, assessments of potential foster carers were not undertaken in a timely manner and statutory child-in-care reviews for children in foster care had been suspended for a six-month period the previous year. The area manager told inspectors that deficiencies were directly related to limited resources.

Inspectors found that the foster care service was not sufficiently resourced to enable staff to comprehensively meet the needs of all children and their foster carers all of the time and this posed a risk to the delivery of service. At the time of this inspection the LHA reported that there were 5.5 whole-time equivalent social worker vacancies. As highlighted elsewhere in this report, the impact of insufficient resources resulted in: some children not having an allocated social worker; not all foster carers having an allocated link worker; insufficient placements to meet the needs of children; the assessment of foster carers not always being undertaken in a timely manner; reviews of foster carers not being undertaken routinely. The area manager told inspectors that five agency staff had been approved for the LHA to assist with the capacity issue

but a commencement date had not been agreed. The area manager and principal social worker told inspectors that limited resources impacted on the capacity of the service to deliver the services in line with the requirements of the National Standards and to fund service improvements.

The area manager had a mandate for the full operational management of child and family services in Longford/Westmeath and Laois/Offaly and told inspectors that she/he met formally with the service director on a monthly basis. This was verified through review of meeting notes. Inspectors also found that the area manager met with the principal social worker every month and had had several meetings with the team leaders in the last 12 months. Minutes of joint meetings of the area manager and the principal social workers reviewed by inspectors identified that the streamlining of services was discussed across the area, with the aim of utilising resources more efficiently.

Inspectors found that formal and informal communications systems across national, regional and local management structures were effective. There were regular meetings at each level of service and these were well attended by the relevant staff. Staff told inspectors that communication was good and that managers were approachable and supportive. Social workers told inspectors that they had been kept up to date in relation to the new agency and vision for the service through meetings with the principal social worker, team leaders and email updates. Inspectors found that the limited number of computers within the LHA had the potential to negatively impact on social workers' access to email updates.

Information provided by the LHA indicated that there were systems in place to collect data. The LHA collated data on monthly key performance indicators, such as the number of reviews, allocated cases and these performance metrics were submitted to the National Office of Children and Family Services and discussed at local team meetings. Inspectors found that there was poor use of data to inform continuous quality improvement and the development of the foster care service. For example, the LHA collected information on disability and education as required by the National Office for Children and Family Services. However, there was no evidence to support that this information was used by the LHA to improve service delivery.

The service had some quality assurance processes in place. However, there was no formal quality assurance or monitoring system which systematically supported consistency and drove improvement in a strategic way. There was evidence that the principal social worker undertook case file audits on a sample of files each month with identified issues or deficiencies being addressed with the social worker holding the case and at a local team level at team meetings. The area manager and principal social worker told inspectors that they monitored the quality of the service through supervision. Inspectors saw examples of supervision sheets in children's and foster carer's case files. There was no evidence of other quality assurance initiatives such as seeking the views of children and families to ascertain the quality of the service which they received.

There were satisfactory systems in place to manage, monitor and evaluate

organisational risks. Inspectors found that the LHA had a risk register in place and there was evidence that risk assessments were undertaken at a local level by the team leaders and by the principal social worker of collective risks for the service with measures taken to mitigate risks identified and recorded. These assessments were used to populate the risk register and to communicate risk and the mitigating actions taken, from a local level to the area manager and service director.

The LHA maintained a register of children placed with carers. However, this register did not include accurate information on the child's date of birth or date of placement in all cases, in accordance with Regulation Part IV (2) Maintenance of Register. This meant that an accurate and complete listing of all children in foster care was not available to enable rigorous managerial oversight. The LHA had a panel of non-relative foster carers that was accurate, complete and complied with the regulations.

Standard 21: Recruitment and retention of an appropriate range of foster carers

This standard was met in part

The LHA had a strategy document in place for the recruitment and retention of foster carers, dated 2012. Through interview with the team leader and document review, inspectors found that information on fostering was readily available to interested parties and enquiries were acknowledged promptly. However, it did not have a formal system to identify the diverse needs of children within the area and to actively recruit foster carers to meet these needs. In addition the LHA had a limited number of foster carers available. Information provided by the LHA indicated that there were eight children awaiting foster care placements at the time of this inspection, four of whom had been waiting for more than three months. In particular, inspectors found that there were insufficient foster carers from different cultural and ethnic minority backgrounds. The area manager told inspectors that a recruitment campaign at a national level had recently commenced. However, the principal social worker told inspectors that the service did not have the capacity to process new applicants at the time of inspection. As a consequence the deficit in terms of numbers of foster carers in the area was unlikely to be addressed.

The retention of foster carers in the area was good. Data provided indicated that only one foster carer had ceased caring for children within the past 12 months and the principal social worker reported that this changed had been planned. However, inspectors found that there were weaknesses in the supports in place for foster carers. As referred to elsewhere in this report, not all foster carers had an allocated link worker or regular visits from a link worker, and limited ongoing training was provided for carers. The principal social worker and area manager told inspectors that a formal evaluation of the supports in place to retain foster carers had not been undertaken. This had the potential to undermine the retention of foster carers and stability of placements.

