



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# **National Audit of Foster Care Services**

## **Final Report**

April 2010.

## **Summary of Findings**

### **Foster Care Committees**

- Most foster care committees retain the old health board structure
- No HSE Area has an overarching committee
- All but three LHOs have foster carers on their committees
- Few representatives from the NGO sector, or persons with experience of care, serve on foster care committees

### **Assessment of foster carers and relative carers**

- 22 LHOs had assessed and approved carers in accordance with the Regulations
- 10 LHOs were not fully compliant, indicating that older placements were made prior to the introduction of Regulations
- 110 assessments of foster carers are outstanding
- 689 assessments of relative carers are outstanding – DNE 285, DML 248, South 66, West 88

### **Assessment of the circumstances of the child**

- 282 children are without a comprehensive needs assessment placed with approved foster carers, and 27 so placed with unapproved carers
- There are 101 children without a comprehensive needs assessment placed with approved relative carers and 166 placed with unapproved relatives

### **Religion**

- There was full compliance with the requirement to consult /parents guardians and meet their wishes regarding religious upbringing.

### **Contract with Foster Carers and Relative Carers**

- It is standard practice for foster carers and relatives to sign contracts
- It is not standard practice to issue foster carers and relative carers with contracts as required.

### **Information on the child**

- 15 LHO provided all the required information to foster carers and 13 provided it to relative carers
- 17 LHO did not provide all the information to foster carers and 15 did not provide it to relative carers

### **Care Plans**

- There are 606 outstanding Care Plans for children in foster care, representing 18% of all children in foster care
- There are 572 outstanding Care Plans for children in relative care, representing 34% of all children in relative care

### **Reviews**

- At least 514 children in foster care are without a review of their Care Plan
- At least 289 children in relative care are without a review of their Care Plan

**Maintenance of registers**

- There was 100% compliance with the requirement to establish a register of children in foster care and relative care
- 4 LHOs reported that their registers were not fully up to date

**Case Records**

- There was a 65% compliance with the requirement to have placement-specific case records
- There was 35% partial compliance, with no LHO being totally non-compliant.

**Training**

- Most LHOs have an active training programme in place for foster carers
- Relatives are much less likely to be offered, or to take up, training.

**Supervision and visitation of children**

- 2947 in foster care have an allocated social worker
- 481 children in foster care do not have an allocated social worker
  
- 1368 children in relative care have an allocated social worker
- 334 children in relative care do not have an allocated social worker

**Special Reviews**

- 54 Special Reviews were requested by foster carers and 53 were held
- 1 Special Review was requested and held for a child in relative care

**Frequency of admissions**

- 522 children had between 1-5 admissions to foster care
- 224 children had between 1-5 admissions to relative care

**Removal at request of foster carer or relative carer**

- 93 requests for removal were received from foster carers
- 18 requests for removal were received from relative carers
- Only 14 requests were in writing as required

**Review of foster carers**

- There are in excess of 1500 reviews of foster carers outstanding ,( i.e. an evaluation of their continued capacity to foster)

**Monitoring**

- 12 LHOs reported having the service of a monitor which they shared with other LHOs

**Termination**

- All LHOs complied with the requirement to notify carers of a HSE intention to remove a child and to provide an explanation for same.

## **Introduction**

The purpose of this report is to benchmark HSE compliance with its statutory obligations in relation to foster care and relative care as prescribed in the Child Care (Placement of Children in Foster Care) Regulations, 1995, the Child Care (Placement of Children with Relatives) Regulations, 1995 and the National Standards for Foster Care (2003); to identify areas where services are working well; and to highlight areas for service improvement where the audit reveals deficiencies in service delivery.

A Preliminary Analysis Report, based on summary information, was issued in January 2010. Appendix 1 in this report provides a synopsis of the information contained in that report.

This report provides a considerable amount of new information in relation to the performance of the HSE regarding the provision of services to children, foster carers and relative carers.

## **Methodology**

A detailed questionnaire was issued to the thirty-two Local Health Offices nationally with a return date of October 30<sup>th</sup> 2009 (Appendix 2). As such there was a reliance on respondents to self-report in relation to their own performance. However, the data sought was primarily quantitative in nature. The data examined primarily related to the situation as it pertained between January 1<sup>st</sup> and October 30<sup>th</sup> 2009.

Some of the questions in the questionnaire sought information in relation to timeframes and schedules, for example a schedule indicating when all children placed in an emergency will have a Care Plan. As these types of questions were not answered in every case they have not been relied upon to any great extent in the body of the report.

The Preliminary Analysis Report was based entirely upon summary information provided in Section 1 of the questionnaire. Some of the questions were then repeated in the body of the report. For example Questions 1.15 and 12.1 both asked: 'Has each child in foster care got an allocated social worker?' Yet, some of the replies to the two identical questions varied in a number of cases. This may be explained by the questions being answered on different days and, given that the data may change from day to day; there may be a variation in the data. For the sake of consistency, as the replies to Question 12.1 were used in the Preliminary Analysis Report (January, 2010), that information is also relied upon in this report.

