

DISABILITY FOSTER CARE REPORT

HSE [REDACTED]

March 2015

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SECTION 1

1. INTRODUCTION

- 1.1 This report documents the engagement with the families of service users with an intellectual disability, the majority of whom were placed by the [REDACTED] with a foster family (Foster Family X) during the period 1983 to 1993. The primary purpose of this engagement was to identify any historical or related safety, care and welfare concerns.
- 1.2 One child in care, Service User 42 who was the subject of the C. Devine Report in March 2012 was placed with Foster Family X in 1989 and remained there until 2009. Some private placements also took place up to 2013.
- 1.3 The placements were generally for a short annual respite period of one or two weeks, for both children and adults, the majority of whom normally resided with their families. This scheme was developed by [REDACTED] and funded from the Boarded Out (Fostering) Scheme [REDACTED] secured some multi-disciplinary clinical input from the [REDACTED] Services [REDACTED] but this arrangement ceased in 1990.
- 1.4 The total number of families who had children or adults placed under this scheme was 46, representing 47 service users (two service users were from one family).
- 1.5 This Report is based on the records made available by or through the HSE, as well as interviews conducted with families/next of kin and a small number of service users. The passage of time, the difficult and complex nature of the issues involved for all concerned and the general

nature of non-statutory enquiries influences the comprehensiveness of the outcome. However, within these limitations we believe that a reasonably accurate picture emerges of the nature of the placements. This is not to infer that ongoing support to and engagement with the families may lead to further information becoming available over time.

- 1.6 The requirement to initiate this process arose from a report completed in 2012 by Conal Devine and Associates regarding one particular service user (Service User 42) in respect of whom significant concerns existed regarding her long term placement with the foster family. The Devine Report detailed the position regarding this index case and made reference to four other cases (Hereafter referred to as Service Users 33, 37, 44 & 45) brought to its attention and proceeded to recommend that placements with the subject family should be reviewed.
- 1.7 In late 2013, the HSE initiated a process to identify all persons who had been placed with Foster Family X. This process reported in February 2014.
- 1.8 The HSE commissioned Resilience Ireland in March 2014 to undertake this enquiry. The priority task of the enquiry was to review the experience of all service users who had been in placement with Foster Family X and this report is the result of that process. The HSE appointed professional personnel from outside the [REDACTED] area to assist with the enquiry.
- 1.9 The HSE provided all relevant information to An Garda Síochána. A formal liaison and communication protocol was drawn up and agreed with the Team and An Garda Síochána who were conducting a parallel investigation.

- 1.10 The Team secured legal advice regarding contact with families / service users. To address engagement with families/service users a tailored contact protocol was developed and it was agreed that engagement by the Team with each family/service user should await clearance from An Garda Síochána and/or any legal representatives involved. Throughout the process all of the families/next of kin/service users have been offered counselling/psychological supports.
- 1.11 This report is the outcome of the contact process undertaken with the families and service users involved. Details of the contact process itself are outlined later in the report.
- 1.12 In this report there are a number of references to reports and communications to the HSE regarding particular service users and matters arising in respect of these service users. These do not refer to any matter arising in connection with placement with Foster Family X but rather other issues which came to the attention of the Team during the course of its work. Matters arising in connection with the placement in Foster Family X are dealt with in this report. Other issues, unrelated to placement with Foster Family X, which came to the attention of the Team, during the course of its work were reported separately to the HSE and as appropriate to An Garda Síochána.
- 1.13 As all of the information in respect of service users was being reviewed the opportunity was taken to summarise at times very comprehensive information spread over various files and to provide this to the HSE as an assistance to address any issues/responsibilities arising and to inform its ongoing care planning. These summary reports contain detailed and sensitive personal information and could serve to identify the individuals and families concerned and therefore these reports are not suitable for

publication. It is the responsibility of the HSE to ensure appropriate follow up of any issues arising in relation to the particular service users.

SECTION 2

2. BACKGROUND

2.1 Service User 42 who was the subject of the Devine Report was born in

[REDACTED]
[REDACTED]

There were complications at birth and the baby was diagnosed with a severe intellectual disability and microcephaly.

2.2 It was the mother's intention to place her daughter for adoption.

However, due to the baby's disability this did not proceed. She was eventually placed in foster care with a family in [REDACTED] in June [REDACTED]

This placement did not continue and the baby was transferred in September [REDACTED] to the [REDACTED] in [REDACTED] and remained there until March [REDACTED]

2.3 In April [REDACTED] when she was five years old, social workers obtained her mother's agreement to attempt a further foster care placement, this time in the Eastern Health Board area. This placement was continuous apart from a short period when the child was placed in [REDACTED] [REDACTED] by a Children's Officer. However, this placement also eventually ended on 21st February [REDACTED]

2.4 On [REDACTED] February 1989 when the child was ten years old she was placed in foster care with Foster Family X where she remained for a period of twenty years until [REDACTED] July 2009. It is not clear from the available files if her mother was contacted about this placement or consented to it.

2.5 This Foster family had become registered foster carers in May 1985 subsequent to their providing Summer Respite Placements for children

with disabilities which had commenced in 1983. This arrangement was organised initially to assist families with a respite placement, aimed primarily at children with disabilities during the summer school holiday period. The arrangement involving this family appears to be the only such service operating in the administrative area and operated from 1983 to 1993. This family continued to care for Service User 42 who had been originally placed as a child in foster care, until 2009. It is evident that the family also had a number of children/adults in private arrangements. One such private arrangement, Service User 1 continued until 2013 when the HSE advised the family that the use of the placement should cease. Apart from Service User 42 who is the subject of the Conal Devine Report, Service User 1 spent the most significant period of time in placement with the family. The family of this Service User have been interviewed and have no complaints regarding the care received by their family member and in fact speak very highly of their experience of Foster Family X.

2.6 The placement of Service User 42 with the Foster family continued for 20 years from February 1989 until July 2009. On [REDACTED] July 2009, at the age of 31 years, Service User 42 was moved to Residential Care in a Disability Organisation in [REDACTED] in the context of serious concerns about her care. These concerns were subsequently the subject of Protected Disclosures in late 2009 by two staff in the Disability Organisation she transferred to and subsequently also by an HSE official involved in her care.

2.7 The designated officer for Protected Disclosures in the HSE authorised local management in HSE [REDACTED] to undertake an investigation. As a result, the HSE commissioned Conal Devine and Associates in 2010 to investigate the matters that were the subject of the disclosures. The report

was completed in 2012. The Terms of reference for the Conal Devine report included:

- *Establish the chronology of events leading up to the issues disclosed*
- *Identify any care/service delivery problems that may have occurred*
- *Identify the causes of the care/service delivery problems*
- *Recommend actions that will address the causes of the care/service delivery problems so that the likelihood of future harm arising from these causes is reduced as far as is reasonably practicable.*

2.8 Following receipt of the Conal Devine Report, local management in the HSE [REDACTED] were responsible for addressing the issues arising. A process with legal advice involving the provision of extracts of the report to relevant individuals was undertaken. This process because of its very nature was protracted.

2.9 In July 2013 the Social Care Division was established by the HSE and prioritised the development of a national safeguarding policy in respect of vulnerable adults (Published December 2014) which was the key recommendation of a national nature in the Conal Devine report.

2.10 In November 2013, the [REDACTED] HSE [REDACTED] reviewed progress regarding follow up on the Conal Devine Report. The [REDACTED] decided that all placements with Foster Family X should be reviewed and commissioned an independent review of all available files and statutory records.

2.11 The first and immediate task was to determine the total number of children/adults with disabilities placed with Foster family X over the almost 30 year period involved (1983 – 2013). Given all the circumstances involved it was determined that this initial task should be

undertaken by an independent third party by way of desktop review and in December 2013 Resilience Ireland was commissioned to undertake this. A report was presented in February 2014 to the HSE based on a desk top exercise. This report identified a total of 40 names and 37 files in various states of completeness. There was sufficient data to identify some indicators of possible historical concerns in the five cases referenced in the Conal Devine Report and in a possible further five cases.