Standard 22: Special foster care

This standard was not met

This inspection found that the LHA did not have special foster carers, although social workers had identified children and young people who required special foster care placements. Social workers told inspectors that placements for teenagers were hard to find and that some placements had ended in the past due to the challenges posed by children's complex behaviour. This was confirmed through file review. As a consequence a number of these children were placed with non-statutory agencies outside of the area at a distance from their families. The principal social worker reported that a small number of children under the age of 12 years had been placed in residential care within the past 12 months as there was no foster care placement available to meet their needs. The HSE 'National Policy on the Placement of Children aged 12 years and under', states that a child, 12 years or under, placed in the care of the HSE, under the Child Care Act, 1991, should not be placed in a residential setting, except in exceptional circumstances.

Standard 23: The Foster Care Committee

This standard was met in part

The LHA Foster Care Committee was made up of people with an expertise and experience in child welfare and foster care. However, improvements were required to ensure that the post-holder of the chairperson's role is independent. The current Chairperson of the Committee was the area manager who had overall responsibility and accountability for the service and was also the designated person as per Children First (2011). The area manager said that she/he felt her role as area manager enhanced her/his understanding of the issues raised at committee level. However, inspectors considered that these multiple roles could pose a conflict of interest for the chair in objectively making recommendations regarding foster care applications and her/his role as area manager managing limited resources. Inspectors found that a small number of Committee members were not An Garda Síochána vetted. The area manager reported that at the time of this inspection that this was being processed by the Garda Síochána vetting unit.

Inspectors found that the *HSE Policy Procedures and Best Practice Guidelines for Foster Care Committees* (2012) were not fully implemented and that not all the work of the Committee was undertaken in accordance with the Standards and regulations. The area manager reported that all of the committee members attended a one-day training course in respect of the *HSE Policy Procedure and Best Practice Guidelines for Foster Care Committees* (2012) in April 2013. The Foster Care Committee functioned effectively in approving foster carers, but it did not have a role in routinely reviewing all foster carers. This meant that the Foster Care Committee could not be assured of the suitability of foster carers to provide care for children in the LHA on an ongoing basis.

There was evidence that since 2012, all allegations against foster carers were reported to the Foster Care Committee and that investigation reports pertaining to these allegations were presented to the Committee once complete. This facilitated the Foster Care Committee to reconsider the carers' approval status based on the information provided in the report in accordance with the *HSE Policy Procedures and Best Practice Guidelines for Foster Care Committees* (2012) and the Standards.

Although the area manager was also the chair of the Foster Care Committee, there was no clear process in place to inform service planning based on the work of the Committee. The area manager and principal social worker told inspectors that the Foster Care Committee did not formally contribute to service planning in the LHA. The Foster Care Committee did not complete an annual report in 2012 as required by the *HSE Policy Procedures and Best Practice Guidelines for Foster Care Committees* (2012).

Standard 24: Placement of children through non-statutory agencies

This standard was not met

Data provided to inspectors showed that the LHA had placed 10 children(8%) with non-statutory agencies, as no suitable placement was available within the LHA to meet the children's' needs. However, the LHA did not have a service level agreement in place with these providers. Inspectors found that the absence of a formal service level agreement meant that there could be a lack of clarity about the quality and nature of the service to be provided. In addition it could be more difficult to hold a non-statutory agency to account if so required.

The area manager and principal social worker reported that they were satisfied that the non-statutory agencies provided quality care and complied with the Standards and regulations. Inspectors found evidence that the non-statutory agencies submitted monthly reports to the LHA regarding the care of the children in care and that they undertook reviews of foster carers. The social workers of children placed with non-statutory agencies reported that they had regular and effective communication with the non-statutory agencies' foster carers' link workers which provided them with assurances regarding the quality of the care provided.

Standard 25: Representation and complaints

This standard was met in part

The service had put measures in place to inform carers and others about how to make a complaint but these had only recently been put in place. Children, foster carers and parents told inspectors that they had been made aware of the complaints process three weeks before the inspection when they had been provided with written information about how to make a complaint. Foster carers told inspectors that they had received some information on how to make a complaint at their initial foundation training on first becoming a carer.

Inspectors found that the LHA had processes in place to facilitate children, their families, carers and others to make representations and to appeal decisions made. For example, an appeals process had been established with a foster care committee in another area which allowed an individual to appeal any decision taken by the LHA's Foster Care Committee. Inspectors reviewed evidence of a recent appeal which had been upheld on behalf of a foster carer.

The LHA were not managing or recording all complaints centrally, particularly verbal complaints, and hence there was no formal analysis to determine trends or learning for the service. This meant that opportunities for learning to inform service improvement were being missed. Information provided as part of the inspection process indicated that the HSE national policy 'Your Service Your Say' governed practice. At a local level there was evidence that complaints were not always dealt with within the timelines specified within the HSE's 'Your Service, Your Say' complaints procedure. The LHA reported that it had received two complaints within the preceding 12-month period. However, inspectors found through interviews with social workers, carers and parents that a greater number of complaints had been received. There was limited evidence that information arising from complaints and consultation affected change.

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 were cared for by professionally qualified staff. Social workers and team leaders received regular supervision so their practices with children were being quality assured. Staff skills were not being updated on a regular basis through training.

Standard 20: Training and qualifications

This standard was met in part

This inspection found that the social work department was staffed by suitably qualified professionals who had a wide range of experience which was relevant to children and family services. This meant that children had access to skilled professionals to ensure safe good quality care is provided to children. Through review of a sample of staff files, inspectors found that staff had the required qualification for their roles. The principal social worker reported that seven staff did not have An Garda Síochána vetting on file but that this was being processed. There was also evidence that applications had been made to renew An Garda Síochána vetting for all staff.