Throughout the report a distinction is made between foster carers and relative carers, unless where otherwise stated. Therefore, references made to foster carers may be interpreted as being attributed to non-relative carers only.

## 1. Foster Care Committees

Foster Care Committees encompass both foster care and relative care. Most have retained the old health board structure either by operating a stand-alone committee along county lines or, as in Dublin mid Leinster and County Cork, a committee shared by former Community Care Areas. Dublin North West, Dublin North Central and Dublin North have imminent plans to merge their committees, as it was in the former Northern Area Health Board. None of the four HSE Areas has an overarching regional committee.

The average size of a Foster Care Committee is 6.5 members. Roscommon has the largest Committee, with thirteen internal members and one external member. The smallest committees are in Dublin North and Mayo, who each have five internal members and one external member. County Cork has a committee with four internal and three external members.

Most committees are chaired by a Child Care Manager. The Chair in Dublin North is a Manager of Disability Services (and former PSW). Donegal has an independent chairperson, in Sligo/Leitrim the chair is a retired Child Care Manager and the LHOs comprising the former East Coast Area Health Board is chaired by a Child Care Specialist.

Membership of Foster Care Committees is wide and varied; however most members are social workers. The following grades are represented, at various levels of seniority and deployment:

- Social Work
- Social Care (community)
- Social Care (residential)
- Child Care Manager
- Child Care Specialist
- Administrator
- Public Health Nursing
- Area Medical Officer
- Psychology
- Family support worker
- Pre-school work
- Aftercare
- Physiotherapy

Most external members are foster carers. Dublin North West, Dublin North Central and Dublin North are the only LHOs that do not have a foster care representative, as required by the National Standards for Foster Care, although plans are afoot to rectify this. Kildare/West Wicklow reported having no foster carer, but does have a representative from the Irish Foster Care Association. Some committees have two, or even three, foster care representatives.

There are a handful of representatives from relevant sections of the voluntary sector, confined to Dublin North, Dublin South City, Sligo/Leitrim, Clare and Limerick. In addition, committees in Dublin North Central, Meath, Cavan/Monaghan, have members who have experience of being in care. In Donegal the Medical Advisor is a member of the committee.

Within Dublin mid-Leinster, the Family Placement Initiative is a separate service serving the four LHOs that were originally part of the former South Western Area Board. It recruits and trains its own foster carers; but does not have a role in relation to relative foster care. Information regarding children placed with this service has been incorporated into the overall figures supplied by DML.

Table 1: Structure of foster care committees

<b>Foster Care Committees</b>	<b>Dublin North East</b>	<b>Dublin Mid Leinster</b>	<b>South</b>	<b>West</b>
<b>Local committee</b>	6	1	5	8
<b>Regional committee</b>	0	8	4	0
<b>Ave. no. internal members</b>	6.5	7	5	8
<b>Ave. no. external members</b>	2	1.3	2	2.25
<b>Multi-disciplinary</b>	yes	yes	yes	yes
<b>Foster carer as member</b>	3 yes 3 no	yes	yes	yes

- *Foster care committees should be aligned with the emerging new administrative structures*
- *Committees should have at least one foster/relative carer representative*
- *Consideration should be given to the involvement of relevant representatives from the NGO sector and from persons with personal experience of the care system*

## **2. Assessment of Foster Carers and Relative Carers**

Section 5 of the Regulations set out a number of pre-conditions that must be present before a carer can be approved and placed on a panel. This includes a report from a medical practitioner, references, Garda clearance, an assessment of suitability, a written report considered by a placement committee and the provision of advice, guidance and training to the applicants.

### **Foster Carers**

Twenty-two (22) LHOs indicated that each carer was assessed and approved in accordance with the Regulations.

Ten (10) LHOs were not fully compliant, between them accounting for 110 outstanding or incomplete assessments. Several of these LHOs reported that many of the assessments applied to placements that were in place since before the 1995 Regulations. Meath indicated that several families were recruited before current assessment standards were introduced. Dublin South East stipulated that all of their (13) outstanding assessments had received emergency approval. Waterford indicated that nine of its outstanding cases were under assessment at the time of reporting.

The following table indicates the LHOs which have outstanding assessments and the numbers involved:

Table2: number of foster care assessments outstanding

<b>LOCAL HEALTH OFFICE</b>	<b>Assessments Outstanding</b>
<b>Dublin North East</b>	
Dublin North West	20
Dublin North Central	7
Dublin North	5
Meath	<i>Not specified</i>
Cavan/Monaghan	26
<b>Dublin mid-Leinster</b>	
Dublin South	7
Dublin South East	13
Dublin West	1
Laois/Offaly	3
<b>South</b>	
Waterford	28
<b>West</b>	0
<b>Total</b>	<b>110</b>

### **Relative Carers**

Only Longford/Westmeath, Wexford and Limerick reported full compliance with the Regulations. The remaining twenty-nine (29) LHO who were not fully compliant accounted for 689 outstanding assessments

The following tables indicate the number of outstanding or incomplete assessments in each HSE Area:

