

# Executive summary

This report concerns the findings of a national inspection of the placement of children aged 12 years and under in statutory and non-statutory residential care. The inspection was carried out by the Social Services Inspectorate (SSI)<sup>1</sup> between October 2006 and January 2007 against criteria 5.1 – 5.17<sup>2</sup> of the standard on care planning in the *National Standards for Children's Residential Centres 2001*. The report presents data gathered during the inspection, examines the reasons for the initial and continued placement of these children in residential centres, and makes recommendations to those responsible for the policy and provision of placements for children in care.

## Children aged 12 years and under in residential care

At the time of the inspection, the most recently validated national figures for children in care in the Child Care Analysis Interim Minimum Dataset (IMD)<sup>3</sup> 2004 showed that there were 5,060 children in care, with 4,243 (84%) in foster care and 442 (9%) in residential care.

Through a census of all centres, inspectors established the number and identity of children aged 12 and under in residential care nationally on July 24<sup>th</sup> 2006. Ninety-three children were identified, and information on their placements and care plans was gathered through a questionnaire.

Inspectors found that of the 93 children:

- 58 (62%) were under 12 years,
- 35 (38%) were aged 12,
- 85 were placed in mainstream residential centres,
- 5 were in high support units, and one in special care,
- 49 (53%) had been in their placements for up to a year,
- 26 (28%) were in placements for three years or more,
- 68 (73%) were boys, and
- 35 (38%) were placed with siblings

The majority had experienced previous placements. Seventy-eight per cent of the children were placed by one of the two HSE regions encompassing Dublin and its environs, Dublin/Mid-Leinster and Dublin/North-East. This is consistent with data in Interim Minimum Datasets which show that these areas are more likely than others to use residential care.

## Key findings

Half of the children identified by the census were selected<sup>4</sup> by inspectors for a review of their statutory care plan and an in-depth interview with their supervising social worker and social work line manager. The purpose was to examine statutory care plans in detail and establish the reasons for the continued and on-going placement of the children of this age group in residential care.

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1 The inspection was carried out by the SSI prior to 15th May 2007 when it was integrated into the Health Information and Quality Authority (HIQA) under the Health Act 2007. This report is published by the Health Information and Quality Authority.

2 The relevant standard and selected criteria are set out in greater detail in Appendix 1.

3 The Child Care Analysis Interim Minimum Dataset (IMD) is information on children in care that was provided annually by the Health Boards to the Department of Health and Children (DoHC). Since January 2005 information about children in care has been gathered by the Health Service Executive (HSE), but data for 2005 has only recently been validated, and data for 2006 has yet to be validated.

4 The selection process is described in further detail in Section 3: Methodology

## Placement of children

Twenty-three (49%) of the children selected for review had been in their placement over a year; and of these 11 had been there for more than three years. In effect these were long-term placements. Nineteen of these children had been in four or more previous placements. Fifteen (32%) were placed with their siblings. Of the remaining 32, twenty had siblings in other care placements.

A key finding from the inspection was a serious lack of placement options for this age group. Questionnaires indicated that for approximately one quarter of the children, residential care was not the preferred type of placement. However, the majority of social workers interviewed said that residential care was currently the most appropriate placement and was working well, even though it had not been the initial choice. Most supervising social workers told inspectors that their child's placement was largely determined by a lack of available options, and this was a key consideration in the supervising social worker's view that the current placement was the most suitable. Suitability was also attributed to other factors, such as changes in family circumstances or the centre adapting its purpose and function to meet the child's needs.

## Care planning

The principal focus of the inspection was statutory care planning. This standard was not met for the majority of the group selected for review. As in previous inspections, inspectors found considerable variation and significant shortfalls in the standard of statutory care planning across the country.

In relation to care plan reviews, inspectors found that care plans reflected the situation as it was at the time of admission, or whether the initial identified needs were met. They did not take account of significant life events or the views of the children.

Forty percent of the children in the group selected for review had experienced at least four previous placements, including foster care, in their short lives, indicating that previous plans for those children had failed. The issue of children forming attachments to staff/carers in residential settings influenced planning. In some cases, plans were made for children to move despite their spending many years in the same centre from a young age. In others it became a further reason why plans to transfer from residential care lost momentum.