Social workers and team leaders received effective regular supervision. Information provided as part of the inspection process indicated that the social work department provided supervision to social work staff through a local supervision policy. Inspectors found that supervision occurred on a six- to eight-week basis at each level of the service which was not within the timelines outlined in the HSE National Supervision Policy. Inspectors found that supervision was recorded in staff files to a good standard and also in children's case files. The agenda for supervision included case discussion, caseload management and administrative issues. Social workers who met with inspectors reported that supervision was beneficial to them in their everyday practice and in direct work with children. The principal social worker met formally with the area manager on a monthly basis to discuss operational issues.

There was a limited training programme in place to provide staff members with the skills and knowledge to carry out their role. This meant that staff might not be up-to-

date with best practice and new developments in the field. Inspectors found that there had been no training needs analysis undertaken to identify the developmental and training needs of staff and to ensure that these needs were addressed to improve the service for children and young people. Through interviews with staff and review of training records, inspectors found that limited training had been provided to staff within the past 12 months. Some training had been provided by internal staff based on specific needs identified such as direct work with children. Inspectors found that there was a system in place to centrally record training provided or attended by staff.

All new social workers attended a HSE induction programme and local arrangements were in place to support the work of newly qualified social workers and new social workers to the area. It was reported that these social workers were mentored through the supervision process and supported through a 'buddy' system with a reduced workload until such time as it was deemed by their supervisor that they had the competence to undertake a full caseload. This meant that any new social worker in the LHA, who was working with children, parents or carers gained experience and knowledge before taking on a full caseload.

6. Children and young people's comments

Inspectors met with 12 children of different ages during the inspection fieldwork. In general children reported that they were happy and felt safe in their foster care placement. Children told inspectors that they helped decorate their bedroom. One child said that she/he 'loved going shopping with foster mum as she is always getting me clothes and things I need'. Other comments included 'I really like school and get good results', 'My social worker is nice and she always meets me on my own so we can chat about different stuff', 'If I was worried I would speak with my social worker or foster mum', 'I haven't had a social worker for a few months but don't really need one', 'The aftercare service is even better than foster care', 'My friends can come for sleepovers once the foster carer knows them', 'Sometimes my carer can be a bit strict but I have told my social worker and she is speaking to them about this', 'I am happy with the amount of time I get to spend with my mum', 'I would like to see my dad more, but my social worker has explained to me why I can't right now', 'I think the social worker listens to what I have to say and tells the care plan review meeting – I don't want to attend it', 'They tell me about the child-in-care review meetings, but I have no interest in going', 'I am happy with the way everything is right now'.

Closing the fieldwork

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

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
	Standard 2: Family and friends	Standard Met
Outcome 3	Standard 8: Matching carers with children and young people	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 in Part
	Standard 13: Preparation for leaving care and adult life	Standard Met
Outcome 4	Standard 10: Safeguarding and child protection including implementation of Children First: <i>National Guidance for the Protection and Welfare of Children</i> (2011)	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 Not Met
	Standard 17: Reviews of foster carers	Standard Not Met
Outcome 8	Standard 18: Effective policies	Standard Met in Part
	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	Standard Not Met
	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 she/he 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 she/he 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 she/he 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, An Garda Síochána and other front-line staff in dealing with suspected abuse and neglect.

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

Foster care: where possible the HSE places children with foster carers or relatives. The Child Care (Placement of Children in Foster Care) Regulations and the Child Care (Placement of Children with Relatives) 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 as well as ongoing support to carers to support the placement.

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: leaving care and aftercare 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 Regulation Directorate



HSE response to report[†]

HSE LHA	Longford Westmeath
Service ID as provided by the Authority:	629
Date of inspection:	15 – 29 May 2013
Date of response:	14 / 10 / 2013

Recommendations

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

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

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

Children were unsure and or unaware of their rights

Children had only recently been provided with information about the complaints process, but for many their social worker had not yet had an opportunity to explain the process to them and to answer any questions.

1. Action required:

The Longford Westmeath LHA should develop and implement a policy that ensures that the rights of all children are promoted and upheld.

2. Action required

The Longford Westmeath LHA should make all children in foster care aware of the complaints process.

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

Related reference: Standard 3: Children's rights Child Care (Placement of Children in Foster Care) Regulation 8(1) Religion Child Care (Placement of Children in Relative Care) Regulation 8(1) Religion	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
<p>Provider's response:</p> <p>Action 1: HSE are currently in the process of adopting an appropriate regional leaflet/booklet explaining the complaints process and the rights of a child by 1 December 2013. A regional policy will be devised by 31 December 2013 to include the following: a) The allocated social worker for the child will explain their rights in an age appropriate manner b) all unallocated children receive a safeguarding visits, as part of this visit the worker will give each child/young person a copy and explain in detail their rights in an age appropriate manner c) this action will be monitored as part of the Statutory Care Review when the reviewing officer will check with the child that they have been advised of both their rights and the complaints procedure. This will also be documented on the individual child's care plan. The policy will be implemented by 1 February 2014.</p> <p>Action 2: HSE are currently in the process of adopting an appropriate regional leaflet/booklet explaining the complaints process and the rights of a child. The allocated social worker for the child will explain the complaint procedure in an age appropriate manner. All unallocated children receive safeguarding visits. As part of this visit the worker will give each child/young person a copy and explain in detail the regional complaints leaflet in an age appropriate manner. This action will be fully implemented by 1 December 2013. A copy of the HSE 'Your Service, Your Say' has been forwarded to all foster carers in July 2013 so that they are fully aware of the complaints process and can advise the child in their care accordingly. This action will be monitored as part of the Statutory Care Review when the reviewing officer will check with the child that they have been advised of both their rights and the complaints procedure.</p>	<p>Principal Social Worker and Reviewing Officer Leaflet/ booklet to be adopted by 1 December 2013 Policy to be developed by 31 December 2013 and implemented by 1 February 2014.</p> <p>Social Work Team Leaders and Principal Social Worker, 1 December 2013</p>