Table 3: Number of outstanding/incomplete assessments, DNE

Dublin North West	124
Dublin North Central	127
Dublin North	22
Louth	6
Meath	5
Cavan/Monaghan	1
<b>Total</b>	<b>285</b>

Table 4: Number of outstanding/incomplete assessments, DML

Dublin South	41
Dublin South East	13
Dublin South City	24
Dublin South West	64
Dublin West	28
Kildare/West Wicklow	32
Wicklow	37
Longford/Westmeath	0
Laois/Offaly	9
<b>Total</b>	<b>248</b>

Table 5: Number of outstanding/incomplete assessments, South

South Lee	6
North Lee	11
West Cork	4
North Cork	4
Kerry	16
South Tip.	3
Waterford	22
Wexford	0
Carlow/Kilkenny	2
<b>Total</b>	<b>66</b>

Table 6: Number of outstanding/incomplete assessments, West

Galway	50
Mayo	2
Roscommon	7
Donegal	10
Sligo/Leitrim	4
Clare	10
North Tip.	5
Limerick	0
<b>TOTAL</b>	<b>88</b>

These figures indicate that 86% of outstanding or incomplete assessments are in respect of relative carers.

The situation is most marked in Dublin North East and Dublin mid-Leinster, which between them account for 78% of the national total. Within Dublin North East the locus is Dublin North West and Dublin North Central while, in Dublin mid-Leinster, the backlog is more evenly spread.

### **Emergency placements**

Section 6 of the Regulations pertaining to relatives provides for emergency placements in particular circumstances. Preconditions for such placements include that the relatives are interviewed, their home is visited and other relevant enquiries are made. Twenty-eight (28) LHOs indicated that they were fully compliant in this respect.

The four exceptions, all in HSE West, were Roscommon, Donegal, Sligo/Leitrim and Limerick. Limerick was unable to provide information in relation to this issue. Donegal reported that preconditions were outstanding in twenty-one (21) cases.

Roscommon and Sligo reported difficulties in getting Garda clearance in a timely manner. Roscommon had three assessments which were waiting for Garda vetting. Sligo/Leitrim, while not specifying a number, reported that it was not possible to get Garda clearance from the central vetting office in advance of placements. It is noted that the National Alternative Care Committee recently highlighted the fact that, in general, Garda clearance is taking up for four months to acquire.

- *A national protocol is required which gives parity to relatives in relation to the allocation and prioritisation of foster care applications and assessments.*

### 3. Assessment of the circumstances of the child

The National Standards for Foster Care stipulate that an assessment of a child's needs should be made prior to placement or, in the case of emergencies, as soon as possible thereafter. The needs assessment should be comprehensive and, where appropriate, multi-disciplinary. The Regulations further stipulate that consideration should be given to the emotional, psychological, medical, educational and other needs of children. An essential criterion is that a decision to place a child in foster care or relative care is based on an assessment which determines this to be in the child's best interest.

Many respondents made the point that no standardised national template exists for the assessment of children's needs. As a result many local variations are in use; and the nature, quality and comprehensiveness of these also appear to vary greatly. It is noted that the National Care Planning Project sets out to develop a case management system that incorporates an age-related assessment framework.

The so-called Form E (information on children), originally based on a template devised by the British Association of Adoption and Fostering (BAAF) is widely, but not universally, used. Localised practices also exist. For example, in Dublin South City a local initial assessment and assessment framework is in use. In South Tipperary placement profiles of children are used in planned placements. In Limerick child protection assessments are made available where a child is placed in care. Donegal reported that assessments are undertaken but that they are not compliant with the national Standards.

A significant number of responses stressed that many of the children whose needs were not comprehensively assessed were originally placed in an emergency situations. Several respondents stressed that initial assessments had been carried out prior to placement.

The point was also made that many children who are in long term care had no specific assessment prior to their placement being made.

Table 7: Children in approved placements without comprehensive needs assessment:

<b>HSE AREA</b>	<b>Children with approved foster carers</b>	<b>Children with approved relative carers</b>
<b>Dublin North East</b>		
Dublin North	126	0

West		
Dublin North Central	45	3
Dublin North	7	4
Louth	16	9
Meath	4	<i>Not specified</i>
<b>DML</b>		
Dublin South	60	14
Dublin South East	4	2
<b>SOUTH</b>		
Kerry	5	0
Waterford	0	11
Carlow/Kilkenny	10	4
<b>WEST</b>		
Galway	0	50
Sligo/Leitrim	5	4
<b>Total</b>	<b>282</b>	<b>101</b>

Table 8: Children in unapproved placements without comprehensive needs assessment:

<b>HSE AREA</b>	<b>Children with unapproved foster carers</b>	<b>Children with unapproved relative carers</b>
<b>Dublin North East</b>		
Dublin North West	7	16
Dublin North Central	3	64
Dublin North	1	3
Louth	0	8
<b>DML</b>		
Dublin South	3	23
Dublin South East	4	2
Kildare/West	0	4

Wicklow		
Kerry	0	6
South Tip.	0	2
Waterford	0	19
<b>WEST</b>	0	0
Galway	0	8
Roscommon	5	11
Sligo/Leitrim	4	0
<b>Total</b>	<b>27</b>	<b>166</b>

The largest cohort of children (282), representing 49%, are placed with approved foster carers. At first glance this is an incongruent finding, given that emergency placements were cited as a common reason for a comprehensive needs assessment being absent in advance of the placement. Since there are special provisions in the Regulations to place children with relatives in emergencies, a logical expectation would have been to find most children, whose needs were not assessed, to be placed with relatives. In fact, children placed with unapproved relative carers, where the child's needs were not assessed, account for just 29%. A further 18% were placed with approved relative carers. However, a likely explanation for the high percentage of children in approved foster care families is that they are in long term placements. Several respondents reported that such children were placed at a time when different criteria applied to needs assessment.

