



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Inspection of the HSE Fostering Service in the Cork Area in the HSE South Region**

Inspection Report ID Number: 630

Inspection Fieldwork: 12 June – 20 June 2013

29 July – 9 August 2013

Issue Date: 11 November 2013



Service information <sup>†</sup>			
Name of HSE Region	HSE South		
Name of Integrated Service Area:	Cork		
Type of HSE service:	Foster Care Service		
Report ID number:	630		
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)		
Number of children in foster care in the LHA:	Relative: <b>293</b>	General foster care: <b>588</b>	Total: <b>881</b>
Number of children with allocated social worker:	Relative: <b>263</b>	General foster care: <b>533</b>	Total: <b>796</b>
Number of carer households:	Relative: <b>212</b>	General foster care: <b>358</b>	Total: <b>570</b>
Number of households with allocated link worker:	Relative: <b>113</b>	General foster care: <b>263</b>	Total: <b>376</b>
Dates of inspection fieldwork:	Phase 1: 12 June – 14 June 2013 18 June – 20 June 2013 Phase 2: 29 July - 2 August 2013 6 August - 9 August 2013		
Lead HIQA inspectors:	Sharron Austin Patricia Sheehan		

Data source: HSE Child and Family Services Template completed by the Cork Area.  
 This was completed at the request of inspectors as part of this inspection.  
 Amendments were made, following verification by inspectors on site.

HIQA support inspector(s):	Tom Flanagan Susan Geary Carol Maricle
Date of last inspection:	September 2009
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ID number of last HIQA inspection report for this service:	<b>ID 404</b>

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## 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 general foster carers.

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

The delivery of HSE Children and Family Services are undergoing a period of change in Ireland. Statutory responsibilities in relation to child protection and welfare will be transferred to a new agency, the Child and Family Agency once new legislation has been enacted. This inspection took place in the context of these imminent changes taking place within services, both in terms of new structures and systems and technical supports.

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](http://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**

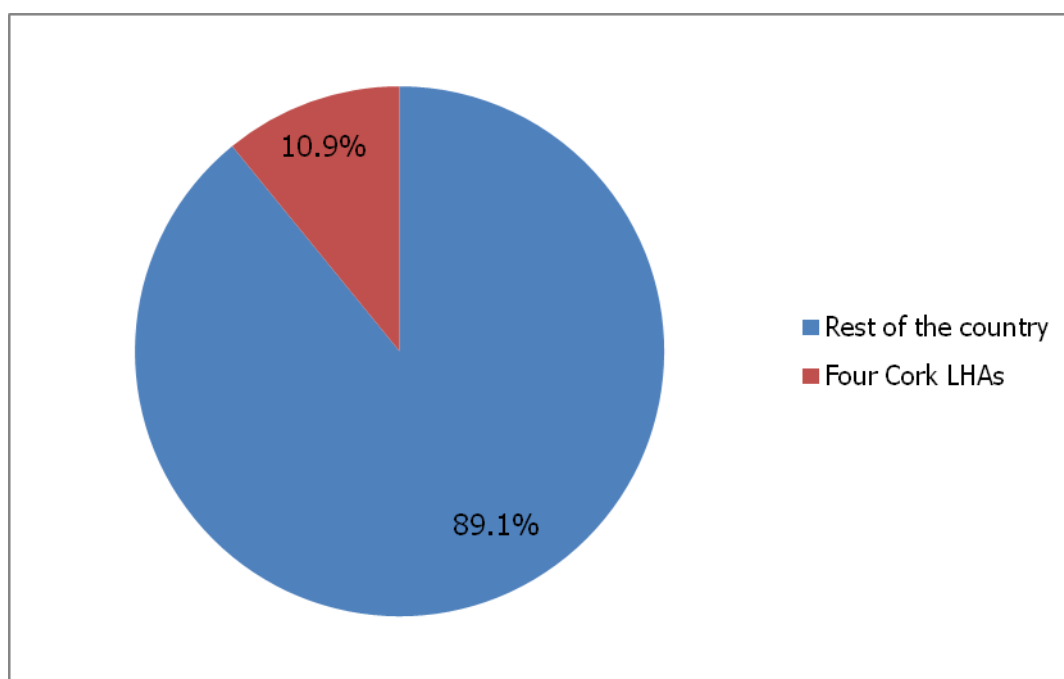
The Authority wishes to thank the foster carers, children and parents for the openness with which they embraced the inspection process and welcomed inspectors into their homes. Inspectors also wish to acknowledge the cooperation of the members of HSE Children and Family Services and senior managers in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

## 2. Profile of HSE Cork Area

The HSE Cork Integrated Services Area covers North Lee, South Lee, North Cork and West Cork local health areas (LHAs). HSE North Lee LHA provides services to communities in Cork City north of the River Lee, while South Lee LHA provides services in Cork City south of the River Lee. HSE North Cork LHA is based in Mallow and provides services in north County Cork and HSE West Cork LHA provides services based in Skibbereen to the west Cork area.

HSE data indicated that in the four LHAs there were 670 children in foster care in 2011 (see Table 1 on next page), which was 10.9% of the children in foster care in Ireland in 2011 (see Chart 1 below).

**Chart 1. Percentage of foster children in the four Cork local health areas in HSE South compared to the rest of Ireland in 2011\***



\* Source: HSE *Review of Adequacy of Services for Children and Families 2011*



According to the *HSE Review of Adequacy for HSE Children and Families Services 2011*, the four local health areas within Cork had an overall estimated child population of 128,448. Table 1 provides a comparative view of the numbers of children in foster care nationally in 2011 with those in the four local health areas.

**Table 1. Population of children in foster care in four Cork  
HSE local health areas in 2011 and national comparative figures<sup>‡</sup>**

	National population	North Lee	South Lee	West Cork	North Cork	Total of 4 LHAs
<b>No. of children in foster care 2011</b>	<b>6160</b>	<b>239</b>	<b>240</b>	<b>78</b>	<b>113</b>	<b>670</b>
% of children in foster care (general/relative foster care)	90.3%	94%	85.8%	90.8%	94%	

At the time of this inspection there were 881 children living in foster care in the Cork Area being cared for by 358 foster carers and 212 relative carers. Ninety percent of children had an allocated social worker. Sixty-seven percent of foster carers had an allocated link social worker.

There were 14 households caring for more than two children that were not siblings. The service had purchased 16 foster care places from external agencies over the 12 months prior to the inspection. At the time of this inspection 10 children were placed in non-statutory foster care placements. There were 43 children awaiting foster care placements.

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

The fostering social work service in the Cork Area was provided by one Fostering Resource Unit located in the city and this team managed foster care services for the entire area. The Resource Unit had responsibility for the recruitment, assessment, reviewing, supervision, support and training of all foster carers. The area had one Foster Care Committee which made recommendations and appropriate approvals regarding foster care, considered reviews undertaken by the Fostering Resource Unit and maintained the foster carer panel in accordance with the child care regulations.<sup>§</sup> The Resource Unit was managed by a principal social worker and reported into a child care manager who had specific responsibility for alternative care. Two fostering

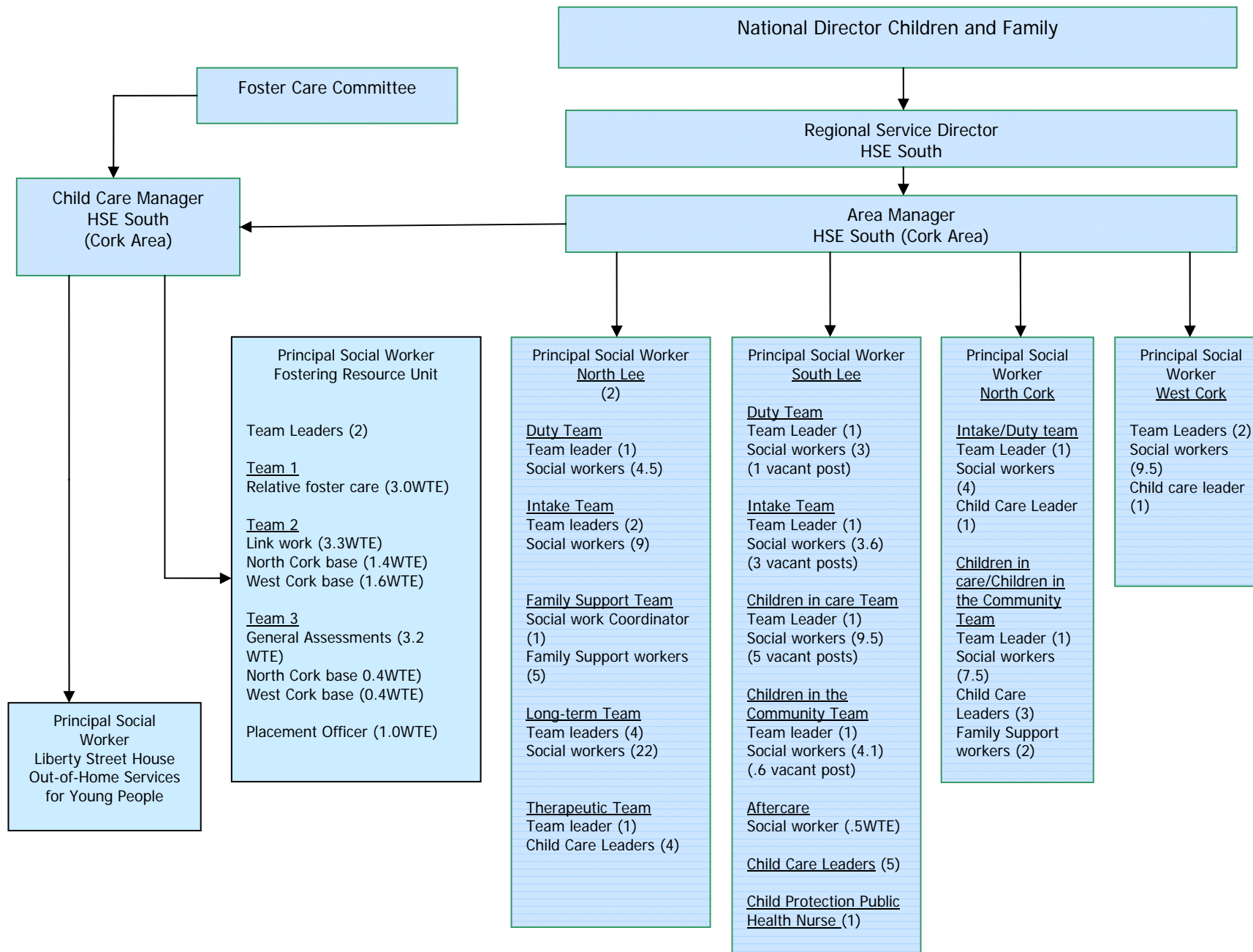
<sup>‡</sup> Source: *HSE Review of Adequacy of Services for Children and Families 2011*

<sup>§</sup> Child Care (Placement of Children in Foster Care) Regulations 1995 and the Child Care (Placement of Children with Relatives) Regulations 1995.

link social workers from this team were also based in the North Cork and West Cork social work departments. The Cork Area also had a dedicated out-of-home social work team that provided services for children and families that were out of their homes.

There were four child protection and welfare teams in each of the local health areas that had responsibility for supporting children and families in the community and children in care. Social workers reported to social work team leaders who in turn reported to principal social workers. The principal social workers in these teams were line managed by the Area Manager who reported to the Service Director. Figure 1 on the next page shows the organisational structure of the social work department in the HSE Cork Area.

**Figure 1. Organisational structure of the social work department in the HSE Cork 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.

The service area had previously been inspected in September 2009 (see Report ID 404). The overall findings at that time evidenced good practice in some aspects of the foster care service such as children having a positive sense of identity, maintaining contact with family and friends and children's rights. Many of the children and foster carers received a good social work service. However, deficiencies in the provision of foster care services were also evident in the 2009 inspection, resulting in the needs of some children being unmet and some carers receiving inadequate support. Areas that required improvement at that time included safeguarding and child protection, care planning, recruitment and retention of foster carers, non-assessment of relative foster carers and completion of foster carer assessments within the timescales specified in the regulations.

This inspection carried out in 2013 found that the Cork Integrated Service Area foster care service provided a safe and quality service that improved outcomes for children and young people. There had been some significant improvements in the delivery of the service since the previous inspection in September 2009, while some required improvements at that time continued to not be fully implemented. The majority of children were in safe, stable placements where they received a high level of care. Their rights were promoted and they were consulted about decisions that impacted upon their lives. Children's dignity and privacy was respected by foster carers and social work practitioners. Children's relationships with their families and communities were encouraged and facilitated subject to their safety and welfare needs. There were a number of deficits in relation to appropriately meeting children's health needs and further educational needs. Many of the children and young people were supported to prepare for independent living primarily through their foster carers. However, the provision of aftercare was inequitable, with many children not receiving a dedicated aftercare service. The Area prioritised the placement of children with relatives where appropriate. However, children were not always living with foster carers from their own cultural, ethnic and religious background and this had the potential to impact adversely on a child. The needs of children with a disability were not consistently met in the Area.

Parents interviewed by inspectors were generally very happy with the care their child or children received. The majority of these parents said they were involved in the care planning and review process where appropriate and could voice their views to the social work service on the delivery of care to their child or children. Not all

parents were satisfied with the level of access and sharing of information pertaining to their child or children.