2.12 The HSE subsequently determined that the circumstances of all those placed with this foster family should be reviewed, and commissioned an enquiry:

- To assess any concerns arising in respect of the care the children received while in placement with Foster Family X.
- To assess if any concerns were expressed and investigated at the actual time of any such placements.
- To engage with the families and children involved, all of whom are now adults, and to assess if any of those placed there had an adverse experience which now required additional supports and/or services to be provided.
- Full Terms of Reference for the enquiry are outlined in Section 3.

2.13 Resilience Ireland with the assistance of HSE personnel from outside the [REDACTED] area was commissioned to undertake this enquiry.

SECTION 3

3. TERMS OF REFERENCE

3.1 The Terms of Reference established by the commissioner [REDACTED]
[REDACTED] HSE [REDACTED] were as follows:

3.2 The Review Team:

1. The Review will proceed on the following basis:
 - 1.1 The Review Team will read and review all of the available files (such files to be sourced and provided by the HSE), and prepare a summary of issues of concern identifiable from those records that may need to be addressed by the HSE as part of the general management arrangements to deal with a serious case of this nature.
 - 1.2 The Review Team will:
 - (a) Identify all persons who have ever been, or are, in receipt of care, by way of residential placement, respite care or otherwise ("**placement**"), from Foster Family X. (Name and location anonymised).
 - (b) Identify the dates of any such placement and duration.
 - (c) Identify the placing body or person responsible for arranging the placement.
 - 1.3 The Review Team will review the files of all service users identified at 1.2. above (such files to be sourced and provided by the HSE or other relevant bodies as agreed with the HSE), and, to the extent possible from a file review and interviews with relevant persons, identify any historic or related safety, care and welfare concerns arising, which require to be addressed now by the HSE in the best interests of any service user involved.
 - 1.4 The HSE will where required avail of all relevant expertise and resources when contacting service users on this matter.

- 1.5 The Review Team will identify any issues where responsibilities arose and assess the response taking into account the relevant standards, protocols and policies applicable at the time.
- 1.6 The Review Team will assist the HSE in the preparation of a Management Plan to comprehensively address the recommendations of the Conal Devine Report (March 2012).
2. The Review Team will be given copies of HSE files relating to social work, disabilities and otherwise connected to the matter and such other relevant documentation as may be identified and considered relevant by the Review Team.
3. The HSE will furnish a guidance document to the Review Team in relation to data protection and arrange appropriate indemnity.
4. If any information comes to the attention of the Review Team at any stage of the Review which the Review Team considers requires urgent attention by the Health Service Executive, the Review Team shall provide this information to the Commissioner immediately.
5. Confidentiality will be maintained throughout the Review to the greatest possible extent consistent with the requirements of fair procedures.
6. The Review Team will engage with any parties, who, in the opinion of the Review Team, can provide relevant information to assist in identifying service users who are or have ever been in receipt of care, including residential care, respite care and otherwise from Foster Family X or files relating to such service users.
7. The Review will include a desktop process in terms of review and analysis of all available files and formal interviews with staff or other relevant persons as required.
8. Insofar as any issues arise during the course of the Review which are outside of these Terms of Reference but which, in the opinion of the Review Team, require consideration, the Review Team shall bring this to the attention of the Commissioner and with the agreement of the Commissioner, these Terms of Reference may be amended if necessary and appropriate.
9. The Review Team will provide the Commissioner with progress reports as required.
10. Upon completion of the Review the Review Team shall produce a report for the Commissioner. The Review Team will consider whether it is more appropriate to furnish interim reports to the HSE in addition to the final

report. In the report, the Review Team shall set out the outcome of the process set out at paragraph 1 above and make recommendations, if necessary.

11. Decisions as to publication of the report of the Review Team are a matter for the Commissioner.”

SECTION 4

4. APPROACH AND METHODOLOGY

4.1 This enquiry process commenced in April 2014. The process was managed and supervised by Resilience Ireland. The actual interviews with families were conducted by personnel assigned by the HSE from outside the administrative area.

4.2 The tasks arising from the Terms of Reference and the approach adopted are outlined below:

4.3 Task 1: Development of a Contact Protocol

4.3.1 Approach and methodology

4.3.2 There are specific difficulties in contacting adults about possible historical abuse as children, especially if there is no manifestation of the abuse in the adult's current life. There are psychological studies which support direct intervention and others which recommend different approaches. The situation is more complex where the individuals have an intellectual disability with significant cognitive and communication difficulties.

4.3.3 In these circumstances Resilience Ireland developed a Contact Protocol (Appendix 1) and this together with the specific circumstances of each case dictated the contact process. In the first instance, family members received contact by telephone from a member of the Team and subsequently were met by two members of the Team. The families were advised that the purpose of the enquiry underway was to identify their experience of placements with Foster Family X. They were further

advised that the intent now was to ensure that their family member could avail of any necessary health supports in the event that an adverse experience had taken place. The families were also advised that counselling/psychological support services would be available for family members themselves should this be required. The Project Office established for the enquiry would be the conduit for any such requests.

4.3.4 The Team obtained the consent of families in six cases initially where it was thought that a direct engagement with the service user would be important. In such cases the consent of the service user was also sought both in terms of a meeting and access to clinical files.

4.3.5 Any person communicating a concern was informed prior to their communicating the detail of that concern, that no undertaking in regard to confidentiality could be offered and that the information might have to be disclosed to the relevant statutory authorities and to the relevant person(s) identified in the report. The Team advised all families that they would be offered an opportunity to be briefed on the outcome of the enquiry regarding their family member.

4.4 **Task 2: Engagement with Foster Family X**

4.4.1 **Approach and Methodology**

It was necessary for contact to be made with Foster Family X in advance of proceeding with formal engagement with the families identified from the known records. This meeting took place in May 2014 prior to which a letter had been issued to Foster Family X. Arising from the meeting there was no impediment to contacting people who had been in foster/respite care with Foster Family X.

At the conclusion of the process a further meeting was held with Foster Family X in terms of the draft report before completion and in accordance with the wishes of foster family X the contents of the report as it related to the foster family were outlined and any observations or comments made by foster family X were considered prior to finalisation.

4.5 **Task 3: Identification of Total Number of Placements**

4.5.1 This task was to identify the total number of placements with Foster Family X over the almost 30 years that they provided a respite service and in some cases long term care for children and some adults with an intellectual disability. The initial work undertaken in early 2014 was the starting point.

4.5.2 **Approach and Methodology**

Establish any records / files of placements originating in [REDACTED] and [REDACTED] in TUSLA (Children & Family Agency) and establish any files/records of placements originating from voluntary disability agencies.

4.5.3 The initial enquiry completed in early 2014 had focussed on the Boarding Out Registers in [REDACTED]. These are the statutory record of placements of children in a range of foster care situations. These records were not fully complete but did represent a good starting point for the searches required to provide as complete and comprehensive a list of placements in respect of which there could be as high a level of confidence as possible in the circumstances arising.

- The next step in the process was to:
 - Conduct a search of the Boarding Out Registers in [REDACTED]
[REDACTED]. This was undertaken and certified by the local [REDACTED]
 - Conduct a search of all community services files in the region.
This was undertaken and certified by the local [REDACTED]
 - Engage with non-statutory disability agencies within the area to identify any other relevant files.
- The Team also had access to all files held by [REDACTED] Solicitors on behalf of the HSE relating to the Inquiry into Service User 42 and an examination of these files was also undertaken.
- Formal engagement took place with the TUSLA in respect of files in their possession. TUSLA provided full assistance to the Team.
- Foster Family X was also interviewed and asked to identify any person who had a placement with them.
- As an additional measure, as families were interviewed they were asked if they could identify other families that used the placement and this led to the identification of a number of private placements in particular.

4.5.4 It should be noted, that the Team provided An Garda Síochána with the identities of every family who had placements with Foster Family X, and as stated earlier a close and effective communication process was established between An Garda Síochána and the Team.

4.5.5 While all reasonable efforts have been made to use all available sources of information to trace service users, it is reasonable to suggest that a small number of additional service users may remain unidentified at this time. In the event that further service users are identified the local

disability service will be best positioned to respond to any issues arising. It is recommended that in each such case a senior professional person is appointed by the HSE to ensure that a comprehensive assessment and response is put in place.