The remaining 4% of children were placed with unapproved carers.

Table 9: Children without comprehensive needs assessment as percentage:

<b>Category</b>	<b>Percentage</b>
Placed with approved carers	49%
Placed with unapproved relatives	29%
Placed with approved relatives	18%
Placed with unapproved carers	4%

- *A standardised national framework is required for assessing children's need for alternative care*

## 4. Religion

In respect of both foster carers and relative carers, 100% of respondents indicated that parents or Guardians were consulted, and their wishes respected, regarding the religious upbringing.

The only exception was in cases of child abandonment where the parents could not be contacted. Several respondents pointed out that Reception into Care Forms and Care Plans had sections dealing with the wishes of parents and guardians.

Similarly, all LHOs reported that arrangements are in place to inform Guardians in the event of their wishes not being adhered to for any reason. Several respondents made the point that the issue had not as yet arisen.

## 5. Contract with Foster Carers and Relative Carers

The results show that, whereas it is standard practice for foster carers and relative carers to sign contracts, it is not a standard practice that they are issued with a contract. In general the practice is that the original contract is used to process foster care payments while a copy is placed on the social work file. However, both the Standards and the Regulations stipulate that a written contract should be issued to carers in respect of each child placed.

Ten (10) LHOs reported that they issued a contract to foster carers and relative carers in every case. They are:

- Dublin South West
- Wicklow
- Laois/Offaly
- Kerry
- Galway
- Mayo
- Roscommon
- Sligo/Leitrim
- Clare
- North Tipperary

Some LHOs indicated that contracts are issued to long term carers only. Ten (10) LHOs issued contracts to some carers and relatives but not to others: no rationale for this was evident. Eleven (11) LHOs did not issue any contracts to carers while five (5) reported having issued none to relatives.

Table 10: Contracts issued in respect of carers and relatives

<b>Number of LHOs</b>	<b>Foster Carers</b>	<b>Relative Carers</b>
All	18	14
Some	3	7
None	11	5

Data not available	0	6
<b>Total</b>	<b>32</b>	<b>32</b>

- **A protocol is required governing the issuing of contracts to carers in respect of each child placed**

## 6. Information on the child

Schedule 2 of the Regulations stipulates that basic, prescribed, information on the child is provided to foster carers and relative carers in advance of the child being placed. The national Standards require a higher level of information on the child be provided and sets out in some detail the areas to be covered. Neither the Regulations nor the Standards stipulate that information on the child should be in writing, although this is clearly preferable. However, the Standards do stipulates that written information is provided on complaints and allegations; and on procedures to follow when children who go missing.

Where a child is known to the service most of the information is readily available. However, in terms of format, it is more likely to be found within the personal knowledge of a social worker, or in a variety of files, than on one, conveniently available, record.

The questionnaire asked if *all* information was provided when the child is placed. It is evident from the replies that, while not all information is always supplied, known information is usually provided verbally at the time of placement. Yet, as some replies acknowledged, this can easily be forgotten by carers. Verbal information is also imparted at preparatory courses and support groups, particularly in relation to policies and procedures.

As the following table shows, there is no appreciable difference between foster carers and relative carers regarding the provision of information on children.

Table 11: Compliance with Standards re all information on the child

<b>Number of LHOs</b>	<b>Foster Carers</b>	<b>Relative Carers</b>
Yes	15	13
No	17	15
Data not available	0	4
<b>Total</b>	<b>32</b>	<b>32</b>

As was pointed out by a number of respondents, there is a correlation between capacity to meet the information requirements and the availability of a link worker to the foster carers. It is much more likely that an information deficit will occur where there is no link worker.

- **A checklist of required information should be drawn up for inclusion in local admission to care procedures**

## 7. Care Plans and Reviews

### Care Plans

In overall terms there were 606 outstanding Care Plans for children in foster care. In percentage terms this means that 18% of children in foster care do not have an up-to-date Care Plan. However, 312 (51%) of these 606 children were described as having been placed in an emergency.

This is most marked in Dublin North East where 221 children (30%) do not have a Care Plan. This is followed by HSE South where 216 children (20%) are without a Care Plan. In Dublin mid-Leinster 148 children, or 17%, have no Care Plan while, in HSE West 21 children (3%) are similarly affected.

The deficit increases dramatically for children in relative care. There 572 children, representing 34% of the national total of children in relative care, are without an up-to-date Care Plan. However, 375 of these children (65%) were reported as having been placed in emergency situations.