Children received a good level of support from professionally qualified social work personnel. However, a small number of children did not have a dedicated social worker. Managers and social work personnel were found to be committed and dedicated professionals. They demonstrated a good working knowledge of the individual needs of the children allocated to them. Children and young people who spoke with inspectors indicated that they had a good relationship with their social worker and saw them as someone they could confide in. Every child had a written care plan which was subject to regular review. However, some statutory reviews were not undertaken within the time period required by the regulations. A sample of care plans viewed by inspectors found that decisions were implemented and supported good outcomes for children.

Overall, foster carers were found to be committed to the children in their care. They demonstrated positive interactions with the children and provided stable, safe and nurturing environments which promoted the welfare of children. Children and young people visited were well integrated into foster carers' families. Not all foster carers had an allocated link worker. However, the majority of foster carers reported that social workers responded to them when needed. While training programmes were scheduled on a regular basis, the uptake of training by foster carers was poor. Foster carer reviews were undertaken by the Fostering Resource Unit on a regular basis for the majority of foster carers with a rolling programme of standard reviews scheduled over a three-to-five-year period. Outcomes of all foster carer reviews were presented to the Foster Care Committee for consideration and there was evidence of clear decision making regarding the capacity of the foster carer to remain on the panel of foster carers.

A comprehensive assessment and approval process ensured the suitability of general foster carers to provide a high level of care. However, the time frames for completing this process was lengthy. Improvements were required in relation to the recruitment, assessment and training of foster carers.

In general, children in the service area were safe, secure and protected from abuse and neglect. There were systems in place to ensure the safety and wellbeing of children in foster care. Policies, procedures and guidelines in the service area reflected the requirements of *Children First: National Guidance for the Protection and Welfare of Children* (2011), however, the processes of identification and management of concerns about foster carers were not consistently applied in all areas.

The local management team provided leadership in the delivery of services to children and families, but improvements were required. Quality assurance systems to inform strategic planning for the development of the service required significant improvement. Services were not delivered in an effective manner to meet the needs of all children as the service area did not gather key data about children that would inform strategic planning and resource allocation. Identified risks from staff

vacancies impacted on its ability to meet the ongoing needs of all children in the service area. There were informal systems in place to identify children in need of special foster care on a case-by-case basis, but no overall analysis. Foster carers, parents and children were unclear about the complaints procedure in the area.

The key areas of practice that required improvement so as to ensure the delivery of a safe, effective foster care service to children and young people in the area included: full implementation of all national and local policies particularly in *Children First: National Guidance for the Protection and Welfare of Children* (2011), matching children with carers based on a more formal assessment of the carers' capacity, the assessment and approval of non-relative and relative foster carers and the recruitment and retention of foster carers.

## 4. Methodology

The inspection was carried out in two phases. The first phase of the inspection focused on how the foster care service was managed and monitored. The second phase of the inspection considered the child and family social worker, care planning and review, a detailed review of the care of a sample of 60 children, independently selected by the Authority as representative of foster children in the Cork Area. Inspectors interviewed the child care manager in relation to the provision and management of the foster care service, the capacity to meet the needs of children in the area and what monitoring and quality assurance systems were in place to ensure an effective service. The area manager was interviewed in relation to the overall provision of services.

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.

Inspectors selected and met with a number of carers (28 in total), children (46 in

total) and birth parents to elicit their experiences of the service. The Authority also reviewed 136 case files of both children and foster carers as part of the evidence gathering process. Twenty one questionnaires were completed by children in foster care. All foster carers and children were written to by the HSE informing them of the inspection.

## 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 listened to and consulted about decisions in general. Some children were not fully aware of their rights and there was a lack of written information in this regard. Irrespective of their cultural and ethnic backgrounds, all children were valued and respected. However, not all children were placed with foster carers from their own cultural or ethnic backgrounds. In general, children with a disability received appropriate support from their foster carers.

### **Standard 3: Children's rights**

*This standard was met in part.*

Children's rights were promoted in practice within the area but there was no appropriate written information for children which explained their rights. When asked

about their rights, some children confirmed their understanding but some were unaware and required some prompting in order to understand what this meant. There was evidence of good rights-based practice whereby the staff promoted the involvement of children in their reviews and planning about their care. The majority of children who met with inspectors told them that they were listened to and consulted about decisions that affected their lives. A review of case files found that children's views and wishes were outlined in a consultation form for care plan reviews and recorded in case notes. There was good attendance by children and young people at review meetings. Questionnaires returned by children and young people to inspectors confirmed that they were consulted about decisions that affected them.

Children were encouraged to exercise choice within their foster care placements in their daily care. A review of case files and interviews with children and young people found that children exercised choice regarding clothes, food, pocket money, activities and hobbies. Some children told inspectors that they could express their views in relation to access arrangements and its location if it did not fit in with their daily routine. During visits to foster care households, inspectors found that the majority of children had their own bedrooms which were decorated to reflect individual taste. Inspectors found that children were well cared for in a homely environment that respected their dignity and rights.

The right for children to complain was upheld by the area. A sample of complaints examined by inspectors demonstrated that complaints were dealt with in an appropriate manner. However, the timeliness of responses to a number of complaints needed to be addressed as there was evidence of delays in responding to the children. The processes for recording information about complaints were inconsistent across the area with only one of the four social work departments implementing a central record of children's complaints. Inspectors found that there was no overall cohesive complaint management procedure or review process from a quality assurance perspective which would facilitate learning in order to effect change and ensure that complaints are dealt with effectively so that children are cared for safely.

#### **Standard 4: Valuing diversity**

*This standard was met in part.*

Inspectors did not evidence any practices that were discriminatory in working and caring for children from different ethnic, cultural and religious backgrounds. A review of case files and interviews with children and professionals demonstrated a range of direct work had been completed with some children to assist in understanding their heritage and identity. A Traveller community task project had been undertaken by the area to promote fostering among the Traveller community in partnership with Traveller networks and to provide training and information for general foster carers caring for children from the Traveller community.

There was a lack of strategic planning to identify the diverse range of children and families in the area. The service area could not neither provide the Authority with the



numbers of specific children and families from different ethnic and cultural backgrounds in foster care nor could it provide information on children with a disability in foster care. The impact of this lack of information resulted in a lack of planning to meet children's specific needs through appropriate matching and recruitment of carers, effective deployment of resources and robust inter-disciplinary working arrangements with other key professionals and services in order to achieve best outcomes for these specific groups of children.

The needs of children with a disability were not consistently met in the area. In general, many of the children's needs were met through specialist supports from the local area. A review of a number of case files by inspectors found that there was good liaison with disability services locally at an individual level but inter-disciplinary working was poor and disability services were not involved in care plan meetings and reviews. Inspectors were told by managers and staff that there was a difficulty in accessing some specialist services. The needs of children with disabilities under the age of five years were met within the early intervention scheme.

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

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

Related reference:

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

**Summary of Outcome 2**

Children and young people were provided with foster care services that promoted a positive sense of identity for them. They were encouraged and facilitated to maintain and develop family relationships where possible.

**Standard 1: Positive sense of identity**

*This standard was met in part.*

The area placed a high priority on the identification of any relative or friend of a child who could provide an appropriate placement which could meet the child's assessed needs. Information returned to the Authority by the area indicated that 37% of the foster care households were relative care households caring for 293 children.

Some siblings were separated into different placements due to the lack of larger sibling placements in the foster care services. The area could not provide overall figures for sibling groups placed together or where sibling groups were not placed together even though the findings of the social work assessment was for them to be together. Of the 29 foster care households visited during the inspection, inspectors found 12 sibling groups of two or more siblings placed together.

The area could not ensure that children could stay within their local community as the service was not sufficiently resourced. Case files reviewed demonstrated that the majority of children were facilitated to live within a manageable radius of their local community and school. However, other children were placed outside the area resulting in them experiencing multiple losses of their network of friends, extended families and their school. Social workers interviewed indicated that they make efforts to ensure children were maintained within their localities. However, due to the general shortage of foster carers in the area and difficulties in identifying carers with the skills to meet the specific needs of some children, this was not always possible to achieve.

Foster carers were supportive in ensuring that children's identities were maintained both as part of a wider family circle but also as individuals. A review of case files, interviews with a number of social workers and children demonstrated direct pieces of work undertaken in relation to life story and background histories. These pieces of direct work were an identified action from the care planning process but were not evident on every case file. Three of the four social work departments in the area demonstrated good inter-working between child care leaders and social workers with children around their identity and backgrounds and specific life events. Children were encouraged to retain photographs, presents, letters, cards and other precious keepsakes from their past so as to encourage a positive sense of self.

## **Standard 2: Family and Friends**

*This standard was met in part.*

Contact with families and friends was an aspect of foster care that the area managed well overall. Maintaining and developing family relationships was encouraged and facilitated where it was in the best interest of the child. Staff interviewed indicated that the service was not sufficiently resourced to allow siblings remain together particularly if there were more than two siblings. A review of a number of case files demonstrated that some children were not placed together for various reasons including the lack of available placements, limited capacity and skills of current carers to care for groups of siblings. The area could not provide overall figures for sibling groups placed together or where sibling groups were not placed together where the social work assessment was for them to be together. It did not strategically plan to identify and prioritise the placements of siblings together.

There was good quality contact between children and birth families. Access arrangements were clearly recorded on file with named responsibility, while a review of case notes evidenced good records of access that had occurred. Inspectors were

given different accounts from social workers in the four social work departments indicating varying degrees of success in managing the level of access visits for some children. Where there were child care leaders as part of the staff team, there was evidence of good quality work in maintaining kinship ties and promoting access.

One department had a dedicated access facility viewed by an inspector for court directed access. However, there was often a waiting list of up to four families to utilise this service resulting in the use of other less appropriate meeting rooms. A number of foster carers interviewed told inspectors that shared responsibility with social workers around access and transport was good, however, access was facilitated in the main by the foster carers. The remaining three social work departments had suitable facilities to provide access for children and families. There was some evidence of foster carers and birth families working closely together and of birth parents being involved in aspects of the foster carers' family life. There was evidence of access being facilitated within the foster carers' homes.

Children were encouraged to build and maintain friendships. The children and young people interviewed as part of this inspection were generally positive about the level of contact with family and friends. They spoke about their schools, the activities they were involved in such as scouts, sports, music, etc. and the friends that they had made within these areas and in the local community. Written contact from parents who were incarcerated was promoted across the social work offices. Case files contained birthday cards, Christmas cards and other letters from these parents.

Practice in involving birth parents in the care of children was good. Overall, parents were found to be involved in the care of their child in partnership with carers and social workers unless it was deemed inappropriate or detrimental to the child's health and wellbeing. Inspectors found that on some case files that social workers had made many efforts to contact birth parents which had proved unsuccessful. The majority of parents interviewed indicated that they felt involved in their child's care, were kept informed of significant events and contributed to the care planning process by attendance at child in care reviews. Some parents attended the baptism, first communion or confirmation ceremonies for their children. However, some parents told inspectors that they had not received copies of the decisions and recommendations of their child's review or a copy of their care plan. Some foster carers and birth parents interviewed spoke of strained relationships between each other but on the whole the foster carers encouraged and facilitated contact between the children and their parents and families.

**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**

Overall, children were well cared for in safe and stable environments, but the system for matching of carers was not sufficiently robust to meet the assessed needs of children and young people. The educational needs of children and young people were given a high priority. Children's health needs were in the main met. However, improvements were required regarding medical assessments and medical records. The area had a dedicated aftercare service which was under resourced. The national policy governing the preparation of young people for leaving care was not being applied consistently.

**Standard 8: Matching children with carers**

*This standard was met in part.*

The area did not have sufficient carers to ensure that all children were placed with carers chosen for their capacity to meet their assessed needs. It also did not have a robust formal system to match carers with the assessed needs of children. This contravened the regulatory requirements of the Child Care (Placement of Children in Foster Care/Relative Care) Regulations, 1995 Part III, Article 7. As a result, some foster carers were caring for more children than they were approved for, and potentially, existing placements were under added stress. Staff reported that the inability to match appropriate carers to children could lead and had led to placement disruptions or breakdowns.

The process for managing referrals and matching children to carers was inadequate. The Fostering Resource Unit had a placement officer whose role was to log referrals and to identify suitable, available placements. This role was rotated on a four-month basis among the staff of the Fostering Resource Unit. The number of placement requests to the Resource Unit was on average 50 to 55 per month with a placement average of 20 to 25 children per month.

Social workers and managers told inspectors that the lack of foster carers affected the ability to match carers with children and young people and that they often had to accept what was available as opposed to what was suitable. This was confirmed from a review of case files. In light of the limited resources and high levels of need for placements for children, there was no prioritisation process. Inspectors were told by the Principal Social Worker that the Fostering Resource Unit emailed placement forms with details of identified placements and households to the referring social workers. Placements were identified in accordance with the Resource Unit's criteria on selection of foster placements. However, inspectors found that the response from the Fostering Resource Unit to requests for placements was often verbal with little evidence on a child's file to detail the process and reason for the choice of carers. There was some formal matching for more individual complex cases such as children with complex medical issues or serious behavioural difficulties. The area considered a family member or relative in the first instance. However, if this was not possible, informal and localised matching was carried out through verbal conversations between the Fostering Resource Unit and the social work departments. Information pertaining to a foster carer's capacity to best meet a child's assessed needs could not be easily identified from the Resource Unit's database. The database contained limited information about foster carers' approval status. Data on the approval status of all new foster carers was placed on a central database where possible.