4.6 Task 4: Identify any Protection/Welfare Concerns.

4.6.1 To carry out an assessment from file analysis and interviews of any information regarding alleged injury or abuse arising from a placement with Foster Family X.

4.6.2 Approach and Methodology

In respect of all cases identified, all available information was collated and assessed by the Team. In accordance with the liaison arrangement An Garda Síochána notified the Team once they had completed their engagement with the families. The Team then offered a meeting to each identified family in accordance with the Contact Protocol (See Appendix 1)

4.6.3 In respect of the four additional cases identified as being of a potential concern in the Conal Devine Report, (Service Users' 33, 37, 44 & 45) all of the available information in respect of these cases was reviewed and contact was made where families were willing to engage. In this report a summary note is included on each of these cases. As referenced earlier, a separate detailed report in respect of all cases including these four has been prepared for the HSE, based on a review of all available information.

4.7 **Task 5: Ensure Statutory Notifications Undertaken.**

4.7.1 The Team had the responsibility to ensure that any statutory notifications to TUSLA and or An Garda Síochána were undertaken.

(Current service issues requiring attention were forwarded to the local Disability Service for action and follow up).

4.7.2 **Approach and Methodology**

4.7.3 Engagement with An Garda Síochána:

Formal engagement with An Garda Síochána and the Team commenced in May 2014 in terms of their investigations and to ensure that any actions by the HSE would not interfere with its process. A process was agreed in relation to information sharing and the following working arrangements were set in place:

- An Garda Síochána to make the first contact with all identified families who availed of the services of the Foster Family X in the context of the statutory responsibilities of An Garda Síochána.
- The Team then made contact with all of the families cleared by An Garda Síochána in the context of the HSE's statutory responsibility.
- Resilience Ireland personnel were provided with all appropriate Data Protection clearance in order to enable them to access all the necessary files and documentation
- The HSE also established a Project Office to oversee the arrangements, staffed with a Project Manager and a clerical support staff member.
- At the conclusion of the process a final meeting was held with An Garda Síochána to outline the contents of the report prior to submission to the HSE.
- The Team held a total of five meetings with An Garda Síochána during the course of the enquiry.

- The Team prepared notification documentation, in respect of all child protection and welfare matters which came to its attention, including matters unrelated to Foster Family X placements, for the HSE to notify An Garda Siochana . These notifications were issued by the [REDACTED] of the HSE.

4.7.4 Engagement with TUSLA:

Formal engagement with TUSLA was also established and two meetings took place in 2014.

- The Team arranged that four statutory notifications arising from the enquiry were forwarded to TUSLA.
- The Team obtained all relevant information from TUSLA in the context of the cases involved in this enquiry.
- A copy of the draft report was submitted to TUSLA for comments and the response was considered in finalising the report submitted to the Commissioner.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4.7.6 Engagement with HSE Local Services:

A formal liaison protocol was established between the local services and the Project Office, which specified the roles and responsibilities of all the parties involved.

- 4.7.7 A copy of the draft report was submitted to local HSE management for comments and the response was considered in finalising the report submitted to the Commissioner.

4.8 **Task 6: Management and Security of Files**

4.8.1 **Approach and Methodology**

The Health Information & Quality Authority (HIQA) has developed the National Standards for Safer, Better Care to describe what a quality, safe service looks like. The Authority sets out in this standard the need for healthcare decisions to be based on the best available evidence and information. Records, files and the information contained within were therefore one of the most valuable tools available to the Team and as such necessitated compliance with all of the relevant legislation regarding the management and security of files and information.

- 4.8.2 In April 2014 a dedicated Project Office was established to oversee the administrative arrangements for the enquiry. The office was staffed by a Project Manager and associated support staff. The overall process was managed by Resilience Ireland which had responsibility for all reports associated with the enquiry on foot of the Terms of Reference set out by the HSE. All files and records made available to the Team were therefore treated as exceptionally confidential important documents. The necessity for suitable office spaces and physical facilities to store and

safeguard these files and records was identified at the outset as a high priority and therefore was in place on receipt of such records.

4.8.3 All appropriate personnel assigned to this project signed the necessary Data Protection and Confidentiality undertakings.

4.8.4 On receipt of service user files requested from various sources through the [REDACTED] Office, an inventory log was created. Files were photocopied, set in chronological order and secured in mobile securely locked shelved filing cabinets. All original files photocopied were returned to the [REDACTED] Office in a timely manner and in the condition they were received in. On receipt of the files to the [REDACTED] Office a delivery receipt was signed and dated. A copy of the delivery receipt was left at the [REDACTED] Office and a copy was retained at the Project Office. The inventory log was then updated thus showing when files were received by the Team, if they were received and when they were returned.

4.8.5 The Project Office itself had a high standard of security available to it, access to which was through a secure key fob system thereby limiting and restricting access. Each individual office was controlled by a locked door system, the key of which was held by each staff to their own respective office. Individual offices were strictly locked when unoccupied by project staff. To complete the security measures the Project Office was also alarmed outside office hours.

4.8.6 The work of the Team was governed by a formal Contact Protocol, (see Appendix 1). In the context of an historical placement with Foster Family X, the tasks undertaken by the Team were as follows:

- To create individual files identifying the circumstances and needs of individual service users based on an enquiry of the available information and initial telephone contact, the basis of which informed an assessment of the possibility of an abusive experience having taken place or the existence of an associated need relating to placement with Foster family X.
- To identify the basis for interviewing or not interviewing a service user directly.
- To ensure that significant needs, particularly as they relate to safeguarding, were addressed. This was done through referral to the relevant services, such as TUSLA and An Garda Síochána.
- In the event that new information was disclosed to the Team regarding any other matter in effect of which responsibilities arose, that these were identified, any reporting obligations met and appropriate advice offered.
- Any person communicating a concern was informed prior to their communicating the detail of that concern, that no undertaking in regard to confidentiality could be offered and that the information might have to be disclosed to the relevant statutory authorities and to the relevant person(s) identified in the report.
- In all cases an experienced professionally qualified Social Worker was involved in the assessment and the decision making process

SECTION 5

5. Service Framework and Preparatory Arrangements for Contact with Services Users and Assessment of Needs

5.1 Service Framework.

- 5.1.1 The Team had available the Contact Protocol, the Confidentiality Agreement governing data protection matters and the agreed Liaison arrangements with An Garda Síochána.
- 5.1.2 The earliest relevant legislative provision for the protection of children dates back to the Children's Act (1908). The 1908 Act conferred powers on the Courts to remove a child from parents or carers who had neglected or abused the child and to entrust the child to the care of a state agency or a fit person approved by the Court.
- 5.1.3 The Guardianship of Infants Act, 1964 defined "welfare of children" as comprising "religious, moral, intellectual, physical and social welfare."
- 5.1.4 The Department of Health provided guidelines on child abuse in 1987 but it was not until 1995 that the Child Care Act (1991) was fully enacted as a comprehensive legal framework to safeguard children.
- 5.1.5 The Report of the Kilkenny Incest Investigation was published in 1993 and became a watershed in attitudes to child protection matters in this country. [REDACTED] introduced a comprehensive set of procedures for the investigation and management of cases of suspected child abuse in April 1996. That policy defined child abuse as including "...*physical abuse, sexual abuse, emotional abuse, and neglect.*" Neglect is defined as "...*failing to provide the love, care, food, or physical conditions including*

protection from danger, that will allow a child to develop normally. The neglect may be wilful or unintentional”.

5.1.6 The definition further specified examples of neglect to include:

- *Repeated accidents*
- *Persistently hungry child*
- *Poor school attendance*
- *Continuing non attendance at appointments*

5.1.7 Clear provisions regarding responsibility for the investigation and management of child abuse are set out in the policy. These provisions include specific actions to be taken following disclosure of suspected abuse, such as;

- Notification procedures including notification to Gardaí and Manager of Children’s Services and/or Senior Social Worker and or Senior Nurse.
- Procedures for a preliminary investigation.