Again the situation is most marked in Dublin North East where 268 children, or 54% of children in relative care in that Area, are without a Care Plan. This is followed by Dublin mid-Leinster where 170 children (37%) do not have a Care Plan. In HSE South there are 116 children (26%), while in HSE West there are 18 children (6%).

The following table provides a national overview:

Table 12: Number of children with no Care Plan: national

<b>HSE Area</b>	<b>Children in foster care</b>	<b>Children in relative care</b>
DNE	221	268
DML	148	170
South	216	116
West	21	18
<b>Total</b>	<b>606</b>	<b>572</b>

The following four tables provide a breakdown of these figures by HSE Area:

Table 13: Number of children with no Care Plan, DNE

<b>LHO</b>	<b>Outstanding Foster care</b>	<b>Outstanding relatives</b>
Dublin North West	126	154
Dublin North Central	61	108
Dublin North	1	4
Louth	11	1
Meath	22	1
Cavan/Monaghan	0	0
<b>Total</b>	<b>221</b>	<b>268</b>

Table 14: Number of children with no Care Plan, DML

<b>LHO</b>	<b>Outstanding Foster care</b>	<b>Outstanding relatives</b>
Dublin South	6	14
Dublin South East	5	2
Dublin South Central	7	34
Dublin South West	12	12
Dublin West	53	24
Kildare/West Wicklow	31	19
Wicklow	20	53
Longford/Westmeath	0	0
Laois/Offaly	14	12
<b>Total</b>	<b>148</b>	<b>170</b>

Table 15: Number of children with no Care Plan, South

<b>SOUTH</b>	<b>Outstanding Foster care</b>	<b>Outstanding relatives</b>
South Lee	18	36
North Lee	68	31
West Cork	19	10
North Cork	2	2
Kerry	16	16
South Tip.	47	5
Waterford	41	11
Wexford	5	5
Carlow/Kilkenny	0	0
<b>Total</b>	<b>216</b>	<b>116</b>

Table 16: Number of children with no Care Plan, West

<b>LHO</b>	<b>Outstanding Foster care</b>	<b>Outstanding relatives</b>
Galway	2	8
Mayo	9	0
Roscommon	6	8
Donegal	0	0
Sligo/Leitrim	0	0
Clare	0	0
North Tip.	0	0
Limerick	4	2
<b>Total</b>	<b>21</b>	<b>18</b>

### **Reviews**

The Regulations prescribe timelines by which reviews should take place. The first should take place within two months of the placement. Further reviews should be held at least every six months for the first two years; and at least annually thereafter. The Standards reiterate these legally defined time limits and add further criteria in relation to the conduct of such reviews.

Nine LHOs were unable to provide information regarding outstanding Reviews for children in foster care, while eight LHOs could not do so for children in relative care. The primary reasons provided for this were staff vacancies, volume of work and information systems that did not readily provide this information. Because of the deficit of information it is not possible to provide the same level of statistical analysis for reviews as was provided for Care Plans. However, the following table is based upon returns received:

Table 17: Number of children without a Care Plan Reviews

	<b>Foster care*</b>	<b>Relative care**</b>
DNE	267	123
DML	25	58
South	216	92
West	6	16
<b>Total</b>	<b>514</b>	<b>289</b>

*\*Data not available for Dublin South West, Dublin West, Kildare/West Wicklow, Laois/Offaly, Waterford, Wexford, Roscommon, North Tipperary and Limerick.*

*\*\* Data not available for Dublin North West, Louth, Dublin South Central, Dublin South West, Dublin West, Laois/Offaly, North Tipperary and Wexford.*

It is noted that national guidelines for Care Planning and Children in Care Reviews was developed by Task Force 8 in 2009.

- *The implementation of national Care Plan & Review template is required which sets out the minimum requirements as prescribed by the national Standards and Regulations*
- *Regional and local action plans are required to address the backlog of Care Plans*

## **8. Maintenance of Register/s**

The Regulations require that one or more Registers be established and maintained, in perpetuity, to hold particulars of each child in foster care and relative care. This is reiterated in the Standards. The particulars to be included are prescribed.

There was a 100% compliance rate with the establishment of a Register. Twenty-four (24) LHOs holds one Register while eight (8) have two. Seventeen (17) LHOs reported having a local Register, fifteen (15) had a central Register and North Tipperary reported having one of each.

With regard to the maintenance of the Register Cavan/Monaghan, Waterford, Carlow/Kilkenny and Donegal reported that the information on their Registers was not fully up to date and complete. The information deficits were primarily described as being in relation to details of the natural and foster parents.

Twenty-seven (27) LHOs described as having a combination of manual and electronic systems. By way of example, the four Cork LHOs and Kerry reported that the record is held of MS Access but that the data has to be manually fed into the programme. South Tipperary reported having five manual registers that are fed into an IT spreadsheet. There appeared to no integration between these combined systems and any existing software systems for child care services. Longford/Westmeath and Carlow/Kilkenny reported having electronic systems, while Dublin North West and Cavan/Monaghan reported having manual systems only.