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

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

The LHA did not have a policy to support anti-discriminatory practices when working and caring for children from different ethnic, cultural and religious backgrounds.

Carers who had children placed with them from different cultural and ethnic backgrounds, had received limited specific training or information from the LHA to support them.

3. Action required:

The Longford Westmeath LHA should develop and implement a policy regarding anti-discriminatory practices in working and caring for children from different ethnic, cultural and religious backgrounds.

4. Action required:

The Longford Westmeath LHA should ensure that foster carers who care for children from different cultural and ethnic backgrounds receive specific training and/or information from the LHA to support them to meet the needs of the children.

Related reference:

Standard 4: Valuing diversity

Child Care (Placement of Children in Foster Care) Regulation 8(1) Religion

Child Care (Placement of Children in Relative Care) Regulation 8(1) Religion

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

Timescale and Post holder responsible:

Provider's response:

Action 3:

The HSE are currently developing (to be completed by 1 January 2014) and plan to implement a regional policy regarding anti-discriminatory practices in working and caring for children from different ethnic, cultural and religious backgrounds. It is the area's intention that the regional document will be fully implemented by 1 February 2014.

Principal Social Worker and Social Work Team Leader Policy to be completed by 1 January 2014 and fully implemented by 1 Re 2014.

Action 4:

Under the direction of the Regional Director, the Area Manager and the Principal Social Worker for Longford/ Westmeath will

Courses to be completed by 31/02/14

liaise with the Principal Social Worker for the National Service for unaccompanied minors to provide a number of training course for foster carers in the area in relation to the provision of culturally sensitive and anti-discriminatory care.	
Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.	
<p>The Longford Westmeath LHA was not compliant with the standard in the following respect:</p> <p>The matching of children to carers based on their assessed needs was restricted by a limited number of available placements.</p> <p>Unplanned endings were not routinely reported to the Foster Care Committee.</p>	
<p>5. Action required:</p> <p>The Longford Westmeath LHA should match children and young people with carers who are chosen for their capacity to meet the assessed needs of the children and young people.</p>	
<p>6. Action required:</p> <p>The Longford Westmeath LHA should develop and implement systems and processes to respond to, monitor and learn from unplanned placement endings in order to improve services.</p>	
<p>Related reference:</p> <p>Standard 8: Matching carers with children and young people Child Care (Placement of Children in Foster Care) Regulation 6, 7, 16(d) Child Care (Placement of Children in Relative Care) Regulation 7(1), 16(d)</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
<p>Provider's response:</p> <p>Action 5: The fostering link social worker will ensure as an integral part of their assessment that based on the child's individual needs appropriate foster carers will be matched to them. Where a private foster care placement is being sought the fostering link social worker will complete a thorough analysis of the private foster carers available to ensure the most suitable foster carers are recruited. The local area fostering panel will continue to prioritise the individual needs of children when considering long term placements. Where a specific need of a</p>	<p>Area Manager, Fostering Committee, Principal Social Worker and Social Work Team Leader - September 2013. The implementation of this action will continue going</p>

<p>child is identified and it is deemed that there are no suitable foster carers available, either within the HSE or private agency the area will conduct a local recruitment campaign to make every effort to source the appropriate cares for this placement.</p> <p>Action 6: The Social Work Department will devise an evaluation process by 31 January 2014 of a placement breakdown to include relevant parties' views and submit a summary report as they occur to the foster care committee for their information and consideration. A regional log of placement breakdowns summary reports will be maintained by the registrar of the local fostering committee. The fostering committee in line with national policy will prepare and issue a report annually to the local social work departments to identify learning's.</p>	<p>forward.</p> <p>Principal Social Worker and Chair of Fostering Committee – 31 January 2014</p>
--	---

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

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

The assessment of foster carer's homes was not always comprehensively documented from a health and safety perspective.

7. Action required:

The Longford Westmeath LHA should ensure that a health and safety assessment of accommodation is undertaken for all foster care households.

Related reference:

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

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

Timescale and Post holder responsible:

Provider's response:

Action 7:
All existing foster carers have a completed safety checklist placed on their file. For any new foster carers the fostering team will ensure that the current safety checklist will be completed as part of the foster care assessment and placed on their file.

Principal Social Worker and Social Work Team Leader, current carers completed October 2013

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

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

There was a delay for some children in accessing specialist services.

8. Action required:

The Longford Westmeath LHA should ensure that all children in foster care, especially children with a disability, access specialist services and treatments as required in order to support them achieve their potential.