5.1.8 The policy indicates that part of the preliminary investigation is to try and verify the information contained in the notification and to assess the degree of risk to the child and if appropriate provisions are put in place for attendance at hospital or at a “Community Child Centre”. The 1996 Policy also includes provision for an assessment of risk to be carried out and a guideline “scale of risk”. Detailed provisions are also set out regarding the holding of child protection conferences and the generation of a “Child Protection Plan”. The Policy provides for the identification of a Key Worker who is tasked to ensure that the protection plan is followed.

5.1.9 Where a risk is identified/established, the potential options include assessing the risk to other children in the family and their need for protection. In situations where it is concluded that there is no risk to the child, the Policy provides for three possible options:

- Take no further action and close case
- Refer child to another service
- Draw up and implement a Treatment Plan for child/family

5.1.10 The Policy provides specific guidelines on factors which will influence a decision to close a case;

- Child free from abuse and developing adequately in physical and emotional basis.
- Evidence of sustained stable and reasonably sound environment.

5.1.11 In 2009 HSE [REDACTED] produced a draft policy document “Policy and Procedures for the protection of Vulnerable Adults” with the following general provisions:

- A policy on managing allegations
- A framework for the investigation of such allegations
- A framework for linking with agencies
- A framework for working with agencies around the investigation of allegations
- The establishment of a “Vulnerable Adults Committee”.

5.1.12 These guidelines provided both the strategic context and the operational structures within which the protection of Vulnerable Adults should be enacted. The document outlines the role of key positions and functions within an Adult Protection framework. These are chiefly the role of the

Designated Person, which is also referred to as Designated Officer in the policy, and the role of the “Vulnerable Adults Committee”.

5.1.13 The regulatory framework on foster care relevant to the years during which Foster family X were involved in providing placements was also reviewed. The specific regulations and /or legislation were:

- S.I No. 67/1983 – Boarding Out of Children Regulations 1983
- Child Care (Placement of Children in Foster Care) Regulations, 1995.
- Children Act 2001 Part 3, with regard to requirements in respect of Private Foster Care.
- National Standards for Foster Care 2003.

5.1.14 These regulations, relevant legislation and standards set out the requirements placed on Health Boards in relation to assessment of prospective foster parents and ongoing responsibilities in respect of children placed in foster care.

5.2 CONTACT PROTOCOL & ENGAGEMENT OF TEAM WITH SERVICE USERS' FAMILIES/NEXT OF KIN:

5.2.1 In their work with service users and their families/next of kin, the Team was led by best professional practice which dictates, that if a reasonable suspicion for concern exists, for example, the service user may have had contact with a person who may have abused others, then the service user should be approached in order to clarify if in the past their welfare or care needs have been compromised. The primary purpose of contact therefore was to identify and address the needs of families who had availed of care with Foster Family X.

5.2.2 Decision making regarding the approach to this particular service user group was complicated by both the existence of an intellectual disability

and the need to engage with parents or guardians of the service user. In this context the approach and process of engagement was informed by securing as much information as possible regarding current functioning and supports. This also necessitated the need for the Team where appropriate to work collaboratively with a clinician/key worker/advocate who was familiar to the service user.

5.2.3 While the intent was to contact all persons who were in a placement with Foster Family X, as noted above, individual decisions were informed by indications that such contact might have had an adverse impact on the service user at that particular time. It was also determined, that in view of any particular circumstances and the level of disability associated with the service users' involved, initial contact in all cases was with their next of kin or their legal guardians.

5.2.4 Direct contact with the service users identified for interview was based on agreement with their next of kin, their own informed consent to be interviewed as well as consultation with relevant professional personnel. This consultative process was necessary not only in order to support the service user with the interview itself but also to facilitate them with follow up support post interview in relation to accessing the HSE support services should they require that service. Direct contact with service users themselves was based on an assessment which took the following into consideration:

- Cognitive ability
- Information and advice obtained at family/next of kin interviews
- Service users capacity and anticipated impact

- Confirmation of a service user's actual ability to communicate verbally or through an alternative augmentative communication means
- Consultation with key multi-disciplinary personnel, such as advocate/key workers of service users and their service providers
- Information available on case files
- Service users best interests

Note – in all cases an experienced professionally qualified Social Worker was involved in the assessment and the decision making process.

5.2.5 Throughout this process the welfare of the service users and their families was of paramount consideration and this was the primary focus of the Team.

5.2.6 In order therefore to ensure that the Team had the informed consent of any service user assessed as suitable for interview and to address the communication difficulties of this particular service user group, an alternative symbol communication letter format was designed by the Team for those who had the cognitive ability to understand the spoken but possibly not the written word. This format sought to obtain their informed consent either to speak with them directly in relation to their experience with Foster Family X or to access additional files held by other services regarding their placement with Foster Family X whichever was deemed necessary and appropriate. Service users were assisted when appropriate in this process by their family/next of kin/key worker/appropriate person.

5.2.7 In relation to public communication on the review process, the HSE Area Manager and the General Manager were authorised to address any necessary public communication.

SECTION 6

6. THE HOLIDAY RESPITE SCHEME: A HISTORICAL BACKGROUND

- 6.1 In the late 1970's a gap in the provision of respite services was identified in [REDACTED] area for children attending special schools in the [REDACTED] area. This respite service was to consist of a short term holiday breakaway scheme with a host family which would allow the parents of children with special needs attending special schools in the [REDACTED] area primarily, to have a short holiday break. In order to address this gap in service Foster Family X were identified as a host family and a holiday respite scheme commenced. In order to inform families of the scheme and assess their interest in availing of it for their child, families were invited to an information meeting in the local schools and subsequently sent a letter inviting them to indicate their interest in availing of the scheme. There is a possibility also that some families may themselves have approached either the school or Health Board personnel looking to avail of respite for their child.
- 6.2 From records reviewed it is established that the contracted service obtained two references and a medical report from a registered medical practitioner in relation to Foster Family X, no evidence has been found of compliance by [REDACTED] of requirements under the Boarding Out Regulations. These should have included reports from an authorised officer of [REDACTED] attesting to the number, sex and approximate ages of the persons in the household of Foster Family X, the suitability, or otherwise of the sleeping arrangements and living accommodation, as well as other domestic conditions in the foster home. The Team could not find evidence on file of any reports which would indicate that boarding out children in the home of Foster Family X would be conducive to their welfare as per the Boarding Out Regulations 1983.

6.3 In 1990 the contracted service from the [REDACTED] [REDACTED] withdrew from any involvement with the Scheme amid concerns, following a social work visit to Foster Family X, that there were other adults living on the premises, as well as a Child in Care (SU 42) living there on a more permanent basis.

6.4 The following chapter outlines the analysis of the placement patterns for service users who availed of this respite scheme with Foster Family X.

SECTION 7

7. RESPITE PLACEMENT PATTERNS WITH FOSTER FAMILY X

7.1 The analysis of the placement patterns of children and adults placed with Foster Family X was limited by the following:

- Case file records are incomplete and in some cases cannot be located.
- [REDACTED] (Manual) Boarded Out Registers may not be 100% complete.
- That in relation to private arrangements the Team during the course of its work became aware of information regarding a total of nine children and adults who were placed on a private basis with Foster Family X. There is no single or statutory source of information on such historical placements.
- Historical [REDACTED] financial records for cross referencing purposes could not be located.

7.2 It should be noted that Foster Family X was not approved as foster carers to [REDACTED] until 1985 under the 1983 Boarding Out Regulations. The approval was to take a maximum of two children for holiday/respice care, primarily during the months of July and August. The Team has not found evidence to suggest that this approval status was subsequently amended to accommodate approval to care for more than two children, to accommodate adults alongside children or to take children for more than a respice period.

7.3 Despite the challenges it has been possible via interviews with service user's families, an interview with Foster Family X, in addition to access to the case files and Boarded Out Registers to establish the placement

patterns with Foster Family X to the extent possible. In total 47 individuals have been identified as having been placed with Foster Family X for some period. This includes nine individuals who were either exclusively or for part of their time in private arrangements with Foster Family X. This report cannot deal with unidentified private placements, to include day care, which may have been a feature of the service provided historically by the Foster Family.