- *Consideration should be given to the identification of a software package with the capacity to hold the required information electronically*
- *Developments in this regard should be aligned to developments within the National Child Care Information Project*

## 9. Case Records

The Regulations require that, in addition to information that is placement-specific, case records should also include official documents such as birth certificates, court orders, and the foster carers' contract.

Nationally there was a sixty-five percent (65%) compliance with this requirement. It was partially met in thirty-five percent (35%) of cases, with no LHO reporting total non-compliance.

In Dublin North East there was fifty-percent (50%) compliance. Meath had 100% compliance. None of the records in Dublin North West were fully compliant; however, an audit is being undertaken to address this deficit.

Dublin mid-Leinster had forty-two percent (42%) compliance. Dublin South and Wicklow reported full compliance. Dublin South City reported that its non-compliance was confined to birth certificates and fostering contracts in some cases; while Dublin West and Kildare/West Wicklow reported a similar deficit in relation to birth certificates.

HSE South had an overall compliance of seventy-five percent (75%); with six of the nine LHOs being fully compliant.

There was an overall compliance of eighty-seven (87%) in HSE West. Six of the eight LHOs had 100% compliance.

- *A checklist is required, setting out the minimum requirements in relation to the storing of relevant information and documentation, for inclusion in local procedures*

## 10. Training

With regard to foster carers, respondents were asked how many have received training in the national programme, Foundation for Fostering. Although not all responses stipulated the actual numbers or programme, it is evident that the vast majority of LHOs have an active programme in place.

While Foundation for Fostering is the most popular programme, there is some variation with some LHOs offering other programmes. A number of LHO indicated that Foundation was either available to all new applicants or has been made available since its introduction; the inference being that it was not made available to more established foster carers.

With regard to relative carers, respondents were asked if preparation training (not Foundation for Fostering specifically) was provided. As with foster carers, actual numbers were not always given but, from those supplied, it is evident that much fewer relatives are offered, or avail of, training. A number of issues emerged in this regard.

Firstly, training for relative carers does not appear to be as high a priority as it is for foster carers. For example, four LHOs reported that no training was provided for relatives. North Tipperary indicated that this matter would be addressed when staff vacancies have been filled: yet, that LHO did manage to provide training to foster carers. Secondly, several LHOs reported a difficulty in getting relative carers to undertake training. For example, in Waterford twenty-four relatives were invited to training but only two took it up. Thirdly, a number of LHOs indicated that training packages, on the whole, are geared towards foster carers and that relatives required a training programme that is tailored to their specific needs. In this regard it is noted that Dublin North East is currently implementing a programme, Fostering Relations, which was specifically devised for this purpose.

- *Consideration should be given to making training compulsory for all foster carers and relative carers*
- *A national training programme addressing the needs of relative carers is required*

## 11. Supervision and Visiting of Children

### Allocation of social workers

The national Standards require that each child and young person in foster care and relative care has a designated social worker. As reported upon in the Preliminary Analysis Report, this Standard is not always met. That report provides a breakdown of the situation in each Local Health Office (LHO) while the following table provides national overview:

Table 18: Number of children with/without an allocated social worker

<b>Number of children in foster care:</b>	<b>DNE</b>	<b>DML</b>	<b>South</b>	<b>West</b>	<b>Total</b>
<i>With allocated social worker</i>	556	682	1007	702	<b>2947</b>
<i>Without allocated social worker</i>	184	166	83	48	<b>481</b>

<b>Number of children in relative care:</b>					
<i>With allocated social worker</i>	307	372	416	273	<b>1368</b>
<i>Without allocated social worker</i>	190	90	29	25	<b>334</b>

The national Standards require that the child and family social worker visit the child in the foster home. The Regulations, on the other hand, stipulate that ‘an authorised person’ should do so. Timeframes are prescribed in each case. The following table describes compliance with this requirement:

- *A national initiative is required to address the issue of children in care who do not have an allocated social worker*

Table 19: Number of children visited outside of the prescribed timeframe

<b>Local Health Office</b>	<b>Number of children in foster care visited outside timeframe</b>	<b>Number of children in relative care visited outside timeframe</b>
Dublin North West	54	194
Louth	3	4
Meath	22	1
Dublin South	22	2
Dublin South City	0	<i>Not specified</i>
Dublin South East	6	6
Dublin South West	<i>Not specified</i>	<i>Not specified</i>
Dublin West	14	<i>Not specified</i>
Kildare/West Wicklow	<i>Not specified</i>	<i>Not specified</i>
Longford/Westmeath	1	<i>Not specified</i>
Laois/Offaly	14	12
North Cork	0	2
Kerry	0	5
South Tipperary	5	4
Waterford	<i>Not specified</i>	<i>Not specified</i>
Carlow/Kilkenny	5	10
Galway	14	2
Roscommon	17	7
North Tipperary	0	7
<b>Total</b>	<b>117</b>	<b>256</b>

This table indicates that the vast majority of children (69%) who are not receiving timely visits are in relative care. However, it should be noted that this figure is

inflated by Dublin North West reporting that none of its children in relative care (194) receive visits within the prescribed timeframe.