Related reference:

Standard 11: Health and development

Child Care (Placement of Children in Foster Care) Regulation 6, 7, 16(d)

Child Care (Placement of Children in Relative Care) Regulation 7(1), 16(d)

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

Timescale and Post holder responsible:

Provider's response:

Action 8:

A memorandum of understanding will be agreed between HSE services and Children and Families Agencies to prioritise and provide services to children with identified needs in the care of the HSE. The area manager will bring this matter to the attention of National Children and Families Office to be addressed via line management structure.

Area Manager ,
National Office – It is anticipated that this will be signed off by January 2014

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

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

Educational outcomes for children in foster care were not formally ascertained and analysed.

8. Action required:

The Longford Westmeath LHA should review educational outcomes for children in foster care and strategically plan to improve these outcomes on an ongoing basis.

Related reference: Standard 12: Education Child Care (Placement of Children in Foster Care) Regulation 6, 7, 16(d) Child Care (Placement of Children in Relative Care) Regulation 7(1), 16(d)	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
Provider's response: Action 8(a): A database of educational status of children is being developed by 1 December 2013 and will be implemented from 1 January 2014. This database will be analysed and reviewed on a yearly basis by Principal Social Workers and Area Manager from 31 December 2014 to care plan and review outcomes of the children's educational status. This will be a regional action.	Area Manager, Principal Social Worker and Social Work Team Leader, Database to be developed by 1 December 2013 and implemented by 1 January 2014. Information to be reviewed 31 December 2014.
Outcome 4 – Children are safe and services comply with <i>Children First: National Guidance for the Protection and Welfare of Children 2011</i>.	
The Longford Westmeath LHA was not compliant with the standard in the following respect: Not all carers and or adults living in foster carer households had the required checks by An Garda Síochána completed. Child protection training had not been provided to foster carers.	
9. Action required: The Longford Westmeath LHA should address all deficiencies in the required checks of foster carer households as a matter of priority.	
10. Action required: The Longford Westmeath LHA should provide child protection training to foster carers.	
Related reference: Standard 10: Safeguarding and child protection Children First: <i>National Guidance for the Protection and Welfare of Children</i> (2011)	

Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
<p>Provider's response:</p> <p>Action 9: All outstanding Garda Síochána vetting forms since HIQA inspection for adults over 16 years in foster carers' homes have had Garda Síochána vetting forms completed. The HSE is awaiting outcome from the Garda Vetting unit. Garda Vetting of foster carers will be reviewed on a three-year basis in line with foster care standards. Prior to any foster carer being approved by the foster care committee they must have up-to-date Garda Síochána vetting.</p> <p>Action 10: Child protection training will be offered by the Workforce Development Department to all foster carers by 31/3/ 2014. A record of attendance will be maintained by the Workforce Development Department and the Social Work Department.</p>	<p>Principal Social Worker and Social Work Team Leader - It is anticipated that the An Garda Síochána Vetting Unit will return the forms within 12 weeks but this action is outside my role as area manager.</p> <p>Principal Social Worker, Social Work Team Leader and Workforce Development Dept 31/3/ 2014.</p>

Outcome 5 – Each child receives high quality care that is effectively planned and managed by a designated social worker.
<p>The Longford Westmeath LHA was not compliant with the standard in the following respect:</p> <p>Not all children had an allocated social worker.</p> <p>Not all children were visited within the frequency specified within the Regulations.</p>
<p>11. Action required: The Longford Westmeath LHA should allocate all children in foster care an allocated social worker in keeping with the Regulations.</p>
<p>12. Action required: The Longford Westmeath LHA should ensure that all children are visited by their social workers within the timelines specified within the Regulations</p>

Related reference: Standard 5: The child and family social worker Child Care (Placement of Children in Foster Care) Regulations 4, 6 (1), 11, 13, 17(1), 18, 19 Child Care (Placement of Children in Relative Care) Regulations 4, 7 (1), 11, 13, 17(1), 18, 19	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
<p>Provider's response:</p> <p>Action 11: Currently the number of unallocated children has been reduced from 34 to 12. Where practicable, every effort is made to ensure continuity of support to the child from the allocated social worker. A number of vacant social work posts have been prioritised for filling via the National Recruitment Service (NRA). In the interim, five agency staff have been recruited into the area by approval of the regional Service Director to address prioritised gaps in service since 31 July 2013. The Area Manager and the Principal Social Worker will harness these additional resources to address the allocation of social workers for the remaining children in foster care by 31/03/2014. In the interim, where a child in care does not have an allocated social worker, provision is made to monitor and support the child in placement by a safeguarding visit from a child care professional.</p> <p>Action 12: The Area Manager will ensure that the additional resources provided in July are harnessed to ensure that all children in foster care are visited by their social workers within the timelines specified.</p>	<p>National Office, Service Director, Area Manager, Principal Social Worker 31/03/2014</p> <p>Area Manager and principal social worker. March 2014</p>

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

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

Not all care plans had been reviewed in a manner and frequency required by the Regulations.

13. Action required: The Longford Westmeath LHA should ensure that all statutory care plan reviews take place within defined timelines in the Regulations.	
Related reference: Standard 7: Care planning and review Child Care (Placement of Children in Foster Care) Regulations 4, 6 (1), 11, 13, 17(1), 18, 19 Child Care (Placement of Children in Relative Care) Regulations 4, 7 (1), 11, 13, 17(1), 18, 19	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
Provider's response: Action 13: A number of outstanding reviews have been scheduled (75 scheduled from 26 September 2013 - 10 December 2013). It is anticipated that all outstanding reviews will be completed by 1 March 2014 for children of allocated social workers. The Area manager will ensure that all unallocated cases are prioritised for allocation and review.	Area Manager and principal social worker. 31/03/2014.