The area did not have an effective and consistent system to manage children's placements that ended abruptly. The disruption to foster care placements was responded to generally on a case-by-case basis. Data and information provided to the Authority indicated that 30 children's placements had ended in an unplanned manner in the year prior to inspection. The reasons for these placement endings included the capacity of the carer to continue to meet the child's needs, changes in family circumstances, identified risks and child protection concerns and the inability of the carer to safely manage a child's challenging behaviours. Inspectors found that the management of these placement endings varied between the social work departments with the majority being managed in a planned manner in consultation with the area teams, foster carers and child or young person where appropriate. Three of the placement endings were as a result of the Cork Area's dissatisfaction with the foster carers' quality of care. Three of the four social work departments demonstrated good planning and engagement with all relevant parties to manage individual placement endings appropriately and this was confirmed on review of a number of case files pertaining to unplanned placement endings. The area had no formal mechanism for monitoring placement endings at a management level in order to analyse trends and patterns. This meant that there was little or no learning or improvement of the service in this regard. The notification of unplanned endings to the area's Foster Care Committee did not occur as required by national policy and

this was confirmed by the chairperson of the Committee.

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

*This standard was met.*

Overall, foster carers' homes provided a safe, healthy and nurturing environment for children and young people. The majority of foster care households visited by inspectors had undergone a health and safety check to ensure that the foster care accommodation, furnishing and facilities were safe, adequate, there was sufficient space for the number of people living in the home and were maintained to a good level of cleanliness and hygiene. Foster carers who were visited confirmed this with inspectors. A review of a number of case files indicated that where there had been a concern in relation to the physical condition of one foster care accommodation. This had been addressed by the relevant link worker and actions were undertaken to rectify any issues within an appropriate timescale.

Children's primary care and welfare needs were met by the foster carers who provided a stimulating and nurturing environment. A sample of children met by inspectors were happy in their placements and were encouraged to pursue hobbies and interests as well as maintaining and developing family links and friendships. Most children had their own bedroom or else shared with a sibling. A number of the children invited the inspector to see their rooms and were proud and excited to show them. Bedrooms viewed were age appropriate with a good array of toys, books, etc.. It was evident from observations during foster care household visits that the children felt safe, comfortable and were very much part of the foster carers' families and extended families. Children and foster carers spoke of family events such as holidays, birthdays and other life events and this was evidenced in photographs and other memorabilia throughout the foster care home and the children's bedrooms. A review of a number of case files demonstrated that where there had been a concern in relation to aspects of primary care, these issues had been addressed appropriately. Case files also evidenced where there were ongoing issues in relation to this. There was evidence that carers were removed from the panel of foster carers following a special foster carer review where it was found that they had failed to comply with the standards and regulations.

## **Standard 11: Health and Development**

*This standard was met in part.*

The health and developmental needs of children and young people were managed and promoted through individual work by some social workers and carers but significant improvements were required in assessing the needs of children, information gathering, record keeping and accessing specialist services to ensure children have optimal health and wellbeing.

There was little evidence from the files examined by inspectors that formal medical assessments where appropriate were routinely completed for children and young

people admitted to care. Medical histories and immunisation records varied in quality across the area and some foster carers were given little information pertaining to the children's healthcare needs. There was evidence of poor inter-disciplinary working between some social work teams and individual general practitioners (GPs) and written outcomes of medical examinations was not always received from the (GP).

In general the management of information on the medical histories and records of children was poor across the area which meant that key information about the health and wellbeing of children was not protected and maintained for the future. Children's case files did not reflect comprehensive records pertaining to medical reports and information on the child. There was little written evidence on children's case files of efforts made to obtain missing information regarding medical histories and reports.

Children with specific and complex medical needs or disabilities were comprehensively assessed and monitored by medical and social work personnel. One social work department included a public health nurse as part of the social work team and this innovative post entailed networking with health specialists, assessing children with complex medical needs and developing placement plans. Inspectors reviewed a number of case files of children with disabilities and observed a statutory review for a child with complex long-term medical needs. Overall, the area advocated on behalf of children to access specialist and necessary services and supports. However, children did not have prioritised access to specialist services and treatment resulting in significant delays in accessing services for vulnerable children. Foster carers interviewed by inspectors reported mixed experiences in relation to the level of support from the social work departments on this issue. Some social work departments proactively advocated for children to access services and other departments reported by carers as not responding or taking any actions.

Where there was little support available, the foster carers advocated on behalf of the child themselves and a number of carers sought private medical interventions at their own expense where waiting periods were in excess of two years.

The area had a procedure in place to ensure appropriate consent could be given in a timely manner in respect of elective procedures. However, the issue of consent to medical and dental treatment was not clearly understood by all foster carers. Some foster carers interviewed by inspectors highlighted the lack of clarity and information around this but were aware of their duty to inform the HSE regarding any health issues or events concerning the child in their care. A review of case files and interviews with social workers and foster carers confirmed that children and young people had their own medical cards.

Primary medical and health needs of children and young people were identified at statutory care reviews and were seen as a priority by foster carers and social workers. Day-to-day medical needs were managed mainly by the foster carers and provided through the primary care system. A review of case files demonstrated GP reports made available for some children as part of the review process as well as reports and/or updates from other specialists such as public health nurse (PHN) and paediatricians. There was also evidence of good links with community-based health

services. Foster carers interviewed indicated that they maintained records of immunisations obtained once in their care. Overall, parents interviewed by inspectors were satisfied with the level of support and information shared with them regarding their child's health and developmental needs.

## **Standard 12: Education**

*This standard was met.*

The educational needs of children and young people in foster care were given high priority by the area. Children and young people were encouraged to attain their full potential. A review of case files demonstrated that the educational needs of each child were identified and addressed in the care planning process. School reports and attendance records were requested for each child as part of the statutory review and these were found on case files reviewed by inspectors. There was also evidence of teachers and/or school principals attending professional and strategy meetings. A number of case files demonstrated that the placement of a child in foster care had brought about an improved attendance at school. Some cases files contained educational psychology reports where required. Recommendations arising from these reports were being addressed through the care planning process. Foster carers interviewed indicated that they attended parent/teacher meetings, and in some cases with the birth parent also in attendance where appropriate. Foster carers received school reports and some parents interviewed by inspectors confirmed this. However, a small number felt they should be included more in decisions and information pertaining to their child's educational needs.

Where a child or young person expressed a wish to go on to further education this was found to be supported by the area. In some cases it was evident that financial supports were made available for third-level education and this was confirmed by social work personnel and the after care coordinator. Inspectors found that some foster carers paid for third-level education themselves as the children were either not in receipt of an aftercare service or there was a delay in receiving support by the HSE to attend third-level education. This was not in line with legislation whereby the HSE is obliged to support children in care which includes third-level education.

A team leader in one social work department indicated that the area had a high number of children in care that progressed to third-level education. Children of a schoolgoing age spoke positively to inspectors about school and some children were very clear about what they wanted to achieve in the long term. Foster carers interviewed confirmed their responsibilities in promoting each child's educational potential and facilitating the children's participation in hobbies, interests and extracurricular activities.

While the area collected statistics on a monthly, quarterly and annual basis on children in care who were in education, managers could not systematically ascertain educational outcomes for children in foster care and strategically plan to improve these outcomes. This deficiency in information gathering was acknowledged by the area manager.



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

*This standard was met in part.*

The provision of aftercare to children in the area was inequitable with many children not receiving a dedicated aftercare service. The aftercare service was informed by the National Policy and Procedures Document on leaving and aftercare services. According to this policy, children should be referred to the aftercare service at least two years prior to a young person reaching the legal age for leaving care. The principal social worker of the aftercare service told inspectors that the service was currently working with 320 children. Forty six of the 150 referrals for under-18-year-olds and 104 of the 170 over-18-year-olds had been allocated an aftercare service. Ninety seven percent of the young people concerned were in an aftercare placement with their former foster carers or in supported lodgings. Data provided to the Authority by the area showed that 101 young people over 18 years continued to live with their foster carers.

A review of case files indicated that some children who had reached the age for referral had not been considered for the aftercare service. Leaving care assessments were undertaken for some children but not for all and there was little evidence of aftercare plans on the case files. If the aftercare service was unable to provide a service, social workers often completed the leaving care assessment and aftercare plan. There was no evidence that the aftercare services were delivered in a manner to ensure that children most in need of support before and after leaving care received a service. The aftercare service mainly focused on those who continued in education and continued to live with their carers. Staff interviewed indicated that those children who chose not to continue in education were not offered an aftercare service even though they were likely to need more support. There was no evidence of prioritisation of the aftercare services to ensure that services were provided to children that required it the most.

Life skills were developed and facilitated primarily by the foster carers and some child care workers. Young people interviewed by inspectors gave a mixed response about aftercare provision, some speaking quite positively – particularly in relation to accessing further education – while others were not familiar with the aftercare service. They confirmed that their foster carers encouraged them to be actively involved in preparing for adult living and were given support and guidance to attain independence. Staff interviewed by inspectors said that some foster carers worked well in conjunction with the aftercare service to assist young people to become more independent while it was felt other carers did not.

Outcomes for care leavers were not formally collated by the area at the time of the inspection even though the requirements to do so under the national policy had been in place since 2011. Inspectors were informed that in the future outcomes will be ascertained and that these findings would inform future strategic planning for aftercare provision.

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

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

Related reference:

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

## **Summary of Outcome 4**

In general, children in the area were safe, secure and protected from abuse and neglect. There were systems in place to ensure the safety and wellbeing of children in foster care. Policies, procedures and guidelines in the area reflected the requirements of *Children First: National Guidance for the Protection and Welfare of Children* (2011). However, the processes of identification and management of concerns about foster carers were not consistently applied in all areas.

### **Standard 10: Safeguarding and Child Protection**

*This standard was met in part.*

The area had policies, procedures and guidelines that reflected the requirements of *Children First* (2011). During interviews, social workers in all areas demonstrated a good understanding of their statutory responsibilities regarding the protection and welfare of children. The principal social worker and team leaders told inspectors that staff in the Fostering Resource Unit had received training in *Children First* (2011). A review of personnel records for fostering social workers evidenced that required Garda Síochána vetting had been carried out.

The service did not consistently implement processes as outlined in *Children First* (2011). Work practices were guided by national guidelines, but the required documentation was not always completed in line with these guidelines. Inspectors examined concerns of a child protection nature in all the areas and determined that all were appropriately assessed and managed. Where the concern was about a foster carer, all staff processed and managed the concerns accordingly but some staff did not document these concerns on standard report forms which meant that intake records and initial assessments were not completed.

During interview, not all foster carers demonstrated a good understanding of their

duties and responsibilities in relation to Children First (2011). However, they told inspectors that they would refer concerns of a child protection nature to the child's social worker and their own link worker. Foster carers presented to inspectors as having a genuine desire to keep their foster children safe. Not all foster carers received training and guidance in safe care practices, including the management of challenging behaviour. A significant number of longstanding foster carers told inspectors that they had not attended any ongoing training for a number of years. Children First (2011) training was scheduled to be provided to all foster carers in autumn 2013.

There was evidence that newly appointed foster carers received appropriate initial training and guidance which encompassed safe care practices and management of challenging behaviour. There were a number of non-approved foster carers, with whom inspectors met with. These foster carers told inspectors that they were awaiting assessment and had not received any training in safe care practices and/or challenging behaviour.

HSE personnel interviewed by inspectors said that the foster care service assured itself that children were safe through a number of mechanisms:

- social workers were appointed to children in care
- link workers appointed to foster carers
- social workers visited children in their placements
- case supervision
- liaison between social worker and link workers
- liaison with other professionals
- foster carer reviews
- child in care reviews
- assessments
- vetting and other checks completed on foster carers.

The area manager told inspectors that a pilot exercise had recently been undertaken to review a number of case files in the Fostering Resource Unit and two social work teams by two HSE monitoring officers as part of a process of quality assurance.

Inspectors could not find evidence of regular visits by all social workers to children in their placements. This was confirmed in interviews with carers, some of whom experienced frequent visits by social workers while others told inspectors that social workers rarely visited the children or only came in times of crisis or a significant event.

Children told inspectors that when their social worker changed there was often a significant gap in the length of time that it took for them to be appointed a new social worker. Despite this, the majority of children spoke positively about their social worker and saw them as someone who cared about them and listened to them.

There were six foster carers that had not yet been assessed or approved yet were providing care to children. There were five foster care households that were caring

for children despite having had their application to foster care rejected by the Foster Care Committee.

All child protection concerns against foster carers were well managed in accordance with the standards and Children First (2011). Thirty one concerns were logged with the Fostering Resource Unit in the year prior to the inspection. Thirty related to foster carers and one related to a foster carer's own child. Three of the foster carers chose to retire and their names to be removed from the panel of approved foster carers. A special foster carer review recommended the removal of one foster carer from the panel of approved foster carers. Nineteen of the concerns were closed with the majority requiring no further action. The remaining 12 were still open and under investigation at the time of the inspection.

Inspectors viewed children's case files and found that some local health areas processed child protection concerns about foster carers by completing a standard report form as per Children First (2011). Intake forms, initial assessment and further assessments were viewed by inspectors and appropriate and timely actions were taken to secure the safety of the child or children which included notification to the designated person or the Garda Síochána.