Inspectors found that care planning was more often determined by crisis management rather than long term planning for what best met the needs of the child. Whilst all children selected had a written care plan in accordance with *Child Care (Placement of Children in Residential Care) Regulations 1995*, there were significant discrepancies between initial care plans and current circumstances, and wide variations in care planning practice. Some children's views were not actively sought, and some of those sought were given very limited weight.

## Strategic development of services

Generally, inspectors found little evidence of any evaluation of current services for young children, even though there was widespread acknowledgment among managers that HSE fostering services had outgrown their traditional patterns and there was an urgent need to create a more flexible range of provision. There was little evidence of formal mechanisms to review the policy and practice of care planning. This had a serious impact on the ability of the HSE to plan strategically and develop services to match identified needs. Options for fostering or re-unification with family or siblings were not explored when it was considered that the current placement was going well, despite the young age of the child and the impact of separation on siblings. This is not acceptable.

Other findings include:

- Neither the Department of Health and Children nor the HSE has a written statement of national policy on the placement of children aged 12 and under with families rather than in residential care. However, inspectors found that this had been asserted as policy in various health board's and some local HSE policy documents since 1999, and all social workers and managers interviewed during the inspection knew it as an operational principle. The Department of Health and Children had issued guidance in 2001 indicating that in emergency situations children aged 12 and under should be placed with families,<sup>5</sup> but it was locally interpreted, and not comprehensively implemented by all HSE social work departments.
- Regular access with siblings, as outlined in the care plans, did not always happen, especially when more than two separately placed siblings were involved, or they were in different geographical areas, or individuals were presenting with behavioural difficulties to which the social workers had to give priority.
- Several of the children had been allocated to a social worker within six months prior to the census, indicating a significant level of change of social workers for the children.
- Inspectors were told of examples of good practice where parents had day-to-day involvement in the care of their child, and in some instances resided in the centres either on a part-time or full-time basis in 'shared care' arrangements.
- For a small group of children who had specific cultural needs, there was a dearth of placement options. Social workers also identified a need for more specialised fostering to meet the needs of specific children.
- In some instances, private fostering services were being used when HSE fostering services were not available or suitable to meet specific children's needs.

## Conclusion

In practice, the placement of children aged 12 and under in residential centres did not reflect the principle that they should be placed with families. Decisions to seek a residential placement for many of the children were strongly influenced by limited resources rather than consideration of each child's best interest. There was retrospective justification by some social workers and their managers whereby children were believed to be currently well placed even though residential care was not the initially preferred option.

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<sup>5</sup> Department of Health and Children *Youth Homelessness Strategy*, Dublin 2001, p 31.

Inspectors concluded that the Department of Health and Children should issue a clearly stated national policy, and that the HSE should implement it, ensuring that there are adequate resources to realise its key objective of providing children in care aged 12 and under with family placements that are secure, well supported, and sustained. There should be systems in place for responsive senior management to monitor and review the placement of children in order to formulate strategic plans, reduce the number of placement breakdowns, and ensure the quality of a clearly child-centred care planning practice. The key recommendations below are addressed to the Department of Health and Children and the HSE nationally, and in response the inspectorate will seek a time-limited action plan and oversee and assess its implementation.

## **Recommendations**

1. The Department of Health and Children should issue a clearly stated national child care policy on the placement of children aged 12 and under with families or in foster care.
2. As a matter of urgency, the Health Service Executive should review the cases of all children aged 12 and under in residential care to ensure that they are placed appropriately.
3. As a matter of priority, the Health Service Executive should establish systems:
  - a. to monitor the placement of children aged 12 and under,
  - b. to ensure that care plans are frequently and rigorously reviewed,
  - c. to ensure early identification of placements at risk of breakdown,
  - d. to ensure that managers assess placement breakdowns and develop more sustainable care services,
  - e. to ensure that the information gathered is used in individual care planning and in strategic development of care resources.
4. The Health Service Executive should plan and provide the range and number of services required to ensure that sufficient appropriate places are available to meet the identified needs of this age group.