- 7.4 The first recorded placement with Foster Family X under the Boarding Out Regulations 1983 was August 1983 for a period of 2 weeks. From references received in 1985 regarding their application to foster on behalf of [REDACTED] it is evident that Foster Family X were providing private child minding services. This conclusion arises from the fact that the children of these referees were being cared for on a day basis by Foster Family X as stated within the references. Foster Family X had previously been child minders in another jurisdiction before returning to Ireland.
- 7.5 The target group of children for the holiday placement scheme were those attending the special schools in the [REDACTED] area. Approximately 30% of the referrals to place children with Foster family X appear to have originated directly from [REDACTED]. The remainder appear to have been identified for placement by the Special Schools and associated intellectual disability services for children.
- 7.6 In 1984 Foster Family X provided holiday breaks to at least 12 children. These placements were with then unapproved foster carers under the requirements of the 1983 Boarding Out Regulations. [REDACTED] funded these placements under the Boarding Out Regulations. The range of intellectual disability of the children placed included those with moderate

to profound Intellectual Disability, whose ages ranged from 4 years to 17 years.

- 7.7 As noted previously Foster Family X were approved by [REDACTED] in 1985 as foster carers for a maximum of two children for summer holiday respite. In 1985 Foster Family X provided placements to at least fourteen children under the scheme for an average length of stay of one week per child during the months of July and August.
- 7.8 In 1986 at least nineteen children were placed with foster family X. It is evident that on some occasions there were three children in placement at the same time. These numbers and the duration of placements were outside of the approved status of the Foster Family X as foster carers.
- 7.9 In 1987 at least twenty children and in 1988 fourteen children were placed with Foster Family X. The placement of one particular child in care continued from July 1986 to April 1987 and a second child in the late 1980's remained in placement for a full summer. A similar number of placements occurred in 1989 (19) and 1990 (16), with two children remaining in placement for two months each summer. These placements were a mix of Health Board and private arrangements.
- 7.10 It is clear that even when a long term foster care placement was made with Foster Family X in 1989, additional children over the approved numbers were placed for respite periods. The Team has not found evidence that this was the subject of any appropriate consideration or assessment by [REDACTED]
- 7.11 After the withdrawal of the contracted multi-disciplinary service in 1990 the holiday type scheme ended and there was a sharp decline in the use of placements with Foster Family X. The numbers decreased to single figures each year subsequently. In 1993 Foster Family X provided

placements for a total of six individuals. The Team did not access any information which would suggest definitively that further children or adults were placed with Foster Family X by [REDACTED] after 1993, other than the long term placement of SU42. Evidence from interviews conducted with families however does show that some families had a private arrangement with Foster Family X to place their child/adult there as a private placement. In effect this meant that in each year from 1994 onwards there was an average of one adult private placement per year up to 2013. In 2013 when it was discovered by [REDACTED] that such private arrangements were still in existence, the HSE on foot of this knowledge wrote to the family advising them to cease such arrangements.

- 7.12 From all of the available information there is no record that all of the 1983 regulations were met.

SECTION 8

8. PRE-INTERVIEW PROCESS

- 8.1 A decision to carry out an interview meeting with a family/next of kin was based on a review of information available from the file records.
- 8.2 Based on that available information the Team made a decision to initially contact the identified families by telephone, following a determination that there should be no adverse impact arising for the family member/s /next of kin. The family was then telephoned by a member of the Team to agree a time and venue suitable to meet with the family/next of kin. An introductory statement, agenda for visits, as well as the relevant questions to pose during interviewing was developed by the Team. Interviews with families took place during June, July, August, September 2014 and Jan 2015.
- 8.3 Prior to arranging any interview An Garda Síochána confirmed that they had completed their process. At the commencement of each interview an explanation regarding the reason for the review was given to the interviewees. The Team also confirmed that the family had been met by An Garda Síochána and established the families consent to proceed with the interview. With consent confirmed interviewees were then asked for their permission to allow a member of the Team to record the interview. It was explained to them that this was to facilitate the retention of an official record of the interview which would be retained by the HSE, a copy of which would be made available on request to the family/next of kin/service user interviewed at the completion of the enquiry.
- 8.4 Each interview was carried out by two members of the Team which encompassed a gender mix. All families interviewed were advised of and provided with a note at the end of their interview outlining the support

contact details established by the HSE in the event that they felt adversely affected by any matter that arose as part of the interview discussion or the review process overall. A written report to a standard structure was completed by the Team following each interview.

Following visits by the Team, a member of the Team took responsibility for ensuring that any necessary statutory notifications took place.

Overall responsibility for the individual service users remained with the relevant service (HSE or funded agency).

- 8.5 On completion of the report every family interviewed were informed that the process had been completed and an opportunity for direct feedback was offered to them.

SECTION 9

9. CONSENT & THE INTERVIEW PROCESS

- 9.1 Consent is ordinarily thought of as the process of obtaining a service user's permission for some or other procedure after the carer/nurse/doctor has explained the process or procedure to the service user, including risks, benefits and alternatives to that procedure and the service user understands those. Decision making and informed consent however for the service users in this group, all of whom have significant intellectual disability posed a challenge for the Team.
- 9.2 Having had previous knowledge related to the service users' intellectual disability through file information, interviews with families as well as discussions with carers/key workers, the Team were conscious and concerned that a possible alternative and augmentative communication method might not either be sufficient to obtain such informed consent.
- 9.3 With such presenting challenges the Team took the view that those close to such intellectually challenged service users should be involved in any decision-making involving them and whether or not a particular intervention was in the service user's 'best interest' but in particular, were cognisant of the fact, that no-one (not even the service users' parent(s)/next of kin, or those close to them) can give consent on behalf of another adult. As no legal framework currently exists in Ireland for substitute or assisted decision-making, other than a Ward of Court process, the consultative process identified by the Team, involving significant others in the service user's life was utilised.

- 9.4 Some concerns arose however during this consultative process that influenced the Team's decision making in relation to progressing interviews with service users. A particular example is outlined below to illustrate the complexities which arose in a number of the cases.
- 9.5 This particular case involved a family who had concerns that their relative would not be capable of giving informed consent, did not want them approached to elicit such consent but who were anxious themselves to obtain the overall outcome of the enquiry and in particular if it had any historical significant negative impact on their relative. This family was reassured by the Team that they would abide by their wish not to approach the service user for consent, taking into account the significant intellectual disability. However, it was explained that in order for the Team to be able to provide them with their request for the outcome and conclusion to the overall process related to their relative, it was necessary for the Team to obtain and assess the additional file information on their relative that they themselves had seen.
- 9.6 Therefore, in order to progress this essential piece of work and to reach a conclusion on behalf of all the service users and their families/Next of Kin, the Team following consultation with the families of service users took a decision in each case, on the basis of "best interest" principle, regarding access of additional files held in other voluntary agencies. The particular family involved in the example mentioned above agreed to the team proceeding on this basis.

9.8 SERVICE USER INTERVIEWS:

- 9.8.1 Four service users' (SU 14, 16, 18 & 29) were present at interviews whilst their family/next of kin was being interviewed by the Team. However, based on their cognitive ability it was understood by the Team

and the Family that the individual Service User did not understand the nature of the material under discussion.

9.9.2 A decision was taken to interview a sample of service users who were primarily identified as having the capacity and cognitive ability to communicate with the Team. This initially totalled six service users, (SU 7, 13, 19, 20, 30 & 33) two of whom had been in the statutory care of [REDACTED] at the time of placement with Foster Family X. In so far as possible, an assessment was carried out as to any potentially adverse impacts on the service users of their being interviewed regarding their experiences

9.9.3 Of the six service users selected for interview four were attending day or residential services, one was not involved in any service and the sixth was living independently.

9.9.4 Concerns were raised in the case of two service users who were attending the same day services by the Service Provider in relation to each individual service user's ability to provide informed consent irrespective of their verbal ability to communicate. In the case of one of these service users (SU 19) the Team having considered these concerns as well as further discussions with the service user's current carers decided not to proceed in the best interest of the service user's well being. In the case of a second service user (SU 7) the Team consulted again with the next of kin who was in agreement to the interview proceeding.