Practice in the management of concerns against carers was good. However, the process for recording and chronologising concerns against carers was inconsistent across the area. There were varying procedures used by the respective social work teams as to how these concerns/complaints were assessed and managed. Allegations by children against carers were given the lower status of a complaint rather than an allegation of harm or concern.

In general, it was difficult for inspectors to track concerns in case files as information pertaining to each concern was not well organised. Some foster carers told inspectors that they were not satisfied with how they were communicated with by children's social workers about alleged concerns.

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

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

Related reference:

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

**Summary of Outcome 5**

The majority of children and young people in foster care had a designated social worker who provided a good quality social work service. However, a significant number of children were not visited in their placement by the social worker as required by the regulations. All children and young people had a care plan but not all were up to date. Children, foster carers and birth families were consulted in the care planning process where appropriate. Child in care reviews were generally taking place within the statutory time frames. Improvements are required in the assessment of needs of children and young people.

**Standard 5: The Child and Family Social Worker**

*This standard was met in part.*

Initial data provided to the Authority by the area indicated that 796 children and young people in foster care (90%) had an allocated social worker (see Table 2 on the following pages), but there were significant disparities across the local health areas. All of the children in two of the four social work departments had an allocated social worker by the end of the inspection fieldwork. In the other two local health areas, there was a number of children without a designated social worker, in some cases for significant periods of time. Inspectors were told by managers and staff that there had been significant delays in allocating social workers when a case was being transferred from one team to another. Inspectors found that where social worker posts became vacant due to extended leave, career breaks or retirement, cases remained unallocated.

The principal social worker and team leaders managed unallocated cases and ensured statutory requirements were met. Through interviews, inspectors found that principal social workers and team leaders had a good knowledge of the unallocated cases and all cases were risk assessed and prioritised to ensure allocation to high risks cases as well as re-prioritising unallocated cases when required. Other data provided by the area indicated that 17 children and young people and their carers had neither an allocated social worker nor link worker. An examination of a number of case files pertaining to these children did not indicate that there was a negative impact on the safety of these children as a result.

A number of children had not been visited by social workers in their placements at all. This included children with and without allocated social workers. The area could not provide data to the Authority on the number of children who had not received a visit from their allocated social worker in the six months prior to the inspection. This lack of visits was confirmed by managers, social workers, children and carers. Managers told inspectors that other activities were prioritised over statutory responsibilities to children in care including court attendance, report writing and managing a number of complex cases.

A review of case files indicated that in general, visits to children in their foster care placements were not occurring within the frequency specified within the regulations. Case notes on the files demonstrated a significant amount of phone contact with foster carers and birth parents. Inspectors were told by principal social workers and team leaders that social workers had a significant amount of contact on a regular basis with children and young people when they facilitated access visits. Case notes confirmed this. However, this activity did not always allow for the social worker to speak with the child in private nor did it provide opportunities to build trusting relationships through regular direct contact. It also did not provide an opportunity to observe the child's interactions with foster carers in their placement.

Children who met with inspectors were happy with the level of contact with their social worker – even though they may not have received regular visits from them – and indicated that they liked their social worker. They saw them as a person they could talk to if they were worried about anything. Foster carers said the children's social workers were accessible to them and the majority spoke highly of the individual social workers.

Social workers interviewed by inspectors outlined that they ensured children's safety and wellbeing in the foster care placement through home visits, phone calls, child in care reviews, outcomes from foster carer reviews and the receipt of unsolicited information. A significant deficiency in meeting the requirements for visiting children foster care was found in the previous inspection of the service in 2009. This inspection found an improvement overall. However, visiting children in their placements required further improvement to ensure full compliance with the regulations and as an essential safeguard for children in care.

The coordination of care was generally very good where there was an allocated social worker. Social workers interviewed by inspectors were familiar with the

children and their needs.

The management of information and records was inconsistent across the areas. Inspectors reviewed care files for 100 children across the four social work departments. There were disparities in the quality and structure of the case files across the area. Two of the four social work departments maintained secure, comprehensive and accessible files, albeit with gaps in relation to some records such as medical assessments and copies of contracts between the HSE and the foster carers. Inspectors found that care files maintained by the other two departments were of varying quality with files being cumbersome and difficult to navigate and some children not having an individual care file. The chronology of events on some case files was poor and not all were up to date. Only one of the four social work departments had an electronic system for case recording. Inspectors accessed this system during the inspection to complement case tracking and sampling of individual files. Case notes and reports on file demonstrated good liaison and engagement with other professionals and services. However, information pertaining to child protection concerns and complaints were not filed separately and the entire file had to be read to ascertain actions taken and resultant outcomes. Table 2 below shows compliance with related child care regulations under Outcome 5.

**Table 2. Compliance with related child care regulations under Outcome 5**

<b>Children in foster care</b>	<b>Total Children in foster care is 881</b>	<b>%</b>
Number of children with an assigned social worker	796	90%
<i>Regulation Article 17</i> Number of children who had been visited in the past six months by a child and family social worker	<b>Area did not provide these numbers</b>	N/A
<i>Regulation Article 11</i> Number of children with a written care plan on file	798	91%

## **Standard 6: Assessment of Children and Young People**

*This standard was met in part.*

The decision to use a foster care placement is based on an assessment which determines this to be in the best interests of the child. Inspectors examined 100 case files for children across the four social work departments. A record of an initial assessment of need was not available on all files examined and could be found mainly on the files for more recent admissions to care.

Inspectors found a multitude of assessments of need on the care files, contained within court reports, care plans, review minutes and other professional assessments which varied in quality. The majority of assessments were comprehensive and where appropriate were multidisciplinary. The emotional, psychological, medical, educational and other needs of children were considered in the various assessment formats on the case files. Assessments were not always carried out prior to or immediately following a placement. Managers and social workers told inspectors that an assessment of need was integrated into the care planning process rather than at initial admission to care. The needs of children in care were discussed at reviews and children and parents were facilitated to participate in this process. Assessments of children with disabilities and complex needs were detailed with good multidisciplinary input on a number of files. Social workers interviewed by inspectors had a good working knowledge of individual children's needs which provided the basis for discussion with the fostering team to obtain the best possible match to a foster carer. They advocated on behalf of children for access to specialist services and supports where required.

Inspectors could not find a formal needs assessment separate to those referenced above to determine if a foster placement was in the best interests of children and young people. There was also no evidence on file of assessment outcomes being shared with children in an age-appropriate manner.

## **Standard 7: Care Planning and Review**

*This standard was met in part.*

There were good quality care plans that were reviewed on a regular basis. Actions were implemented and focused on improving outcomes for children in foster care across all four areas. If available, assessment of need informed the care plan and the care planning process. This was confirmed through interviews with social workers and examination of case files. Pre-inspection data provided to the Authority showed that 91% of children in foster care had an up-to-date care plan. This was confirmed by an examination of 100 care files for children across the four social work departments but not all were updated following a child in care review.

Overall, the care plans were reviewed in a manner and frequency as required by the regulations. The quality of the majority of care plans viewed by inspectors was good, contained the objectives, identified actions and an assigned responsible person to undertake the actions required. Case notes and care plans demonstrated that social workers or other assigned responsible people followed up on decisions made.



However, where there were siblings, it was clear that despite individual care plans being drawn up, the content of these plans was identical with little information about the individual children other than their name and date of birth.

The quality of reviews was good and demonstrated a high level of consultation with children, parents, foster carers and other professionals. Social workers met with children prior to their reviews to ascertain their views as well as requesting a child to complete a standard questionnaire for their statutory review. This allowed the child to contribute to the care planning process in a more meaningful way. The child in care review recorded the decisions made but did not always result in the original care plan being updated. These documents were not always filed together which impacted on the availability of a clear up-to-date account of the agreed care plan for the child. Children met by inspectors confirmed their attendance at care reviews and felt they were listened to and had an opportunity to be part of the decisions around their care. If they chose not to attend their review they were happy that their views would be discussed by their social worker and/or foster carer. The foster carers and parents interviewed spoke about the level of consultation and involvement in the care planning and review processes. Some children, foster carers and parents told inspectors that they did not always receive a copy of the written care plan and/or decisions of the statutory review. Some parents and foster carers indicated that receiving copies of these would be helpful in understanding the delivery of care to the children.

**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**

The majority of children in the area received high quality care from foster carers who had been appropriately assessed and approved. The foster carer assessment and approval process ensured that foster carers were selected for their ability to value, accept and support children and young people.

However, the assessments of relative carers were not undertaken in accordance with

the time frame required by the regulations and more than a third of relative carers that had not been assessed or approved. A small number of children and young people remained in placements with relative carers who were not recommended for approval by the Foster Care Committee.

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

*This standard was met in part.*

The majority of general foster carers had been formally assessed by a social worker and approved by the Foster Care Committee. Inspectors reviewed a sample of foster carer files and, where an assessment had been undertaken, this was done by a social worker.

Inspectors viewed assessment reports, observed a meeting of the Foster Care Committee, interviewed the chairperson of the Committee, and found that the assessment process was thorough, comprehensive and suitably robust to identify suitable carers. The assessment reports viewed by inspectors were of a high standard and were based on a competency model framework. The assessment process included a detailed application, a number of home visits where interviews with potential carers took place and relevant checks such as employment references, school references and medical reports. A health and safety assessment of the home environment was carried out. Checks with public health nurses, area principal social workers, area medical officers and An Garda Síochána vetting also formed part of the process. Foster carers received and signed a copy of their assessment report once completed.

There were long delays in carrying out assessments and the service ran the risk of losing potentially suitable foster carers as a result. The impact of this was that there were insufficient placements available to meet the needs of children in the area. The acting principal social worker told inspectors that there were 72 prospective general foster care households at various stages of the assessment process at the time of inspection. The Fostering Resource Unit could not provide information on how long it took from completed application to the approval of foster carers. However, a sample of the files viewed by inspectors showed that there were significant delays with a number of applicants waiting for between one to two years from the time of application to the completion of the assessment.

Inspectors found practices where children were placed with six foster carer households that had not been assessed nor approved by the Foster Care Committee. Assessments had been completed in four cases which were waiting to be presented to the Foster Care Committee while assessment had yet to start in the remaining two cases. The latter cases had already been previously assessed and approved as adoption candidates. The Fostering Resource Unit reported that area social workers and fostering social workers were actively involved in all these cases.

The files of foster carers, who had been approved, contained records of the recommendation of approval by the Foster Care Committee. However, in the files

they reviewed, inspectors found that there were no records of the type of care that foster carers were approved to provide, for example, short-term care to children under two years old or long-term care for teenagers. This created the risk of failure to match children who required a long-term placement with suitably approved carers and had the potential to undermine the stability of the placements. The chairperson of the Foster Care Committee told inspectors that this shortcoming had been addressed and that the type of care for which approval was granted was now specified. Inspectors also found that the letters from the Foster Care Committee to foster carers following foster carer reviews reflected this new approach.

There were no contracts for the children placed with foster carers on the files of foster carers reviewed by inspectors. The acting principal social worker told inspectors that it was custom and practice for the contracts to be retained on the children's files but that a decision had been made that copies of the contracts for the placement of children and copies of the initial care plans would be sent to the Fostering Resource Unit in future. However, inspectors found that the majority of the children's files that they sampled did not contain copies of the contracts either.

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

The lack of an effective and timely assessment and approval process for a number of relative carers in the area placed children at risk. Figures, provided by the service, showed that 131 relative care households were assessed and approved and 81 relative carers, more than a third of relative carers, were not. Inspectors found that only 14 relative carer households were approved in the previous 12 months and that there were 19 relative carer households in the process of being assessed at the time of inspection. An additional 62 relative carer households were awaiting allocation for assessment. Social workers told inspectors that relative carers, who had been allocated a low priority status following a screening visit by a social worker, could be waiting for a number of years before they were assessed and subsequently approved.

There are a number of risks associated with the practice of allowing a child to remain with unassessed or not approved relative carers for several years. This could mean that a child remains for several years with carers who are unable to provide adequate care. It could result in unnecessary trauma for the child should the Foster Care Committee recommend that the application not be approved and a decision is taken subsequently to remove the child from the placement.

When children are placed with relative carers in an emergency situation, the child and family social workers are responsible for carrying out the initial assessment of the accommodation, the initial Garda Síochána vetting, medical and area social work checks with the relative carers. A review of a sample of case files showed that these checks were carried out in a timely fashion.

A process was in place for assessed relative carers to be recommended for approval by the foster care committee and for applicants to be informed of the outcome in writing. Following the placement of a child with relative carers and initial checks, the

child and family social worker then formally requested the Fostering Resource Unit to undertake an assessment of the relative carers. However, the assessment process for relative carers was not comprehensive or suitably robust to identify suitable carers. A sample of relative carer files showed that assessments were not completed within 12 weeks as prescribed in the regulations.

### **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**

An ongoing programme of reviews of approved foster carers provided assurance to the area as to their continuing capacity to provide high quality care to children in foster care.

However, many foster carers in the area did not have an allocated link worker and did not receive a satisfactory level of advice, support and supervision. No overall records were maintained of foster carers who attended training or support groups.