There is an obvious co-relation between children not being visited on time and the non-allocation of social workers.

## 12. Special Reviews

Section 19 of the Regulations provides for any person having a bona fide interest in a child to make a request to review the case. Where such a request is declined the person making the request is entitled to an explanation in writing.

This is clearly an under used provision and, as was evident from some of the replies, not a well known one either. In the case of foster carers four LHOs reported having held 53 Special Reviews. Kildare/West Wicklow had two requests and held one. Where the request was declined an explanation was given and the requester informed. Table 20 indicates the number of requests for Special Reviews and the number held.

Table 20: Special reviews on children in foster care

LHO	Number of reviews requested	Number of reviews held
Kildare/West Wicklow	2	1
North Lee	8	8
Laois/Offaly	35	35
<b>Total</b>	<b>54</b>	<b>53</b>

Only one Special Review was held for a child in relative care and that reported by Laois/Offaly.

Under this Regulation there is an onus on the person wishing to have a Special Review to put their request in writing. As it may be reasonably assumed that most people with an interest in a particular child will not be familiar with this requirement, it is not surprising that there is a low take-up. The figures for County Clare suggest that there is a proactive policy of encouragement, but this appears to be confined to foster carers as all of its 35 Special Reviews related to this group only.

- *Written information on Special Reviews should be prepared and disseminated through appropriate channels such as preparation courses, training programmes and reviews*

## 14. Frequency of Admissions

Where a child is placed in foster care on more than one occasion in a period of twelve consequent months, but the duration of the placement does not allow for a review in

accordance with Article 18 of the Regulations, it is necessary to carry out a review of the child concerned. Typically this applies to children who have one or more (brief) admissions in the same year.

In overall terms 559 children were placed more than once in foster care and 231 were placed more than once with relatives, totalling 790 children in all. In percentage terms this means that 70% of multiple placements were with foster carers and 30% were with relatives. This is broadly in line with the overall national placement ratio, emerging from this study, where 67% of children are placed with foster carers and 33% with relatives.

The following table illustrates the overall national picture:

Table 21: Frequency of admissions

HSE Area	1-5 placements foster care	1-5 placements relatives	6-12 placements foster care	6-12 placements relatives	11-20 placements foster care	11-20 placements relatives	>20 placements foster care	> 20 placements relatives
DNE	120	50	7	2	1	0	1	0
DML	71	19	0	0	0	0	0	0
South	225	122	3	3	5	0	0	0
West	106	33	17	1	3	0	0	1
<b>Total</b>	<b>552</b>	<b>224</b>	<b>27</b>	<b>6</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>1</b>

In Dublin North East, Dublin North Central stands out as accounting for 51 of the 52 multiple placements with relatives in that Area. With regard to children in foster care, Dublin North Central (46) and Cavan/Monaghan (69) combined account for 115 of 129 multiple placements.

HSE South (358) accounted for 45% of all children nationally placed more than once. For children in foster care frequency of admission was highest in North Lee (68). For children in foster care the highest frequency of admission rates were shared equally between North Lee and Kerry, who each had 30 such placements.

Of the 559 placements made only 52 (1%) were subject to a review. Cavan Monaghan held 50 reviews, having 69 children in this category; while Kildare/West Wicklow reviewed two of four children so placed.

None of the children in relative care was reviewed

It should be noted that these placements were, by definition short term, and it is evident from the replies that many LHOs included respite placements in their returns. As would be expected the vast majority of affected children (98%) had less than six placements in a twelve month period.

- *An examination of admission trends is required in LHOs and Areas where multiple-admissions are running above the national average*

## 15. Removal at Request of Foster Carer or Relative Carer

Section 21 of the Regulations requires that, when a foster carer or relative carer requests the removal of a child, the HSE must request that this be put in writing, confirming that the removal is being effected at their request.

In total 111 requests for removal were received, 93 from foster care and 18 from relative care. Just 14 of these requests were in writing. The following table summarises the situation:

Table 22: Requests for removal of children

	Foster care	Relatives
<i>Number of requests for removal</i>	93	18
Written requests received	13	1
No compliance with Regulation	80	17

- *Information on the requirement for written requests to have a child removed, and a sample letter, should be included in information packs and training programmes*

## 16. Review of Foster Carers, Monitoring and Termination

### Reviews

Standard 17 requires that reviews are held with foster carers to ascertain their continuing capacity to provide high quality care. The first review should be held one year after the first placement, and every three years thereafter. The audit asked (in respect of carers only) for details as to the number of reviews held and, where they were not, the number of outstanding reviews.

Only North Tipperary reported having completed all reviews of foster carers.