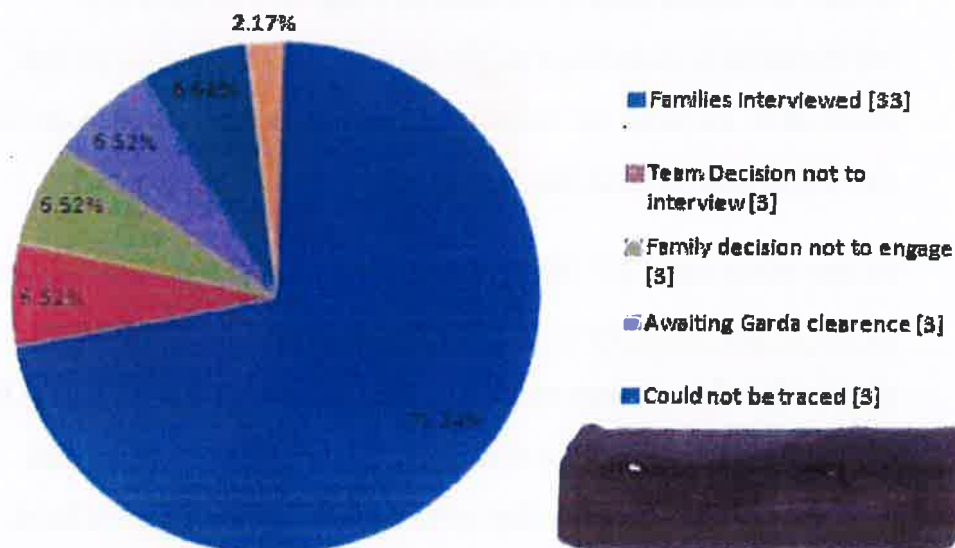
9.9.5 In the case of the service user who was not involved with any service (SU 13) the Team endeavoured on numerous occasions to set up appointments with the service user and their nominated support person. However, the service user in the end took the decision not to meet with the Team for interview.

9.9.6 The Team initially intended to interview SU 33. However, having taken into consideration information obtained at the next of kin interview, the health status of the service user, which at the time was somewhat compromised, together with the expressed wishes of the next of kin not to interview, the team took the final decision not to proceed in the best interest of the service user.

9.9.7 In summary, the Team met with but did not interview four services users who were present at the meetings with their families, for reasons as outlined earlier. The Team initially identified six service users for direct interview but as a result of circumstances arising, it was only possible to carry out interviews with three of these service users (SU 7, 20 & 30).

9.10 INTERVIEW ANALYSIS

Analysis of overall engagement with families



9.10.1 INTERVIEWED:

9.10.2 A total of forty six families representing forty seven service users were identified for interview by the Team [REDACTED]

9.10.3 Of the forty six families, thirty-three families representing thirty four service users were actually interviewed.

9.10.4 In addition to family/next of kin of service users interviewed, a total of three service users (SU 7, 20 & 30) themselves were also interviewed. This is in addition to the four service users (SU 14, 16, 18 & 29) who were present with their families during the interviews

9.11 DEEMED UNNECESSARY TO INTERVIEW:

9.11.1 Following initial telephone contact with two families (of SU 38 & 46) by the Team it was mutually agreed that no visit would be made, as neither family felt that they had any significant information to contribute to the enquiry and on that basis saw no purpose in meeting for interview. Both families had also declined any involvement with the Garda investigation.

9.11.2 In one other case (SU 40) a decision was made not to interview based on the assessment of his circumstances. In addition there was no family member available. Discussions were held with the manager of the service in which the Service User resides and relevant issues regarding the service user's position have been communicated to the HSE.

**9.12 FAMILIES WHO REFUSED CONTACT WITH THE TEAM
BEYOND INITIAL CONTACT:**

9.12.1 After initial telephone contact by the Team, a total of three families declined any further contact (SU 43, 44 & 45). These families however did engage with the Gardaí. Subsequently these families were written to and advised of the teams continued availability to meet with them regarding the enquiry.

9.13 UNABLE TO TRACE:

9.13.1 A further three families (SU 39, 41 & 47) have not been able to be identified and so have not been located. In these cases there are some indications of placements with Foster family X. However, despite the combined efforts of the Team and An Garda Síochána, it continues to be the case that further identifying information has not been secured.

9.14 WARDS OF COURT:

9.14.1 Two service users are Wards of Court (SU 31 [REDACTED])
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] In relation to the second Service
User (SU 31) a meeting was held with the committee and a
relative.

9.15 DECEASED SERVICE USERS:

9.15.1 It was established that three service users were deceased (SU 21, 26 & 27). However, as records showed that these service users had been on placement with Foster family X, for significant periods of time, the Team decided to speak with these families. All three families expressed their satisfaction with the level of care given to their child while in respite with Foster Family X. It should be noted also that one of these three children was in the statutory care of [REDACTED] at the time of the placement and the other two had primarily been private placements.

9.16 PENDING INTERVIEW AND GARDA CLEARANCE:

9.16.1 At the time of completing this report there are three families (SU 35, 36 & 37) who it is considered are appropriate to be interviewed by the Team but to date have not been interviewed:

- Service User 35 was identified by the Team at a late stage in the process and referred to An Garda Síochána for their process. Clearance to interview this family is awaited from An Garda Síochána.
- Significant health issues within the second service user's family (SU 36) have resulted in deferral of engagement by An Garda Síochána and the Team. It is anticipated however that both agencies will be able to engage at a future date.

- Service User 37 and her family live outside the jurisdiction. Garda clearance may take some time and therefore special arrangements will be required by the HSE regarding the engagement with the family on receipt of the Garda clearance.

SECTION 10

10. INTERVIEW OUTCOMES

10.1 No Further Action Required by the Team:

- 10.1.1 In respect of the thirty three families interviewed by the Team all necessary notifications to statutory agencies have been undertaken and no related obligations remain in relation to any historical or related safety, care or welfare concerns.

10.2 Statutory Notifications:

- 10.2.1 During the course of this enquiry and following discussions with An Garda Síochána, a total of four service users (SU 6, 17, 24 & 37) were formally notified by An Garda Síochána initially to the HSE who then made appropriate referrals to TUSLA.

10.3 Referred to HSE [REDACTED] Disability Services/Commissioner:

- 10.3.1 In respect of current issues arising for service users or their families, four cases (SU 2, 14, 16 & 40) were referred, after contact between the Team and families/next of kin, to the HSE.
- 10.3.2 In one case the family had raised concerns that impacted on the service user accessing services.
- 10.3.3 In the second case the Team requested that the current life circumstances of the person involved would be reviewed by the disability services. This case illustrated a need for clarity in terms of policy and practice in situations where service users disengaged from services and the need for clear guidance on the approach and

responsibilities arising have been brought to the attention of the HSE.

10.3.4 In the third case a concern regarding access to appropriate respite services was raised and also referred to the HSE.

10.3.5 The fourth case related to establishing the legal status of a service user and it was recommended to the HSE that it would seek appropriate legal advice.

10.4 Further File Investigation:

10.4.1 During the process of analysing the interviews conducted with families, the Team were concerned in the case of five service users that additional information existed and needed to be reviewed. The relevant information was primarily held by locally funded Disability Service Providers and with the consent of the relevant families this information was made available to the Team.

Next Of Kin Interviews: (Total of 33 families interviewed)

Overview	
Outcomes	Identified By:
Overcrowding	4
Poor Admission and Discharge Arrangements	16
Overcrowding Plus Poor Admission and Discharge Arrangements	6
Lack of Supervision	7
Non Specific Deficits	5
Complaint of Physical Abuse	
Families who expressed Positive Views of Placement	18
Non/Vague Recollection of Foster Family X or the Placement	3

(Note: a number of families would have made a number of the observations or indeed in some cases no observation.)

10.5.1 During the course of interviews, families were asked to outline their experience and knowledge of Foster Family X as respite providers, as well as their opinion on the home as a respite facility. Specifically in relation to the home itself they were asked for example to recall:

- If they were satisfied with the care their son/daughter received while in the care of Foster Family X.