### **Standard 15: Supervision and Support**

*This standard was met in part.*

Not every foster care household had an assigned fostering link worker. Data submitted to the Authority showed that 73% of general foster carers and 53% of relative carers had link workers (see Table 3 on the following page). The acting principal social worker told the inspectors that managers made a decision to prioritise certain foster carers for allocation of link workers and to increase the number of support groups available for foster carers in general. Inspectors viewed a protocol on cases to be assigned a fostering link social worker or not, dated October 2012, which set out a priority scale, rating foster carers in the area as high, medium or low priority on the basis of level of need. Low priority status was given to foster carers

where the placements were assessed as being long term, stable placements and these foster carers would receive a minimum of two social work contacts per year in addition to being offered support groups and training. According to this protocol, foster carers who were given low priority status were not assigned a link worker. Instead, the team leaders monitored these cases and minimal agreed contact maintained. Team leaders told inspectors that they reviewed the priority list of foster carers in each category every three months and a different priority could be accorded to foster carers based on information received.

**Table 3. Allocation of link worker to carers**

<b>Foster carers households without allocated link workers</b>	<b>Number</b>	<b>%</b>
All foster carers	570	100%
Assigned a link worker	376	66%
Not assigned a link worker	194	34%
General (non-relative) foster carers	358	100%
Assigned a link worker	263	73%
Not assigned a link worker	95	27%
Relative foster carers	212	100%
Assigned link worker	113	53%
Not assigned a link worker	99	47%

Not all foster carers were well supported and supervised. Some foster carers told inspectors that they felt well supported by their fostering link workers and the files of some foster carers contained records of regular visits and telephone calls from link workers and discussion of pertinent issues. However, the majority of foster carer files reviewed by inspectors contained little evidence of regular visits and supervision within the 12 months prior to inspection. Some link workers told inspectors that their caseloads exceeded 40 foster care households and that the shortage of staff made it difficult for them to carry out all the functions of a link worker, including recruitment, training, supervision, support and review.

Social workers told inspectors that the number of foster carer support groups had been increased in the 12 months before the inspection to compensate for the shortage of link workers. The schedule for support groups for 2013 showed that 10 different support groups were offered each month. These were held at various locations throughout Cork City and County, some held in the mornings and others in the evenings. Inspectors attended a support group meeting, which was attended by 21 foster carers and which afforded the foster carers an opportunity to meet other foster carers and discuss issues of relevance to all. While social workers retained a list of foster carers who attended each support group meeting, there were no

aggregate figures available for the total number of foster carers attending all groups. Since the Fostering Resource Unit did not maintain an overall list of those who attended support group meetings and those who did not, it was impossible for it to ensure that all foster carers received some level of support from the Resource Unit. While there was some evidence of informal supervision in case notes, there was no evidence of formal supervision of foster carers on the files reviewed by inspectors.

There was evidence that foster carers were aware of the expectation that they meet the varied needs of the children in their care. In some foster carer files there were written statements by foster carers, which demonstrated that they were aware of their responsibilities. Inspectors observed one foster carer review where the carers were interviewed and displayed a thorough understanding of their role. Inspectors also visited foster care households and found that the foster carers were aware of their duties and responsibilities.

The acting principal social worker told inspectors that the Fostering Resource Unit sent out information/documentation twice a year to foster carers. Some foster carers told inspectors that they received information from the Resource Unit on upcoming training while others said that they received little or no written communication. Not all foster carers had received a copy of the *National Standards for the Protection and Welfare of Children* (2012). The Fostering Resource Unit satisfied itself that foster carers performed their duties through foster care reviews, feedback from other professionals involved with the families, information received in statutory child in care reviews and also, in some cases, through regular contact and visits by the link workers. However, since a third of foster carers did not have link workers, the ability of the Resource Unit to satisfy itself on an ongoing basis as to the level of performance of all foster carers was limited.

## **Standard 16: Training**

*This standard was met in part.*

General foster carers received training in their role prior to children being placed with them. The acting principal social worker told inspectors that all general foster carers attended three days of preparatory training during the period of their assessment. Seven three-day preparatory training courses were scheduled for 2013. The dates of their training and references to the foster carers' participation were included in the fostering assessment reports. The fostering team also provided training to foster carers on an ongoing basis. Inspectors viewed a training schedule which was in place for 2013. Training, on topics such as Traveller culture awareness, attachment styles, managing conflict and safer care, was planned and delivered by members of the fostering team.

The acting principal social worker told inspectors that foster carers were not required to attend ongoing training but were encouraged to do so. A number of foster carers told inspectors that they had attended training days and that they found the training both relevant and helpful to them in their role. The files of many foster carers contained letters inviting them to training and some files contained training



certificates but the majority contained no evidence that the foster carers attended any training since their approval. No overall training records for foster carers were maintained and, therefore, it was not possible for the fostering team to say how many foster carers had attended training since their approval. Inspectors noted that, following reviews of foster carers, the Foster Care Committee stipulated that some foster carers attend particular training courses as the uptake on training prior to the foster carer review was poor. However, whether or not they subsequently attended this training was not monitored. The acting principal social worker told inspectors that bi-annual meetings were held between the Irish Foster Care Association (IFCA) and fostering management in the Cork and Kerry area on general fostering issues and working relationships between the agencies.

### **Standard 17: Reviews of Foster Carers**

*This standard was met.*

The Fostering Resource Unit undertook regular reviews of foster carers to ensure their continuing capacity to provide high quality carers. A process was in place to carry out a three-to-five year rolling programme of standard reviews of foster carers. The reviews were of a high standard and included updated Garda Síochána vetting on each person in the household over 16 years of age and written feedback from the foster carers, the social workers for the current children placed with the foster carers and the link workers. They also included formal interviews with the foster carers, one of which was observed by the inspectors. Special reviews were held at short notice if there were allegations or concerns about foster carers. The outcome of standard reviews included specific recommendations, for example, to remain on the panel of approved foster carers, future fostering, training requirements and attendance at support groups. Documentation in relation to the reviews was contained in the foster carer files.

The Fostering Resource Unit presented reports on the outcomes of all reviews to the Foster Care Committee, who recommended that the foster carers should remain on the foster carer panel or not. The chairperson of the Committee then wrote to the foster carers to inform them of the outcome of the review, which usually included confirmation of their status as general or relative foster carers and approval to care for specific children. Inspectors attended a Foster Care Committee meeting at which reports on standard foster carer reviews and a report on a special foster care review as a result of an allegation or concern made against the foster carer were presented. The system would be further improved by monitoring the implementation of recommendations from the Foster Care Committee.

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

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

Related reference:

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

### **Summary of Outcome 8**

The management and governance structures of the area provided clear lines of authority and accountability and the local management team demonstrated leadership and a commitment to improve the quality of services to children. However, a number of management issues required improvement such as a number of key national policies to support the delivery of quality foster care services had not yet been fully implemented. There was no robust quality assurance system in place to continuously assess the quality of care to children separate from line management structures, while strategic planning required improvement. The area did not have an effective strategy in place for the ongoing recruitment and retention of foster carers due to a lack of regular evaluation. Procedures for dealing with complaints were not sufficiently robust to ensure effective complaints management.

### **Standard 18: Effective policies**

*This standard was met in part.*

The area had up-to-date and effective policies to support the delivery of quality foster care services which comprised of national and local policies. Inspectors were provided with a comprehensive list of policies and protocols in various stages of implementation by the principal social worker. The area had implemented policies and protocols on best practice guidance for Foster Care Committees, inter-area case transfer policy, measuring, managing and reporting on social work activity, dealing



with bullying of children in foster care and the management of allegations against foster carers. However, the national policy on the foster link worker's role was not fully implemented and the area had not implemented the policy on management assurance of child protection cases by audit. The child care manager told inspectors that the latter policy was due to be implemented in September 2013 and the Fostering Resource Unit management team would audit case files on a regular basis. Staff interviewed by inspectors were aware of the policies and procedures in the area and inspectors observed staff referencing policies for guidance in their practice during the inspection.

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

*This standard was met in part.*

This aspect of the service was not delivered in an effective manner to meet the needs of children in the area. The area did not gather key data about children that would inform strategic planning and resource allocation such as numbers of children with disabilities in foster care. Nor could the area provide key safeguarding information such as children that had not been visited in the past six months and the status of actions from reviews of carers. Inspectors found significant disparities across area social work teams in terms of social work practice, implementation of Children First (2011) and fulfilling statutory duties to children in care. Foster care assessments were inordinately delayed, some taking up to two years to complete. There were long delays in processing new applicants and the foster care service was unable to meet the needs of all children in the area. A lack of resources was highlighted as a serious concern for the area and there was some evidence to address this in the Fostering Resource Unit through regular review at monthly team meetings and notification to area management through the risk escalation policy. However, this was not evidenced across the area as all children in two social work teams had an allocated social worker and significant number in other teams did not. In the aftercare service there was no clear prioritisation of services to children that were particularly vulnerable.

The management and governance structure in the area set out lines of authority and accountability including clearly defined roles and responsibilities. The Fostering Resource Unit was managed by a principal social worker who reported to the child care manager with responsibility for alternative care services. The child care manager was line managed by the area manager who reported to the service director for the HSE South region. The Resource Unit had a clear management structure which all staff understood. The Unit team had engaged in the recent restructuring of the service to try to ensure effective services were being delivered within the existing resources. Some staff outlined their concern about the reconfiguration of the Fostering Resource Unit team, the potential risks to foster carers and children in their care and what impact it would have on the delivery of a quality service. Inspectors were told by the principal social worker, child care manager and staff that the new structure would be reviewed over the coming months.

There was evidence that managers provided leadership and commitment in the delivering of services to children and families. A project plan for foster care in the HSE South had been developed in consultation with the HSE regional child care specialist. The overall aim of the project was to recruit 40 to 50 additional foster carers for children aged eight years and over from the HSE South region through a national fostering recruitment campaign which was introduced in May 2013. The campaign was due to run until December 2013. Regional fostering meetings were held monthly to monitor progress. The area held monthly management meetings across the services and records of minutes of these meetings demonstrated strategic planning and decision making.

The area maintained an electronic register of children placed with foster carers which complied with regulations. A designated HSE information officer maintained this register and received monthly updates from the relevant sources so as to keep an accurate and up-to-date register. This database could not readily provide information relating to cultural, ethnic or religious characteristics or the number of children with disabilities in order to facilitate planning and evaluation of the foster care service. The area also held a register of the panel of foster carers that was found by inspectors to meet the standards and regulations.

Inspectors were told by managers that there was robust communication and implementation of decisions between national, regional and local management. Staff confirmed that they received information and clear communication on matters pertaining to the service. Team meetings and management team meetings were held on a monthly basis. Comprehensive minutes were recorded and those reviewed by inspectors. The minutes evidenced matters discussed such as day-to-day practice issues, concerns and complaints, risks, staffing and training. National and regional level management meetings also took place on a regular basis.

There were some arrangements in place to ensure the service was compliant with national standards, policies and legislation. The principal social worker and child care manager met on a regular basis to address how the Fostering Resource Unit was meeting the standards.

The monitoring and evaluation of potential risks had been developed. There was a protocol on linked and unlinked cases, on placements in deviation from national standards and frequency of foster care reviews. The Fostering Resource Unit was developing a risk register for the service at the time of inspection. The Foster Care Committee had carried out a lot of work to ensure compliance with national guidelines and sought an audit of all families approved to inform future practices. The principal social worker gathered monthly statistics which were presented to senior management and shared with the principal social workers in the four local health areas.

The policy on the management by file audit of cases had not been implemented at the time of inspection. The child care manager told inspectors of the action plan drawn up to commence this exercise in September 2013. The HSE has two monitoring officers for the area. A pilot exercise had recently been carried out by the

two HSE monitoring officers in the Fostering Resource Unit and in the South Lee and West Cork child protection and welfare social work teams to examine case files. The findings of this activity had yet to be finalised. This was a substantial improvement since the previous inspection in 2009.

The foster care service was not sufficiently managed or resourced to meet the needs of all children requiring foster care in the area. There were 2.2 vacant social work posts and one vacant administrative post within the Fostering Resource Unit. The recent reconfiguration of the foster service resulted in a decision to not allocate link workers to foster carers based on a priority rating. This resulted in 26.5% of general foster care households and 46.7% of relative care households not having an assigned link social worker at the time of this inspection.

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

*This standard was met in part.*

The area did not have an effective strategy in place for the ongoing recruitment of foster carers. This impacted on children waiting for placements, children in private agencies, poor matching of children and subsequent placement breakdowns, siblings being separated from each other, and a lack of capacity of existing carers to meet the needs of children in area. The Fostering Resource Unit had run a number of local campaigns in previous years. Forty eight applications from new prospective foster care households had been received by the area in the 12 months prior to the inspection. Inspectors found through a review of data provided by the area to the Authority that only five of these applications had been approved by the Foster Care Committee at the time of the inspection and the remaining 43 at that time were still being processed. Due to the fact that the area did not have sufficient foster care places to meet demands, the area had sourced 16 foster care places from external agencies over the 12 months prior to the inspection. Ten children had been placed with these agencies at the time of inspection.

The area had specific requirements in respect of special foster care such as placements for babies and very young children with complex medical needs and the Fostering Resource Unit actively recruited foster carers to meet those needs. A national fostering awareness campaign was being run from 20 May to 24 May 2013 and a national fostering recruitment campaign was being held in tandem from May to December 2013. The area had received 21 expressions of interest. Staff told inspectors that existing prospective foster care households had contacted the Fostering Resource Unit on hearing about the campaign and had questioned why their assessments had not been completed or presented to the Foster Care Committee for approval.