Thirteen (13) LHOs reported that they had partially met the Standard by completing a number (156) of reviews. However, in many instances these reviews represented only a fraction (17%) of their foster carers, as the following table illustrates:

Table 23: Reviews of foster carers

LHO	Number of reviews undertaken	Number of reviews outstanding
Louth	3	140
Meath	4	68
Dublin South West	6	135

Kildare/West Wicklow	2	145
Longford/Westmeath	1	72
Laois/Offaly	1	68
North Lee	11	<i>Figure unavailable</i>
West Cork	3	<i>Figure unavailable</i>
Kerry	22	60
Waterford	23	91
Mayo	16	2
Roscommon	6	63
Clare	15	7
North Tipperary	43	0
<b>TOTAL</b>	<b>156</b>	<b>783</b>

In addition to the figures supplied above, eighteen (18) LHOs reported that they had completed no reviews. These were:

- Dublin North West
- Dublin North Central
- Dublin North
- Cavan/Monaghan
- Dublin South
- Dublin South East
- Dublin South City
- Dublin West
- Wicklow
- South Lee
- North Cork
- South Tipperary
- Wexford
- Carlow/Kilkenny
- Galway
- Donegal
- Sligo
- Limerick

Of these eighteen (18) LHOs, twelve (12) did not provide the number of reviews that were outstanding. From the six remaining LHOs that did supply a figure, 756 reviews were reported as outstanding.

Therefore, the number of reviews known to be outstanding is in excess of 1,500. Clearly, it is not common practice to systematically undertake reviews of foster carers.

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| <ul style="list-style-type: none"> <li>• <i>A protocol is required which stipulates the requirement to conduct reviews and provides guidance for doing this</i></li> </ul> |
|--|

## Monitoring

Standard 19 requires, among other things that monitoring and quality assurance systems are in place that are separate from the line management structures. Although the nature of these systems is not stipulated the questions was asked whether services have monitoring officers for foster care.

Twelve (12) LHOs reported that they had monitors and that the post was shared with other LHOs. It is evident, that where there are monitors, they were aligned to the old health board structure. Hence, Dublin North West, Dublin North Central and Dublin North (former Northern Area Health Board) share a fostering monitor. Meath reported that it had a monitor, but that the post also included residential care and after care and is shared by Louth, Meath and Cavan/Monaghan. Similarly there is a monitor in South Tipperary, Waterford, Wexford and Carlow/Kilkenny. Clare and Limerick also share a monitor.

- ***More robust monitoring and quality assurance systems are required at LHO and Area level to manage compliance with Standards, Regulations, performance measures and good practice norms.***

## Termination

Under the Regulations, where it is decided to remove a child, the HSE must duly inform the carer and provide a reason the decision. All LHOs reported compliance with this requirement.

In respect of relative carers respondents were also asked for the number of terminations and the number of objections to same. There were 17 such terminations with 6 objections having been lodged in respect of them:

Table 24: Termination of placements with relatives

<b>LHO</b>	<b>Number of terminations</b>	<b>Number of objections</b>
Dublin North West	5	4
Dublin North Central	1	0
Kildare/West Wicklow	4	0
Wicklow	1	0
Waterford	5	2
Carlow/Kilkenny	1	0
Limerick	1	0
<b>Total</b>	<b>17</b>	<b>6</b>

## **Summary of Recommendations**

### **Foster Care Committees**

- Foster care committees should be aligned with the emerging new administrative structures
- Committees should have at least one foster/relative carer representative
- Consideration should be given to the involvement of relevant representatives from the NGO sector and from persons with personal experience of the care system

### **Assessment of foster carers and relative carers**

- A national protocol is required which gives parity to relatives in relation to the allocation and prioritisation of foster care applications and assessments.

### **Assessment of the circumstances of the child**

- A standardised national framework is required for assessing children's need for alternative care

### **Contract with Foster Carers and Relative Carers**

- A protocol is required governing the issuing of contracts to carers in respect of each child placed

### **Information on the child**

- A checklist of required information should be drawn up for inclusion in local admission to care procedures

### **Care Plans and Reviews**

- The implementation of national Care Plan & Review template is required which sets out the minimum requirements as prescribed by the national Standards and Regulations
- Regional and local action plans are required to address the backlog of Care Plans

### **Maintenance of Register/s**

- Consideration should be given to the identification of a software package with the capacity to hold the required information electronically
- Developments in this regard should be aligned to developments within the National Child Care Information Project

#### **Case Records**

- A checklist is required, setting out the minimum requirements in relation to the storing of relevant information and documentation, for inclusion in local procedures

#### **Training**

- Consideration should be given to making training compulsory for all foster carers and relative carers
- A national training programme addressing the needs of relative carers is required

#### **Supervision and Visiting of Children**

- A national initiative is required to address the issue of children in care who do not have an allocated social worker

#### **Special Reviews**

- Written information on Special Reviews should be prepared and disseminated through appropriate channels such as preparation courses, training programmes and reviews

#### **Frequency of Admissions**

- Written information on Special Reviews should be prepared and disseminated through appropriate channels such as preparation courses, training programmes and reviews

#### **Removal at Request of Foster Carer or Relative Carer**

- Information on the requirement for written requests to have a child removed, and a sample letter, should be included in information packs and training programmes

#### **Review of Foster Carers, Monitoring and Termination**

- A protocol is required which stipulates the requirement to conduct reviews and provides guidance for doing this
- More robust monitoring and quality assurance systems are required at LHO and Area level to manage compliance with Standards, Regulations, performance measures and good practice norms