- If they recalled seeing other children or adults on the premises when they left their child with Foster Family X.
- What the home looked like.
- If they had viewed where their child was going to sleep.

10.5.2 In relation to their experience and knowledge of Foster Family X the families interviewed were asked for example the following:

- Their experience of Foster Family X as respite providers.
- If Foster Family X had enquired from them how their child was coming into their care.
- If their child had any food preferences
- What time they liked to go to bed.
- What their preferred toy was.
- If their child had any particular problems that Foster Family X should know about.
- Their experience on picking up their child at the end of the respite period
- If any difficulties or problems during the respite time encountered by their child were relayed to them
- All families were provided with opportunities during the interviews to raise any issues of concerns arising for them in respect of placement with Foster Family X. Families were also asked to contact the Team post interview if they recalled any specific concerns.

10.5.3 Information obtained from interview by the Team indicates that on occasion service users availing of respite at Foster Family X's home were either collected or returned home by Foster Family X or a male member of Foster Family X's extended family. Of the families that did either drop their child off to Foster Family X's home or pick them up at the end of the respite time, many did not get access into the home and therefore were not aware of any household issues that might cause them to be concerned. Many were not shown where their child was to sleep, nor invited to view the sleeping arrangements.

10.5.4 Most families attested to seeing other children on the premises. One family interviewed spoke of seeing two wheelchair users, while others said they saw one or two other children on the premises when dropping their child off. Many families reported that they did not receive any feedback at the end of the respite period, other than... "He/she got on well."

10.5.5 In relation to families of service users being able to telephone Foster Family X to enquire of their child during the time they were in the respite facility, it is clear from the information obtained that there was no telephone in Foster Family X's home for a significant period of time during which they were caring for service users. It was evident also that the foster mother appeared to be the primary carer of the service users in the placement.

10.5.6 The Boarding Out of Children Regulations 1983 governing the preparation for boarding out of children in the care of a health board clearly states, that the foster parent(s) and their home must have been visited by an authorised officer of the health board who is then required to submit written reports on the suitability in age, character and temperament of the foster parent(s); the number, sex and approximate

ages of the persons in the household as well as the suitability, or otherwise, of the sleeping and living accommodation, as well as other domestic conditions in the home of the foster family.

10.5.7 The dominant adverse feedback to the Team in the case of Foster Family X clearly relates to suspected overcrowding and the consequent impact this would have had on the quality of care received by service users. Foster Family X when it was approved as a foster carer was only approved to care for two children on a respite basis. It is evident from files reviewed and interviews conducted that the maximum number of two children being cared for during the respite period of July and August each year, was breached on more than one occasion. The respite scheme which ran from 1983 to 1993 was funded on an annual basis by [REDACTED] and primarily provided for children who attended special schools in the [REDACTED] area. However, evidence from file records as well as information obtained at interviews would suggest that this agreement was not adhered to as additional children and adults were cared for by Foster Family X on a private basis. There is no record of Foster Family X however notifying [REDACTED] that they were providing such a service.

10.6 Families Who Expressed Positive Views:

10.6.1 Eighteen of the families interviewed expressed the view that they had experienced positive interactions in their dealings with Foster Family X, were satisfied with the care received and felt that their child/adult was well looked after whilst in their care. They expressed their opinion of Foster Parent X as being a nice person and that both they and their child liked the foster parent. One family expressed the view that the home of

Foster Family X had a good atmosphere and that they had no difficulties with the care their child received whilst residing there. Two families expressed the view also that they were glad of the placement break, with one parent articulating that she was sorry that she had not heard of Foster Family X years earlier as she would have used them for respite for their child. The remainder of this group either had no concerns or had no recollection of either the Foster Family X or the particular respite period.

- One parent, though reluctant initially to leave their child with Foster Family X, possibly due to a separation anxiety, was happy to learn afterwards of their child's involvement in planting shrubs in the garden with Foster Family X.
- One family whose child went regularly in a private capacity expressed the view that they were very grateful to have the services of Foster Family X available to them.
- Another family expressed satisfaction with Foster Family X when they learned that their child was taken fishing.
- One family recalled being invited into the house to share a cup of tea with the foster family.
- Another family expressed the view that Foster Family X was kind to their child.
- Another family felt that their child was very much accepted by Foster Family X.

10.6.2 Referral to the local Disability Services was required in four of the thirty four cases, in relation to current support needs. However in relation to those cases no further action was deemed necessary in relation to historical or related safety, care and welfare concerns related to Foster Family X.

10.7 Dissatisfaction /Concerns Expressed:

10.7.1 A common factor arising among the families who expressed explicit dissatisfaction and/or expressed concern around the placement of their child in the home of Foster Family X was a lack of supervision. Though children are naturally curious and want to explore their environment, their supervision is the ultimate responsibility of an adult.

10.7.2 Instances of an absence of supervision were for example an occasion when one family were asked to collect their child early from the placement as Foster Family X were attending a family event. When arriving at the placement they state that they found their child with a packed bag unsupervised at the end of the laneway.

Another parent reported that on visiting the foster home their young child was sitting on the grass in the garden unsupervised and upset.

10.7.3 One family reported an allegation of physical abuse which was already known to the Services and reported to An Garda Síochána.

10.8 Private Placements:

10.8.1 The Team identified 9 service users who availed of respite breaks with Foster Family X on a private basis. These arrangements were not notified to [REDACTED] and therefore were not monitored. Some of this group were in placement as adults during the summer periods when younger children would have been in placement under the Holiday Breakaway/Respite Scheme.

10.8.2 The last private respite arrangement continued up to October 2013 when the HSE on becoming aware of the continuation of such an arrangement wrote to the family advising them of this enquiry of Foster Family X and advised that pending the resolution of such enquiry, these private respite

arrangements should cease, in the best interest of their relative.

Alternative respite arrangements were therefore offered to the family for their relative.

10.9 Duration of Placements

10.9.1

Two other service users stand out as having spent very significant time with Foster Family X.

10.9.2 Service User 1 which was a private placement spanned a period of fourteen years and would have involved a total of 800 bed nights approximately. The family of this Service User have been interviewed and have no complaints about the care received and in fact are positive about the overall experience and have continued contact with Foster Family X.

10.9.3 Service User 44 spent considerable periods of time in respite care over two years in the early 1990's. The family of this Service User did not wish to engage with the team. However, this family did engage with An Garda Síochána and all information was provided to them. It is understood that the family is at present actively engaged with the HSE Disability Services.

10.9.4 In respect of 38 other persons who spent time in the Foster home and in respect of whom reasonably reliable information is available it is evident that the average total number of bed nights per Service User was 35.9.

SECTION 11

11. CHILDREN IN CARE

- 11.1 On the 1st of January 2014 the Child and Family Agency, TUSLA, became an independent legal entity, comprising HSE Children & Family Services, Family Support Agency and the National Educational Welfare Board as well as incorporating some psychological services and a range of services responding to domestic, sexual and gender based violence.
- 11.2 TUSLA is now the dedicated State agency responsible for improving wellbeing and outcomes for children. It represents the most comprehensive reform of child protection, early intervention and family support services ever undertaken in Ireland.
- 11.3 Formal engagement between TUSLA and the Project Office began in April 2014 subsequent to a national briefing which took place involving the Chief Operations Officer of TUSLA. Following this arrangements were put in place for the identification and provision of relevant information.
- 11.4 The Children in Care group, refers to five children who were not living with their families and were in the care of [REDACTED] at the time of placement with Foster Family X. As this particular group were a very vulnerable group of children, a comprehensive child centred service with sufficient supports and professionals should have been put in place by [REDACTED] Social Work Department, to meet the statutory obligations arising and to assist them move through a safe childhood into adulthood.
- 11.5 There were a total of five children in the formal care of [REDACTED] when they were placed for respite with Foster Family X (Services Users' ID 5,

19, 30, 26 & 42). In the case of two of these children, one spent a considerable time in the foster home and the second who has been the subject of a separate report in 2012 spent many years in the foster home. The duration of stay for the remaining three children ranged from one or two weeks to a number of months. Based on all available information related to these individual cases, it is evident that this group of children had experienced adversity in their lives and had associated needs, over and above those who ordinarily availed of such respite. Indeed a review of their files clearly supports this view. The children ranged in terms of their intellectual disability from low/mild to severe intellectual disability and in terms of their age, from nine to seventeen years of age.