The area did not have an effective strategy in place to retain foster carers. Data provided to the Authority by the area showed that 42 general foster care households had removed themselves from the panel in the 12 months before the inspection. These related to retirement, personal choice, emigration, adoption amongst other

reasons. Inspectors could not find evidence of exit interviews with foster carers by link workers as outlined in the standards. This information could inform existing strategies in relation to training, support, supervision, recruitment and retention of foster carers.

## **Standard 22: Special Foster Care**

*This standard was met in part.*

Inspectors found that there were some informal systems in place to identify children in need of special foster care on a case-by-case basis within existing foster carer households. The area had placed 10 children in non-statutory agencies in the previous 12 months and inspectors were given a breakdown of these cases. The area did not have sufficient foster carers with the skills and knowledge in the service or a strategic plan to meet the needs of children requiring special foster care.

## **Standard 23: The Foster Care Committee**

*This standard was met.*

The area had a foster care committee that comprised of people with an expertise in child protection and welfare, experience or training in foster care and that had been appropriately vetted. The Foster Care Committee was chaired by the local area Family Centre Director. The Committee met once a month and could be also convened at short notice in the event of an emergency or a serious allegation against a foster carer. The area had implemented national policy in relation to best practice guidance for foster care committees. The chairperson of the Committee told inspectors that induction and training was provided around the implementation of national policy. The role of the Foster Care Committee was clearly defined in accordance with standards and regulations and functioned effectively in approving foster carers, reviewing foster carers and approving placements. Inspectors observed a Foster Care Committee meeting as part of the inspection fieldwork and viewed records of Committee meetings which evidenced clear decisions and recommendations. Inspectors evidenced correspondence to foster carers informing them of their approval status and outlining the requirement to attend specific or a minimum number of training programmes. The letters also indicated when a standard foster carer review would be held. The chairperson of the Committee told inspectors that the Foster Care Committee was notified of allegations against foster carers following a special foster carer review. The Committee contributed to service planning through an annual report and meetings with the principal social worker and child care manager. Overall, this was a significant improvement since the last inspection in 2009.

## **Standard 24: Placement of Children through non-statutory agencies**

*This standard was met.*

Sixteen foster care places had been purchased from external agencies over the previous 12 months. At the time of the inspection, 10 children were placed with non-statutory agencies. The child care manager and principal social worker told inspectors that it used non-statutory agencies because there were insufficient numbers of suitable foster carers with available places within the area, particularly for children with serious behavioural difficulties. The area had a service level agreement with the national provider for the emergency out-of-hours service. Inspectors viewed the service level agreement in place and found that it specified the services to be offered and the conditions under which they were offered. Placement agreements were made with other service providers and some of the case files contained copies of the placement agreements. The child care manager told inspectors that the area had satisfied itself that these agencies provided quality care and complied with standards and regulations.

A review of a number of case files pertaining to children placed with some of these agencies showed that a quality assurance report (on the service being provided to the child) was furnished to the HSE on a monthly basis. Others provided feedback to the individual social worker.

## **Standard 25: Representation and complaints**

*This standard was met in part.*

The service did not have robust measures in place to inform carers and others about how to make a complaint. The HSE's complaints policy *Your service, your say*, was operational in the area. Managers told inspectors that social workers and link workers informed children, parents and foster carers about their right to complain but were not given any written information on this. Inspectors viewed complaint records on some foster carer files that were incomplete and did not identify the outcome of the complaint. A central register of complaints and concerns was maintained by the principal social worker in the Fostering Resource Unit which evidenced the status and outcome of complaints and concerns. Inspectors were told by the principal social worker that there were local protocols in place to address complaints and she/he indicated where joint work by the Resource Unit and the relevant social work department was required as part of the investigation of the complaint. Inspectors found that information arising from complaints and representations affected changes.

### **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**

The foster care service to children was delivered by appropriately qualified, supervised and trained staff. Social workers were supported through case and individual supervision and this impacted positively on the level of direct service and interventions children received from their assigned social workers. No analysis of staff training needs had been undertaken. Staff personnel files did not contain all the required documents.

### **Standard 20: Training and qualifications**

*This standard was met.*

Inspectors found that the Fostering Resource Unit was staffed by social workers who were professionally qualified and suitably trained to carry out their functions. A sample of 10 personnel files for the Resource Unit social work team were viewed by inspectors which evidenced qualifications and vetting checks. The majority of staff had worked in the Unit for an average of over 10 years. Inspectors sampled a number of supervision records which demonstrated that staff received supervision on a monthly basis which quality assured practices with foster carers. Inspectors also found that records were of a good quality. Inspectors were told by the principal social worker that while individual training needs were addressed in supervision, the service did not carry out a training audit on a regular basis. Therefore, the area could not demonstrate any formal system to identify the developmental and training needs of all those involved in delivering the foster care service. The area had an induction policy for new staff that gave them opportunities to observe and participate in duties with staff members for a period prior to allocation of cases.

## **6. Children and young people comments**

Inspectors visited 46 children in 28 households as part of this inspection which included some sibling groups living in the same placement. Twenty one questionnaires were completed by children in foster care. All of the children agreed to meet with inspectors and inspectors met them in private. Overall, their comments were positive about the care and the social work service they received. The children regarded their carers as people they could trust and indicated that they were happy with the frequency with which they saw their families. Those in long-term placements were well integrated into the life of their foster family. Children spoke about their friends, their interests and the sporting and community activities in which they took part. Older children spoke about their desire to undertake either further education or training and felt supported by their social worker to do this.

The majority of children spoke positively about their social worker and said that they were consulted about aspects of their care. They saw their social worker as someone who cared about them and listened to them. Children and young people knew they could attend their care plan review meetings and were encouraged and facilitated to attend or contribute where appropriate.

### **Closing the fieldwork**

A feedback meeting was held to report on the inspectors' findings, which highlighted both good practice and where improvements were needed. Following the fieldwork, a plan was received from the provider detailing their actions to address the areas of non-compliance. This action plan is published with this report.

## 7. Summary of Standards

	National Standards for Foster Care	Standard Met, Met in Part and Not met
Outcome 1	Standard 3: Children's rights	Standard met in part
	Standard 4: Valuing diversity	Standard met in part
Outcome 2	Standard 1: Positive sense of identity	Standard met in part
	Standard 2: Family and Friends	Standard met in part
Outcome 3	Standard 8: Matching children with carers	Standard met in part
	Standard 9: A safe and positive environment	Standard met
	Standard 11: Health and Development	Standard met in part
	Standard 12: Education	Standard met
	Standard 13: Preparation for leaving care and adult life	Standard met in part
Outcome 4	Standard 10: Safeguarding and child protection including implementation of <i>Children First: National Guidance for the Protection and Welfare of Children</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 met in part
	Standard 17: Reviews of Foster Carers	Standard 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 met in part
	Standard 23: The Foster Care Committee	Standard met
	Standard 24: Placement of Children through non-statutory agencies	Standard met
	Standard 25: Representation and complaints	Standard met in part
Outcome 9	Standard 20: Training and qualifications	Standard met

## 8. Glossary of Terms

**Care orders:** under the Child Care Act, 1991 there are a number of procedures, which the Health Service Executive (HSE) can use when dealing with children who are at risk or who are in need of care. The HSE may apply to the courts for a number of different orders, which give the courts a range of powers including decisions about the kind of care, and the access to the children for parents and other relatives. The HSE must apply for a care order if a child needs care and protection which he/she is unlikely to receive without an order. When a care order is made the child remains in the care of the HSE for the length of time specified by the order or until the age of 18 when he/she is no longer a child. The HSE has the rights and duties of a parent during this time.

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

**Emergency approval:** under the child care regulations 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:** these centres prepare young people for leaving care. The young people in these centres are generally 16 or over. Leaving

care and aftercare centres that accommodate young people under 18 require registration as children's residential centres.

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

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

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

## 9. Action Plan

### Health Information and Quality Authority Regulation Directorate



#### HSE response to report<sup>±</sup>

<b>HSE Area</b>	Cork
<b>Service ID as provided by the Authority:</b>	630
<b>Date of inspection:</b>	12 June - 20 June 2013 29 July – 9 August 2013
<b>Date of response:</b>	15 October 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.

##### Action 1 required:

The Cork Area should ensure that children are told about the complaints procedure and given a written copy of it in an age-appropriate format.

##### Action 2 required:

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

##### Action 3 required:

The Cork Area should ensure that all children with disabilities receive appropriate services and supports, including access to specialist health, educational and vocational services, to help them to maximise their potential.

<sup>±</sup> The Authority reserves the right to edit responses received for reasons including: clarity, completeness, and compliance with legal norms.

<b>Related reference:</b>  Standard 3: Children's rights Standard 4: Valuing diversity Standard 25: Representation and complaints Child Care (Placement of Children in Foster Care) Regulation 8(1) Religion Child Care (Placement of Children in Relative Care) Regulation 8(1) Religion	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	
<b>Timescale and post holder responsible:</b>	
<b><u>OUTCOME 1</u></b>  Oversight of all actions will be by Fostering Resource Unit Management Team and the Area Management Team.	
<b><u>Action 1.</u></b> <ul style="list-style-type: none"> <li>Nationally the advocacy department are developing a children and young persons' version of 'Your Service, Your Say' which they will consult with the Children and Family Agency (CFA) before publication to ensure it is fit for purpose. Concurrently have contacted Empowering People in Care (EPIC), Regional and National Foster Care Services and Irish Foster Care Association (IFCA) with regard to using their child-appropriate complaint's format. This will then be replicated and distributed to all children in foster care in Cork.</li> <li>Implementation of the National Policy and Procedure "Speak Up Speak Out" How to make a complaint in foster care.</li> </ul>	<b>End Quarter 2 2014</b> <u>Responsible:</u> Child Care Manager and Principal Social Worker (Fostering); Area Principal Social Worker, Area Manager
<b><u>Action 2.</u></b> <ul style="list-style-type: none"> <li>Introducing cultural, ethnic and special needs identifiers in internal fostering resource forms such as: Fostering Referral Form, Fostering Assessments, Fostering Application Forms etc..</li> <li>Requesting an Ethnic Identifier to be introduced into our Childcare Information Database. Request to local Information Unit and National Child Care Information Systems.</li> <li>Development local database within the Fostering Resource Unit that captures cultural and ethnic details.</li> </ul>	<b>Ongoing 2014</b> <u>Responsible:</u> Principal Social Worker (Fostering); Child Care Information Officer
<b><u>Action 3</u></b> <ul style="list-style-type: none"> <li>This is part of the Due Diligence Process currently ongoing between general HSE services, including disability, mental health with the Child and Family</li> </ul>	<b>Ongoing</b> <u>Responsible:</u> Area Manager and Management Team

<p>Support Agency.</p> <ul style="list-style-type: none"> <li>▪ Ongoing working relationships with disability and educational services will continue to ensure appropriate services for children in foster care.</li> </ul> <p><b>Monitoring of Implementation</b></p> <p>Training, Supervision, Audit and Reviews: These actions will be supported through the delivery of training for staff and foster carers. Targeted audits will be conducted to ensure effective implementation on a bi-annual basis, and management will monitor the ongoing implementation of these actions through professional supervision.</p>	
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<b>Outcome 2 - Children are able to maintain positive relationships with their parents, siblings and other significant family and friends.</b>	
<p><b>Action 4 required:</b></p> <p>The Cork Area should ensure that children's access to accurate, relevant and comprehensive information about their background and history is encouraged and facilitated.</p>	
<p><b>Action 5 required:</b></p> <p>The Cork Area should ensure that every effort is made to place sibling groups of varying sizes together.</p>	
<p><b>Related reference:</b></p> <p>Standard 1: Positive sense of identity Standard 2: Family and Friends</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale and post holder responsible:</b>
<p><b><u>OUTCOME 2</u></b></p> <p>Oversight of all actions will be by Fostering Resource Unit Management Team and the Area Management Team.</p> <p><b><u>Action 4.</u></b></p> <ul style="list-style-type: none"> <li>▪ Desktop review by way of questionnaire of current Life Story work systems in operation in each of the four social work teams to determine its adequacy and suitability</li> <li>▪ Review data on foster child's social work file to ensure family and history information is comprehensive as part</li> </ul>	<p><b>Ongoing and End Quarter 3 2014</b> <u>Responsible:</u> Principal Social Worker Area Teams</p>

<p>of the ongoing File Audit within Cork Social Work Departments</p> <ul style="list-style-type: none"> <li>An audit of Life Story work undertaken with children in long-term foster care in two Area Social Work Teams.</li> </ul> <p><b>Action 5:</b></p> <ul style="list-style-type: none"> <li>The Cork Area will continue to place siblings together if it is in their best interest to do so. Every effort will be made to identify placements for larger family groups, i.e., four plus siblings. A policy on sibling placements and matching policy is currently being developed by Cork and Kerry Fostering resource Units on behalf of the National alternative care group.</li> </ul> <p><b>Monitoring of Implementation</b> Once Matching Policy has been signed off nationally, implementations will be done through training, supervision.</p>	<p><b>End Quarter 3 2014</b> <u>Responsible:</u> Principal Social Worker (Fostering)</p>
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**Outcome 3 – Each child achieves positive outcomes in relation to their health and development, education and transition to adulthood.**

**Action 6 required:**

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

**Action 7 required:**

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

**Action 8 required:**

The Cork Area should ensure that all children are medically assessed prior to their admission to foster care and during their foster care placement as required.