Outcome 6 – Each child receives high quality care from carers that have been appropriately assessed and approved.	
The Longford Westmeath LHA was not compliant with the standard in the following respect: Foster carers assessments were not always undertaken in a timely manner	
14. Action required: The Longford Westmeath LHA should assess and approve all relative and non relative foster carers in a timely manner in accordance with the timeframes set out in the Standards and Regulations and clearly record in case files.	
15. Action required: The Longford Westmeath LHA should progress and conclude the outstanding assessments of six relative foster carers as a matter of urgency.	
Related reference: Standard 14: Assessment and approval of foster carers Child Care (Placement of Children in Foster Care) Regulation 5, 9 Child Care (Placement of Children in Relative Care) Regulation 5, 6, 9	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:

<p>Provider's response:</p> <p>Action 14: The six outstanding relative and six outstanding non-relative assessments will be allocated by 31 December 2013 and it is the intention of the area to have the outstanding assessments completed by March 2014. The fostering department has been re-organised in order to achieve this. Additional resources will be recruited on an agency basis and as a short term measure to address the backlog should this be required.</p> <p>Action 15: The department has re-organised the team to ensure that these six outstanding relative assessments are allocated by 31 December 2013. It is the intention of the area to have the outstanding relative assessments completed by 31/03/ 2014.</p>	<p>Regional Service Director, Principal Social Worker and Social Work Team Leader, Allocated by 31 December 2013, assessments completed by 31/03/14</p>
--	---

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

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

Not all foster carers had an assigned link worker.

Foster carers were not being provided with regular support and supervision

16. Action required:

The Longford Westmeath LHA should assign all foster carers a link worker.

17. Action required:

The Longford Westmeath LHA should ensure that all foster carers receive regular support and supervision.

Related reference:

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

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

Timescale and Post holder responsible:

Provider's response:

Action 16:
Every effort is being made to assign all foster carers a link

Service Director, Area Manager,

<p>worker. The number of unallocated link cases has been reduced to 17.. In the interim the unallocated cases are having four-monthly safeguarding visits by a Child Care Professional. The fostering team regularly review workloads and priorities and allocate staff to meet the identified priorities of the service. All unallocated cases have been informed in writing to contact the fostering team leader if they have any issues of concern. In the interim the risk is being managed by four-monthly safeguarding visits.</p> <p>Posts have been approved for permanent filling to address the provision of link workers to each child in foster care and some of these posts are currently in the recruitment process. The aim is to assign a link worker to all children in foster care by June 2013 at the latest.</p>	<p>Principal Social Worker. 01/06/ 2014.</p>
<p>Action 17:</p> <p>Every effort is being made to assign all foster carers a link worker. The number of unallocated link cases has been reduced to 17. In the interim the unallocated cases are having four-monthly safeguarding visits by a Child Care Professional. The fostering team regularly review workloads and priorities and allocate staff to meet the identified priorities of the service. All unallocated cases have been informed in writing to contact the fostering team leader if they have any issues of concern. In the interim the risk is being managed by four-monthly safeguarding visits.</p> <p>Posts have been approved for permanent filling to address the provision of link workers to each child in foster care and some of these posts are currently in the recruitment process. The aim is to assign a link worker to all children in foster care by June 2013 at the latest. A new safeguarding measure has been introduced whereby the fostering team leader meets with the Child in Care Team Leader every four-six weeks to discuss and review all unallocated link cases. Any issues of concern are highlighted and address as needed. This will be highlighted as part of the Measuring the Pressure report monthly.</p>	<p>Service Director, Area Manager, Principal Social Worker.</p>

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

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

No training needs analysis had been undertaken to determine the training programme for the foster care service.

Foster carers had limited access to training to equip them with the skills and knowledge required to provide high quality care.

18. Action required: The Longford Westmeath LHA should undertake a training needs analysis, informed by the foster care service needs to inform their foster carers training programme.	
19. Action required: The Longford Westmeath LHA should ensure that foster carers undertake training that provides them with the required knowledge and skills to provide high quality foster care.	
Related reference: Standard 16: Training Child Care (Placement of Children in Foster Care) Regulation 15, 16 Child Care (Placement of Children in Relative Care) Regulation 15, 16	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
<p>Provider's response:</p> <p>Action 18: All foster carers were forwarded a Training Needs Analysis form for returning with a stamped addressed envelope. An analysis of the training needs identified from the respondents has been completed by the Workforce Development Department and a training schedule is currently being developed by this department which will be inclusive of the Children First Training and Cultural and Ethnic awareness. Training to commence on cultural and ethnic awareness by 31 January 2014.</p> <p>Action 19: All returned Training Needs Analysis forms have been analysed. A local training programme is being devised and rolled out with the workforce development department for 2014. Link workers continue to encourage carers to attend their local support groups and any training offered. On an individual basis link workers source and arrange for carers to attend relevant training e.g. Triple P Parenting.</p>	<p>Area Manager, Workforce Development department. Training to commence by 31 January 2014.</p> <p>Regional, Workforce Development and Area Manager, Principal Social Worker and Social Work Team Leader 31 October 2014</p>