**Action 9 required:**

The Cork Area should ensure that children have prioritised access to medical, psychiatric, psychological, dental, ophthalmic, therapeutic and other specialist services and treatment when required.

**Action 10 required:**

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

<b>Action 11 required:</b>  The Cork Area should ensure that the HSE Policy and Procedures on Leaving and Aftercare is implemented in full to ensure equity of access to aftercare services.	
<b>Related reference:</b>  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, 16(d) Child Care (Placement of Children in Relative Care) Regulation 7(1), 16(d)	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale and post holder responsible:</b>
<p>HSE response:</p> <p><b><u>Action 6:</u></b></p> <ul style="list-style-type: none"><li>▪ To ensure effective matching the following systems are currently being implemented: the FRU [Fostering Resource Unit] and Residential teams are working on a common referral form for all children in care that will be available to foster carers and residential providers to gather comprehensive information for foster carers on children's needs and to ensure that foster carers have all relevant information.</li></ul> <p><b>Monitoring of Implementation</b> Training, Supervision, Audit and Reviews: These actions will be supported through the delivery of training for staff and foster carers. Targeted audits will be conducted to ensure effective implementation on a bi-annual basis, and management will monitor the ongoing implementation of these actions through professional supervision.</p> <p><b><u>Action 7:</u></b></p> <ul style="list-style-type: none"><li>▪ Ongoing fostering assessment of potential foster carers and foster carer reviews to ensure suitability to provide general care and more specialised care etc.</li><li>▪ All applicants currently presented to the Foster Care Committee and placed on the Panel of Approved Carers have a clear criteria on type of fostering and their capacity to meet the various needs of foster children.</li><li>▪ Currently a matching system is in operation in the FRU [Fostering Resource Unit].</li></ul>	<p><b>End Quarter 2 2014</b> <u>Responsible:</u> Child Care Manager and Principal Social Worker (Fostering); Residential coordinator</p> <p><b>Ongoing and End Quarter 3 2014</b> <u>Responsible:</u> FRU Management Team and Foster Care Committee</p>



<ul style="list-style-type: none"> <li>▪ The Cork Area will continue to ensure appropriate matching. A Matching policy is currently being developed by Cork and Kerry Fostering resource Units on behalf of the National alternative care group.</li> </ul> <p><b>Monitoring of Implementation</b> Training, Supervision, Audit and Reviews: These actions will be supported through the delivery of training for staff and foster carers. Targeted audits will be conducted to ensure effective implementation on a bi-annual basis, and management will monitor the ongoing implementation of these actions through professional supervision.</p> <p><b>Action 8</b></p> <ul style="list-style-type: none"> <li>▪ All children placed in foster care will be assessed by family general practitioner (GP) within first week of placement.</li> <li>▪ Ongoing medical examinations are part of the Child Care Reviews and as part of the ongoing File Audit within Cork.</li> </ul> <p><b>Monitoring of Implementation</b> Targeted audits will be conducted to ensure effective implementation on a bi-annual basis, and management will monitor the ongoing implementation of these actions through professional supervision.</p> <p><b>Action 9</b></p> <ul style="list-style-type: none"> <li>▪ This is part of the Due Diligence Process currently ongoing between general HSE services, including disability, mental health, psychiatric, etc with the Child and Family Support Agency.</li> <li>▪ Ongoing working relationships with disability and auxiliary services will continue to ensure appropriate services for children in foster care.</li> </ul> <p><b>Monitoring of Implementation</b> (Please note: these services are not solely within the Children and Family Services control. While efforts are afoot regionally and nationally to ensure the prioritisation of children in care to these services. These are ongoing matters.)</p> <p><b>Action 10:</b></p> <ul style="list-style-type: none"> <li>▪ Currently working on a common referral form for all children in care that will be available to foster carers and residential providers identifying all relevant information.</li> <li>▪ Develop system with Area Child Protection Teams whereby all foster carers and Link social workers are</li> </ul>	<p><b>Ongoing Responsible:</b> Principal Social Worker Area Teams</p> <p><b>Ongoing Responsible:</b> Area Management Team</p> <p><b>End Quarter 2 2014 Responsible:</b> Child Care Manager, Principal</p>
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<p>given copies of the Child Care Plans and Reviews of Care Plans.</p> <ul style="list-style-type: none"> <li>▪ Ongoing file audit to ensure documentation is complete and up to date.</li> </ul> <p><b>Monitoring of Implementation</b> Targeted audits will be conducted to ensure effective implementation on a bi-annual basis, and management will monitor the ongoing implementation of these actions through professional supervision.</p> <p><b>Action 11 (Aftercare)</b></p> <ul style="list-style-type: none"> <li>▪ Currently ongoing within finite resources.</li> </ul> <p><b>Monitoring of Implementation</b> (Please note: these services are not solely within the Children and Family Services control. While efforts are afoot regionally and nationally to ensure the prioritisation of children in care to these services. These are ongoing matters.)</p>	<p>Social Worker (fostering), Residential Coordinator</p> <p><b>Ongoing Responsible:</b> Area Management Team and Aftercare Team</p>
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**Outcome 4 – Children are safe and services comply with Children First: National Guidance for the Protection and Welfare of Children 2011.**

**Action 12 required:**

The Cork Area should ensure that processes outlined in *Children First: National Guidance for the Welfare and Protection of Children* (2011) are consistently implemented.

**Action 13 required:**

The Cork Area should ensure that there are robust and dependable systems in place to record and categorise all child protection concerns about children in foster care.

**Action 14 required:**

The Cork Area should ensure that all foster carers receive training and guidance in up-to-date child protection and safeguarding practices, including training in *Children First: National Guidance for the Welfare and Protection of Children* (2011).

Related reference:

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

Please state the actions you have taken or are planning to take with timescales:	Timescale and post holder responsible:
<p>HSE response:</p> <p><b><u>Action 12:</u></b></p> <ul style="list-style-type: none"> <li>The implementation of Children First will continue to be supported through the delivery of training for staff and foster carers. Targeted audits will be conducted to ensure effective implementation on a bi-annual basis, and management will monitor the ongoing implementation of Children First through professional supervision.</li> </ul> <p><b><u>Action 13</u></b></p> <ul style="list-style-type: none"> <li>The FRU [Fostering Resource Unit] will continue to record all Child Protection concerns received about foster carers in accordance with Children First. All outstanding child protection allegations and concerns will be noted on this register.</li> <li>The fostering management team will review outstanding concerns and allegations and follow up matters in supervision to ensure appropriate response.</li> <li>The FRU Principal Social Worker will report monthly to the Area Management Team on the status of Child Protection Investigations and assessment at the area monthly meeting. This will ensure oversight and monitoring of all investigations and assessments as well as effective information sharing.</li> </ul> <p><b><u>Action 14:</u></b></p> <ul style="list-style-type: none"> <li>Children First training programme for foster carers has been developed.</li> <li>The FRU [Fostering Resource Unit] and the Work Force Development Unit will roll out a specially developed Children First training for all foster carers, delivery will commence in autumn 2013 and will continue until all Carers have attended. Attendance will be obligatory and monitored by the fostering management team and recorded on carers' files. Certification of completion will be distributed. A local training register will be kept of all foster carers who have attended FRU training as well as Children First training and will also be recorded in supervision records of foster carers.</li> </ul> <p><b>Monitoring of Implementation</b></p> <p>Training, Supervision, Audit and Reviews: These actions will be supported through the delivery of training for foster carers. Targeted audits will be conducted to ensure effective</p>	<p><b>Ongoing</b> <b><u>Responsible:</u></b> Area Management Team</p> <p><b>Ongoing</b> <b><u>Responsible:</u></b> FRU Management Team and Area Management Team</p> <p><b>Ongoing</b> <b><u>Responsible:</u></b> FRU Management Team</p>

implementation on a bi-annual basis, and FRU management will monitor the ongoing implementation of these actions through supervision and case file reviews.	
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**Outcome 5 – Each child receives high quality care that is effectively planned and managed by a designated social worker.**

**Action 15 required:**

The Cork Area should ensure that children in the foster care service have an allocated social worker at all times in keeping with the regulations.

**Action 16 required:**

The Cork Area should ensure that all children are visited in their placement by a social worker in line with the regulations.

**Action 17 required:**

The Cork Area should ensure that all case records contain all regulatory information and any other information recorded related to the child.

**Action 18 required:**

The Cork Area should ensure that all case records are well maintained, accessible to key stakeholders and stored in a safe and secure manner.

**Action 19 required:**

The Cork Area should ensure that a comprehensive assessment be carried out prior to the placement of the child, or immediately afterwards in the case of an emergency placement, and that copies of the assessment are given to parents and foster parents.

**Action 20 required:**

The Cork Area should ensure that children, foster carers and parents receive a copy of the written care plan and a written account of statutory review decisions where appropriate.

**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

Please state the actions you have taken or are planning to take with timescales:	Timescale and post holder responsible:
<p>HSE response:</p> <p><b><u>Action 15</u></b></p> <ul style="list-style-type: none"> <li>We will strive to ensure compliance in this area within finite resources. Please note: This is resource dependent and adversely affected by Government moratorium of recruitment of staff, covering maternity leave, sick leave etc. While every effort is made to ensure that a child has an allocated social worker, this also needs to be balanced with other needs within Children and Family Services. Full compliance may not be possible until national situation improves.</li> </ul> <p><b><u>Action 16</u></b></p> <ul style="list-style-type: none"> <li>We will strive to ensure compliance in this area within finite resources.</li> <li>Currently developing a protocol whereby any monitoring visit to a foster placement by a social worker (Link SW or Child's SW) will be recorded and shared between relevant social work team and FRU [Fostering Resource Unit].</li> </ul> <p><b>Monitoring of Implementation</b></p> <p>Training, Supervision, Audit and Reviews: These actions will be supported through targeted audits will be conducted to ensure effective implementation on a bi-annual basis, and FRU management will monitor the ongoing implementation of these actions through professional supervision and case file reviews.</p> <p><b><u>Action 17</u></b></p> <ul style="list-style-type: none"> <li>This action will be supported through targeted audits which will be conducted to ensure effective implementation on a bi-annual basis, and FRU [Fostering Resource Unit] and Social Work Department management will monitor the ongoing implementation of these actions through professional supervision and case file audits.</li> <li>All FRU social work staff will be afforded allocated time in which to ensure compliance with file maintenance as agreed in supervision.</li> <li>A training needs analysis will be conducted by FRU management and local Work Force Development to ensure that all staff who require training will be facilitated.</li> </ul>	<p><b>Ongoing</b> <b><u>Responsible:</u></b> National, Regional, Area management</p> <p><b>Ongoing</b> <b><u>Responsible:</u></b> Area Management Team</p> <p><b>Ongoing</b> <b><u>Responsible:</u></b> FRU Management Team</p>

<p><b><u>Action 18</u></b></p> <ul style="list-style-type: none"> <li>▪ This action will be supported through targeted audits will be conducted to ensure effective implementation on a bi-annual basis, and FRU [Fostering Resource Unit] and Social Work Department management will monitor the ongoing implementation of these actions through professional supervision and case file audits.</li> <li>▪ FRU and Cork Area Management Team will continue to liaise with the National Office with regard to Policy development relating to Alternative Care and will endeavour to implement said policies within finite resources.</li> </ul>	<p><b>Ongoing</b> <b><u>Responsible:</u></b> FRU Management Team</p>
<p><b><u>Action 19</u></b></p> <ul style="list-style-type: none"> <li>▪ The assessment of needs included in the Standard Business Process care plan will continue to be completed on all children admitted to foster care.</li> <li>▪ The Standard Business Process has been implemented on a phased basis and will continue to be reviewed as per Children's First guidelines.</li> <li>▪ Area Team Leaders will review all new admissions to care to ensure that needs assessments are completed within set time frames and within finite resources.</li> <li>▪ Area Teams will ensure that children are aware of needs assessment outcomes and that child's voice is part of this assessment.</li> <li>▪ Area Teams will ensure that copies of needs assessments outcomes are given to Fostering Resource Unit.</li> <li>▪ FRU [Fostering Resource Unit] will ensure that this information is shared with foster carers to enable them to provide quality care.</li> <li>▪ The Area Principal Social Worker will report monthly to the Area Management Team where the requirement has not been met and reasons for non compliance. This may be also escalated through the Risk and Incident Escalation Policy.</li> </ul>	<p><b>Ongoing</b> <b><u>Responsible:</u></b> Area Management Team</p>
<p><b><u>Action 20</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop system whereby the FRU [Fostering Resource Unit], all foster carers and Link social workers receive copies of the Child Care Plans and Reviews of Care Plans.</li> </ul>	<p><b>Ongoing</b> <b><u>Responsible:</u></b> FRU Management Team</p>

<p><b>Monitoring of Implementation</b></p> <p>Training, Supervision, Audit and Reviews: These actions will be supported through the delivery of staff training. Targeted audits will be conducted to ensure effective implementation on a bi-annual basis, and Area management team will monitor the ongoing implementation of these actions through supervision and case file reviews.</p>	
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**Outcome 6 – Each child receives high quality care from carers that have been appropriately assessed and approved.**

**Action 21 required:**

The Cork Area should ensure that all foster carers are assessed and approved in accordance with the time frames set out in the standards and regulations.

**Action 22 required:**

The Cork Area should ensure that the approval status of each foster carer is clearly recorded on their files and updated accordingly.

**Action 23 required:**

The Cork Area should ensure that all outstanding assessments of relative carers are concluded and that future assessments of relative carers are progressed in accordance with the timelines as outlined in the standards and regulations.

**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:**

HSE response:

**Action 21**

- Systemic review of current practices with a view to identifying avoidable blocks to completion within required time frame and to ensure remedial action is implemented where possible within finite resources.

**Action 22**

- Currently all new applicants presented to the Foster Care Committee for approval have clear recommendations regarding their approval criteria. This is recorded in the letter to applicants and link social

**Ongoing Responsible:**  
FRU Management Team

**Currently in place, ongoing and End Quarter 4 2014**

<p>workers and copies maintained on fostering files.</p> <ul style="list-style-type: none"> <li>Approval criteria is included as part of the Foster Care Review and current approval status endorsed by Foster Care Committee is recorded on fostering files and in letters to foster carers.</li> </ul> <p><b>Action 23:</b></p> <ul style="list-style-type: none"> <li>Ongoing monitoring system as per FRU [Fostering Resource Unit] Waiting list protocol in place to identify high priority cases for assessments.</li> <li>Strategy meeting will take place between Children in Care Teams and Fostering Management Team to identify any potential risks to children.</li> <li>There will be formal recording of meetings and the risk assessment of placements will be included in the supervision, support and training plan for carers and recorded on foster files.</li> <li>Robust action plans and safety plans will be put in place to address identified risks.</li> <li>The FRU Principal Social Worker will report monthly to the Area Management Team on the status of Relative/36.1 Assessments at the area monthly meeting. This will ensure oversight and monitoring as well as effective information sharing.</li> </ul> <p><b>Monitoring of Implementation</b> Management will monitor the ongoing implementation of these actions through Risk and Incident Escalation Form system and measuring the pressure reports on a monthly basis.</p>	<p><b>Responsible:</b> FRU Management Team</p> <p><b>Ongoing Responsible:</b> FRU Management Team and Area Management Team</p>
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**Outcome 7 – Carers is supported to provide high quality care through ongoing participation in relevant training, supervision and reviews.**

**Action 24 required:**

The Cork Area should ensure that all foster care households are assigned a link social worker.

**Action 25 required:**

The Cork Area should ensure that all foster carers are visited and supervised in line with the regulations and that these sessions are recorded appropriately.

**Action 26 required:**

The Cork Area should ensure that a centralised record of training needs and training provision to foster carers is maintained.



<p><b>Action 27 required:</b></p> <p>The Cork Area should ensure that foster carers attend training recommended by the Foster Care Committee.</p>	
<p><b>Action 28 required:</b></p> <p>The Cork Area should ensure that it evaluates all training provided to foster carers to ensure it is effective and meets their requirements.</p>	
<p><b>Related reference:</b></p> <p>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</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale and post holder responsible:
<p>HSE response:</p> <p><b><u>Action 24:</u></b></p> <ul style="list-style-type: none"> <li>While every effort is made by the Cork Area Fostering Team to ensure that a foster carer has an allocated social worker within the resources available, this is resource dependent and adversely affected by Government moratorium of recruitment of staff, covering maternity leave, sick leave etc. Full compliance may not be possible until national situation improves. In the interim, FRU [Fostering Resource Unit] management provides a service when required to unallocated foster carers.</li> <li>Monthly support groups facilitated by Social Workers are currently ongoing.</li> </ul> <p><b><u>Action 25</u></b></p> <ul style="list-style-type: none"> <li>The FRU [Fostering Resource Unit] will review its current guidance document on the supervision and support of foster carers to ensure adequate support and supervision of practice.</li> </ul> <p><b>Monitoring of Implementation</b> FRU manager and Team Leaders will monitor the ongoing implementation of these actions through professional supervision and case file review audits.</p>	<p><b>Ongoing Responsible:</b> National, Regional and Area Management Team</p> <p><b>End Quarter 1 2014 Responsible:</b> FRU Management Team</p>

<p><b><u>Action 26</u></b></p> <ul style="list-style-type: none"> <li>Introduce central training register within the FRU [Fostering Resource Unit] to record compliance and uptake by foster carers.</li> </ul> <p><b><u>Action 27</u></b></p> <ul style="list-style-type: none"> <li>A comprehensive training programme is currently ongoing in 2013 and held throughout the county with day and evening events to facilitate attendance.</li> <li>Training is currently identified as key recommendation in all Foster Carer Reviews – that foster carers attended minimum of one relevant training per year.</li> <li>FRU [Fostering Resource Unit] will continue to encourage all foster carers to attend training but it must be noted that foster carers cannot be forced to attend.</li> </ul> <p><b><u>Action 28</u></b></p> <ul style="list-style-type: none"> <li>A training needs analysis will be undertaken through the following: feedback from foster carers on current training programmes, feedback from link social workers, feedback from EPIC and IFCA on the needs expressed by children in foster care.</li> </ul> <p><b>Monitoring of Implementation</b> FRU manager and Team Leaders will monitor the ongoing implementation of these actions through professional supervision and case file review audits.</p>	<p><b>End Quarter 1 2014</b> <u>Responsible:</u> FRU Management Team</p> <p><b>Ongoing</b> <u>Responsible:</u> FRU Management Team</p> <p><b>End Quarter 3 2014</b> <u>Responsible:</u> FRU Management Team</p>
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**Outcome 8 – Effective governance, leadership and management arrangements enable the full range of children’s needs to be met.**

**Action 29 required:**

The Cork Area should ensure that all national policies in relation to foster care are fully implemented and training is provided to support social work staff in implementing these policies.

**Action 30 required:**

The Cork Area should ensure that identified risks, due to staff vacancies, are addressed to mitigate any potential risks to the outcomes for children.

**Action 31 required:**

The Cork Area should ensure it strategically plans to meet the needs of children placed in foster care including a system of gathering and recording relevant information to facilitate effective planning of the foster care services that meets the needs of children placed in foster care.

**Action 32 required:**

The Cork Area should ensure that there are a sufficient number of social workers employed to undertake the duties of the child and family social worker and link worker in compliance with statutory regulations.

**Action 33 required:**

The Cork Area should ensure that there are sufficient foster carers in the service to meet the range of needs and numbers of children requiring foster care, including emergency placements.

**Action 34 required:**

The Cork Area should ensure that there is regular evaluation of recruitment campaigns and retention strategies to ensure the diverse needs of children are met.

**Action 35 required:**

The Cork Area should ensure that a sufficient number of special foster carers are recruited, trained and supported in accordance with the standards.

**Action 36 required:**

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

**Action 37 required:**

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

**Related reference:**

## Standard 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

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

**Timescale and post holder responsible:**

HSE response:

## **Action 29**

- FRU [Fostering Resource Unit] and Cork Area Management Team will continue to liaise with the National Office with regard to Policy development relating to Foster Care and will endeavour to implement said policies within finite resources.
- HSE South regional fostering group will continue to provide oversight that all national policies in relation to foster care are fully implemented and ongoing is provided to support social work staff in implementing these policies.
- The group chair regular updates to the Regional Director and National Alternative Care manager

**Ongoing**  
Responsible:  
Area Management  
Team

### **Action 30**

- We will strive to ensure compliance in this area within finite resources. Please note: This is resource-dependent and adversely affected by Government moratorium of recruitment of staff, covering maternity leave, sick leave etc. Full compliance may not be possible until national situation improves. This is being addressed at Regional and National through the Risk Management and Due Diligence Policy.

**Ongoing**  
Responsible:  
National, Regional  
and Management  
Team

### Action 31

The FRU [Fostering Resource Unit] will continue to gather the following information which will be recorded and analysed to facilitate effective planning of foster care services in the Cork

**Ongoing and End  
Quarter 4 2014**  
Responsible:

<p>Area to ensure that it meets the needs of children placed in its care.</p> <ul style="list-style-type: none"> <li>2012 Annual report of the Foster Care Committee</li> <li>Outcome of Monitoring Officer's report</li> <li>Feedback from social work staff through professional supervision</li> <li>Outcome of audits and actions</li> <li>Monthly and Quarterly activity data reports</li> <li>Monthly review of fostering referral profiles to identify key themes and issues</li> <li>Feedback from foster carers at training and support groups</li> <li>FRU and Area Teams are liaising with EPIC to develop a mechanism for children in foster care to provide feedback on their needs.</li> </ul> <p><b>Action 32</b></p> <ul style="list-style-type: none"> <li>We will strive to ensure compliance in this area within finite resources. Please note: This is resource-dependent and adversely affected by Government moratorium of recruitment of staff, covering maternity leave, sick leave etc. Full compliance may not be possible until national situation improves. This is being addressed at Regional and National through the Risk Management and Due Diligence Policy.</li> </ul> <p><b>Action 33</b></p> <ul style="list-style-type: none"> <li>A recruitment campaign for foster carers is currently ongoing by the National Office. This campaign has generated a good level of interest in fostering. The FRU will continue to ensure that the suitable candidates are identified and processed as efficiently as possible within finite resources to best meet the needs of children in care.</li> </ul> <p><b>Action 34</b></p> <ul style="list-style-type: none"> <li>The FRU [Fostering Resource Unit] will review relevant recruitment data at Local, Regional and National Level.</li> <li>The FRU will record and analyse feedback from Exit Interviews of foster carers leaving the service and the Foster Carer Reviews. These will inform strategies in supporting and retaining foster carers in the Fostering Service.</li> <li>The FRU are currently linked in with key partner agencies to develop strategies to better meet the needs of children in care and their foster carers</li> </ul>	<p>FRU Management Team</p> <p><b>Ongoing</b> <u>Responsible:</u> National, Regional &amp; Management Team</p> <p><b>Ongoing</b> <u>Responsible:</u> National, Regional, Management Team &amp; FRU management team</p> <p><b>End Q4 2014 &amp; ongoing</b> <u>Responsible:</u> FRU management team</p>
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<p><b><u>Action 35</u></b></p> <ul style="list-style-type: none"> <li>▪ A recruitment campaign for foster carers is currently ongoing by the National Office. This campaign has generated a good level of interest in fostering. The FRU [Fostering Resource Unit] will continue to ensure that the suitable candidates are identified and processed as efficiently as possible within finite resources to best meet the needs of children in care and this will also include carers for children with special needs.</li> </ul> <p><b><u>Action 36</u></b></p> <ul style="list-style-type: none"> <li>▪ Copies of the National Policy and Procedure “Speak Up Speak Out” How to make a complaint in foster care will be given to foster carers and parents as well as “Your Service Your Say” Policy document.</li> <li>▪ The Children and Family Support Agency is currently working on a revised national complaints policy and this will be implemented when available.</li> </ul> <p><b><u>Action 37</u></b></p> <ul style="list-style-type: none"> <li>▪ The Cork Area currently collects data on a monthly basis relating to complaints about the service. This data will inform the evaluation and planning of Services at local, regional, national level</li> </ul> <p><b>Monitoring of Implementation</b> Training, Supervision, Audit and Reviews: FRU and Area management teams will monitor the ongoing implementation of these actions through supervision and case file reviews.</p>	<p><b>Ongoing</b> <u>Responsible:</u> FRU management team and Area Management Team</p> <p><b>In place and ongoing</b> <u>Responsible:</u> FRU management team and Area Management team</p>
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<p><b>Outcome 9 – Children are supported by staff members that have appropriate qualifications, supervision and training.</b></p>	
<p><b>Action 38 required:</b></p> <p>The Cork Area should ensure that a training needs analysis for staff is carried out by the area to inform their training programme.</p>	
<p><b>Action 39 required:</b></p> <p>The Cork Area should ensure that a centralised record of training needs and training provision to staff is maintained.</p>	
<p><b>Related reference:</b></p> <p>Standard 20: Training and qualifications</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale and post holder responsible:
<p>HSE response:</p> <p><b><u>Action 38</u></b></p> <ul style="list-style-type: none"> <li>▪ The national Workforce Development office is currently developing training strategy.</li> <li>▪ The Area Management team will liaise with the Regional Workforce Development to develop a training needs analysis for all staff in the Cork area that will tie in with the national training strategy.</li> </ul> <p><b><u>Action 39</u></b></p> <ul style="list-style-type: none"> <li>▪ This is currently maintained by the Local Area Workforce Development department.</li> <li>▪ Professional supervision will review training needs of individual staff through the Performance Appraisal system which is due to be piloted in 2014 in the FRU [Fostering Resource Unit] and one Area Team.</li> </ul> <p><b>Monitoring of Implementation</b></p> <p>Training, Supervision, Audit and Reviews: FRU and Area management teams will monitor the ongoing implementation of these actions through supervision and case file reviews.</p>	<p><b>Ongoing and Quarter 4 2014</b> <u>Responsible:</u> Area Management team</p> <p><b>End Quarter 4 2014</b> <u>Responsible:</u> FRU management team and Area Management team</p>

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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@hiqa.ie](mailto:info@hiqa.ie)  
URL: [www.hiqa.ie](http://www.hiqa.ie)

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