Outcome 7 – Carers is supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.	
<p>The Longford Westmeath LHA was not compliant with the standard in the following respect:</p> <p>The LHA did not ensure that all foster carers underwent a review in accordance with the standard to ensure their continued capacity to provide high quality care.</p>	
<p>20. Action required:</p> <p>The Longford Westmeath LHA should undertake reviews of foster carers in accordance with the Standards.</p>	
<p>Related reference:</p> <p>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</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
<p>Provider's response:</p> <p>Action 20: Four reviews are scheduled and organised for October and November 2013 and the plan is that the number of reviews held each month will increase thereafter to endeavour to meet the standards. An independent chair of these reviews has been put in place. Information and training on the review process is being provided to all social workers and foster carers in the department presently. The fostering team regularly review workload and prioritise and allocate staff to meet the identified priorities of the service. All unallocated cases have been informed in writing to contact the fostering team leader if they have any issues of concern. A new safeguarding measure has been introduced whereby the fostering team leader meets with the child in care team leader every four-six weeks to discuss and review all unallocated link cases. Any issues of concern are highlighted and addressed as needed. The numbers of unallocated cases are recorded on the monthly measuring the pressure report.</p>	<p>Principal Social Worker and Social Work Team Leader to be fully completed by 31/ June/2014. With the filling of permanent vacancies this will be reviewed on a monthly basis and prioritised.</p>

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

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

A number of national policies had not been fully or consistently implemented within the LHA.

21. Action required:

The Longford Westmeath LHA implement all national policies in relation to foster care fully and consistently.

Related reference:

Standard 18: Effective policies

Standard 19: Management and monitoring of foster care services

Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12

Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12

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

Timescale and Post holder responsible:

Provider’s response:

Action 21:

Child Care Training Department will deliver training sessions to all social work staff and the foster care committee members on all national policies in relation to foster care by May 2014. As part of progressing quality assurance within the area the Area Manager has delegated a staff member with responsibility for auditing the implementation of national policies and procedures. It is anticipated that this will be completed by 30 May 2014 and will be audited on a continuous basis.

Area Manager,
Workforce
Development –
31/03/14.

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

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

The LHA did not have effective systems in place for the monitoring the quality and effectiveness of foster care services.

The LHA did not have a register of children placed with carers that was complete and complied with regulation.

22. Action required: The Longford Westmeath LHA should develop and implement quality assurance and other monitoring systems to support consistency, learning from the system and to drive improvement in order to achieve the delivery of a safe effective foster care service.	
23. Action required: The Longford Westmeath LHA should develop and implement systems to collect, monitor and manage all information relevant to the achievement of their strategic objectives.	
24. Action required: The Longford Westmeath LHA should ensure that the register of children placed with carers is complete and complies with Regulations.	
Related reference: Standard 19: Management and monitoring of foster care services Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12 Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
Provider's response: Action 22: The Area manager will work closely with the regional quality assurance function to insure that an appropriate quality assurance framework is developed and implemented which monitors performance against standards, set outcomes and performance indicators and which facilitates structured learning to improve the delivery of foster care provision in the area. Action 23: A working group has been established by the Regional Service Director to examine the provision of fostering within the region and to make recommendations in relation to the reconfiguration of fostering services on a regional basis and the development of an effective quality assurance and monitoring framework to measure and improve the provision of fostering in the region.	Service Director, Regional Quality Assurance Manager, Area Manager and Principal Social Worker June 2014 Service Director, Area Managers, Principal Social Workers 31/06/ 2014

<p>Information is currently being gathered at an area level which is collated regionally and nationally in relation to Performance Indicators, Measuring the Pressure, Need to Know, Critical Incidents Notifications and Monthly returns. These will be incorporated into an effective and integrated quality assurance and evaluation system.</p> <p>Action 24: The register has been amended and completed since the HIQA inspection.</p>	<p>Area Manager and Principal Social Worker -30/09/13.</p>
--	--

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

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

The LHA did not have an effective strategy in place to identify the diverse needs of children within the service and to actively recruit and retain foster carers to meet these needs.

25. Action required:

The Longford Westmeath LHA should develop an active process that supports the recruitment and retention of an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

Related reference:

Standard 21: Recruitment and retention of an appropriate range of Foster Carers
Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12
Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12

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

Timescale and Post holder responsible:

Provider’s response:

Action 25:
A regional review of fostering services and provision is currently being conducted. It is recognised that ongoing recruitment of fostering parents is required and that this should be conducted on a regional level and with regional governance and oversight whilst incorporating variations in local need and provision..

Regional Service Director, Area Managers and Principal Social Workers local ongoing. Regional recruitment and oversight June 2014.

Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.	
The Longford Westmeath LHA was not compliant with the standard in the following respect:	
<p>The LHA did not provide a special foster care service for children and young people with serious behavioural difficulties.</p>	
<p>26. Action required: The Longford Westmeath LHA should provide a foster care service which meets the needs of children and young people with serious behavioural difficulties.</p>	
<p>Related reference:</p> <p>Standard 22: Special foster care Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12 Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
<p>Provider’s response:</p> <p>Action 26: These children are known to their social workers who act as advocates to ensure that their specialist needs are met in a timely manner. Individual child-specific recruitment campaigns are held locally in a timely manner when an identified specific placement is required to meet specific needs of a child. The fostering team also link with the HSE disability service routinely to source appropriate services and carers for children with identified specific needs. Children with special needs and challenging behaviour will be addressed as part of the regional review of foster care which will attempt to develop a regional panel of foster parents for this cohort of children. The service director is currently negotiating a memorandum of understanding with the HSE disabilities service in the region in order to develop an integrated approach to the provision of foster and residential care services to children with disabilities and special needs.</p>	<p>Regional Service Director, Area Manager, Principal Social Workers. June 2014</p>

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

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

The LHA Foster Care Committee had not fully implemented the HSE Foster Care Committee’s Policy, procedure and best practice guidance (2012).

Not all members of the Foster Care Committee had been vetted by An Garda Síochána, although this was being processed.

27. Action required:

The Longford Westmeath LHA should undertake a programme of work to ensure that all the requirements of the Foster Care Committee Policy, procedures and best practice guidance (2012) are fully met.

28. Action required:

The Longford Westmeath LHA should ensure that all members of the Foster Care Committee have been vetted by An Garda Síochána.

Related reference:

Standard 23: The foster care committee
Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12
Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12

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

Timescale and Post holder responsible:

Provider’s response:

Action 27:

Chair of the fostering committee will devise a scheduled plan of implementation of all policies and procedures by 31December 2013 with full implementation by 1 January 2014.

Chair of fostering committee - Schedule to be drawn up by 31December 2013 and implemented by 1 January 2014.

Action 28:

An Garda Síochána Vetting forms for the panel members have been completed and awaiting response from the Garda Vetting Unit.

Chair of fostering committee - outside Area Managers control to commit to timeline. Submitted at beginning of October 2013.

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

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

There were no service level agreements in place with the two non statutory agencies through which the LHA placed eight children.

29. Action required:

The LHA should put in place service level agreements, with inbuilt quality assurance mechanisms are put in place with agencies providing non statutory foster care services to ensure a high quality service for children.

Related reference:

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

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

Timescale and Post holder responsible:

Provider’s response:

Action 29:
Regional Service Level Agreements are being signed with foster care providers and it is anticipated that these will be signed by 31 November 2013. As part of the Service Level Agreement the agencies are contacted by the Area Manager to ascertain progress of placements. Private foster care agencies also advise the Chair of the fostering committee if there are any placement breakdowns or allegations against foster carers.

Regional, Area Manager, Principal Social Worker and Social Work Team Leader - 31 November 2013

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

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

The LHA did not have an effective and robust complaints management system that encompassed the right to make representations and which used information to effect improvements in the service.

30. Action required:

The Longford Westmeath LHA should put in place an effective complaint management system in place which maintains a central record of all complaints including timelines for responding in order to inform the planning, evaluation, and improvement of foster care services.

Related reference: Standard 25: Representation and complaints Child Care (Placement of Children in Foster Care) Regulation 5(1), 5(3)(4), 12 Child Care (Placement of Children in Relative Care) Regulation 5(3)(4), 12	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
Provider's response: Action 30: Regional complaints officer has been assigned to investigate all foster care complaints and maintain a central record. As part of an annual report the Chair of the Fostering Committee will review all complaints and glean the necessary learning's from same.	Area Manager – September 2013
Outcome 9 - Children are supported by staff members that have appropriate qualifications, supervision and training.	
The Longford Westmeath LHA was not compliant with the standard in the following respect: The LHA had not undertaken a staff training needs analysis to date and did not have a comprehensive training plan in place to support staff to retain and develop the skills and knowledge to undertake their role. Seven staff did not have An Garda Síochána vetting on file but that this was being processed. Supervision did not occur within the timelines outlined in the HSE National Supervision Policy.	
31. Action required: The LHA Longford Westmeath should undertake a training needs analysis and develop a comprehensive training programme for staff that meets the needs of the foster care service.	
32. Action required: The LHA Longford Westmeath should ensure that all staff have been appropriately vetted by An Garda Síochána.	
33. Action required The LHA Longford Westmeath should provide staff supervision in keeping with the HSE national supervision policy.	

Related reference: Standard 20: Training and qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale and Post holder responsible:
<p>Provider's response:</p> <p>Action 31: The Training Needs Analysis has been completed and analysed and a training program is currently been scheduled for 2014. This task to be completed by June 2014.</p> <p>Action 32: All outstanding An Garda Síochána Vetting forms have been completed and sent to the An Garda Síochána Vetting Unit for processing. This matter is currently being taken up with Human Resources (HR) Department.</p> <p>Action 33: The amended HSE National Supervision Policy was implemented on 1 July 2013 in this area. Supervision training for supervisors and supervisees has been scheduled for the last quarter of 2013. A record of attendance will be maintained by the training department and Principal Social Worker.</p>	<p>Area Manager, Workforce Development, Principal Social Worker and Social Work Team Leader - 31 December 2014</p> <p>Area Manager, Principal Social Worker, HR Dept - Awaiting response from An Garda Síochána Vetting Unit. Submitted beginning of October 2013</p> <p>Area Manager, Training Dept, Principal Social Worker and Social Work Team Leader - 31 December 2013.</p>

Published by the Health Information and Quality Authority

For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Phone: +353 (0) 1 814 7400

Email: info@higa.ie

URL: www.higa.ie

© Health Information and Quality Authority 2013