11.6 Foster Family X were approved by [REDACTED] in 1985 to provide summer respite breaks for children with an intellectual disability over the months of July and August each year. The responsibility of [REDACTED] in respect of these children is set out clearly in respect of preparation for boarding out/foster care in the 1983 Boarding Out Regulations.

11.7 The information made available to the Team in the files reviewed does not indicate that the requirements of these regulations were met. In fact what they do indicate is that there was a consistent failure to meet the basic requirements associated with the regulations which state that:

- (a) *A Health Board shall not board out a child unless the foster parent with whom the child is proposed to be boarded out has furnished to the Health Board the names and addresses of two persons (not being relatives of the foster parent) who know the foster parent and their circumstances and whom the health board may consult as to their suitability as a foster parent.*
- (b) *A written report furnished by a registered medical practitioner on the state of the health of the foster parent/s.*

- (c) *The foster parents and the home where the child will live has been visited by an authorised officer of the health board and the authorised officer has furnished for the consideration of the health board a written report on the suitability in age, character and temperament of the foster parent.*
- (d) *The suitability or otherwise, of the sleeping and living accommodation and other domestic conditions in the home of the proposed foster family.*
- (e) *The number, sex and approximate ages of the persons in the household of the foster family.*
- (f) *The available history of the child and the relevant reports indicate that boarding out in that home would be conducive to the welfare of the child.*
- (g) *Before boarding out a child, a health board shall require the foster parent to enter into a contract with the health board ...binding such foster parent to observe all the conditions therein contained so long as the child shall continue to be boarded out with such foster parent. (S.I No. 67/1983-Boarding Out of Children Regulations, 1983).*

11.8 Though evidence exists on file that the contracted Social Work Services obtained private and medical references for Foster Family X, there is no basis in the relevant regulations for ██████████ using this as a means of substituting its statutory obligations to assess the suitability of foster carers. There is no evidence of any visit by an authorised officer of the Health Board or the conducting of an assessment of Foster Family X's suitability.

11.9 For the purposes of securing the welfare of children in care under the 1983 Regulations the Health Board was required to carry out periodic inspections of the child and the home in which he/she was boarded out within one month after the child was placed there and thereafter at such intervals not exceeding six months. The Team has not found evidence on file to demonstrate that such inspections occurred in most of the cases or

were recorded in any reasonable manner. In respect of four of these children who were in the statutory care of [REDACTED] the Team has been unable to confirm from either files and/or family interviews as to whether statutory notifications and child in care reviews took place consistently as per the 1983 Boarding Out Regulations. With regard to Service User 42 it is evidenced that whilst this service user was placed in a foster placement, at an earlier time, outside of [REDACTED] Administrative area, regular visits were made and the general engagement in that placement was significantly better than that which subsequently occurred in [REDACTED] placement.

11.10 Service User 42 was the subject of the Conal Devine Report. Four other children in care spent time in the Foster Home. (note – these are not the four cases referenced in the Conal Devine Report). A summary report in respect of these 4 other, Children in Care, cases (SU 5, 19, 30 & 26) was prepared by the Team. From the Team's review of available files, it is evident that no particular complaints arise in respect of these four children's placement with Foster Family X.

However, a potentially serious but unrelated issue arises in one of the cases and this has been brought to the attention of the HSE. The team recommends that each of the individual reports should be the subject of consideration and assessment by the HSE.

11.11 In October 2014 the Team updated key TUSLA Managers in the administrative area in respect of the following issues:

- The Garda notifications.
- Children in Care reviewed.
- Ongoing and future liaison.

11.12 The following is a brief summary related to each of the children in care cases excluding the case relating to Service User 42 which was the subject of a separate report in 2012.

11.13 Service User [REDACTED] was the subject of a Place of Safety Order and a Fit Persons Order in the early 1980s. This service user spent one week in the home of Foster Family X. No information is available to indicate any adverse experience in the foster home. All information has been collated and a report prepared for the HSE. This service user is presently living independently with outreach support.

11.14 Service User [REDACTED] spent a number of months in the home of Foster Family X, in the 1980s. There is no indication that this service user had any adverse experience in the Foster Home. There is concern however regarding this service users experience elsewhere and all available information has been given to An Garda Síochána as well as being collated and a report prepared for the HSE. This service user was in residential care and passed away in 2004.

11.15 Service User [REDACTED] The records for this service user are somewhat inconsistent regarding placement with Foster Family X. However, it is evident that this service user spent three placements in the home of Foster Family X in the 1980s and 1990s. However, there is no indication that the service user had any adverse experience while there. From a review of the available files, two concerns exist regarding this service user's experience elsewhere. Therefore, all available information has been provided to An Garda Síochána as well as a separate report prepared for the HSE. This service user is presently in residential care. The Team recommend that this report is used to inform a Multidisciplinary Case Conference to ensure the service user's historical experience informs a

full assessment of needs and if necessary the development of an appropriate care and intervention plan.

11.16 The matter referred to above regarding this service user's experience elsewhere relates to a concern identified by the Team entirely unrelated to Foster Family X and to its own Terms of Reference. It relates to the potential harm which may have arisen based on information known regarding a particular service user. The Team has communicated its concern separately to the HSE and recommends that a separate process is initiated to comprehensively review this matter in order to establish and to address any issues arising. This matter has also been communicated to An Garda Síochána. The HSE has also communicated this to TUSLA.

11.17 Service User In the early 1990s this service user spent over four months in the home of Foster Family X. There is no evidence on file to suggest that this service user had any adverse experience while in the home of Foster Family X. All available information has therefore been collated and a report prepared for the HSE. The Team would recommend that this report be considered in order to inform a process to ensure that all this service user's needs are understood and addressed. The service user presently resides with his long term foster family and attends a day service. Particular consideration needs to be given to this Services User's legal status.

SECTION 12

12. HISTORICAL ISSUES OF CONCERN

- 12.1 There are four service users referenced in the Conal Devine Report 2012 in which it was recommended the HSE would satisfy itself that historical issues should be examined and addressed appropriately.

12.2 Service User [REDACTED]

This service user had one brief respite placement in the home of Foster Family X in the late 1980s. Approximately ten years later, Service User [REDACTED] made a disclosure that he was locked in a cupboard in the foster home. There is a reference on the HSE file to a Garda investigation of this matter, but the records are unclear. This disclosure of what constitutes an allegation of physical abuse was made to his family ten years after the event. Clearly some referral of this was made by the family but they cannot recall to whom this referral was made and the available records do not assist in clarifying this. All information has been made available to An Garda Síochána who have met this service user and his family. This service user now avails of a day service and is living with his immediate family. Following consideration of all available information, it was agreed with his family that he should not be interviewed by the Team as it may have an adverse effect on his health. The information on HSE files has been collated and a report provided to the HSE. This should be utilised in a review of this service user's needs assessment and care planning process.

12.3 Service User

The Boarding Out Register indicates that Service User had a respite placement with Foster Family X in 1989. There is no evidence of other file records of this placement and there is a reference to both Service User and his family stating that he was never in foster care. Foster Family X has also stated to the Team that Service User was not placed with them. Sixteen years after the date referenced in the Boarding Out Register certain matters occurring at that time were questioned as being possibly *linked* to the placement in the 1980s. The available information indicates that there are other significant issues relevant to Service User which require to be assessed and addressed and these are unrelated to any placement with Foster Family X. These other matters have been brought to the attention of the HSE. We have seen no information to suggest that Service User had any adverse experience whilst being placed with Foster Family X.

12.4 The family of Service User did not wish to engage with this review. Therefore all available information has been provided to An Garda Síochána and all of the available HSE files have been reviewed and a detailed report based on these files prepared for the HSE.

12.5 This Service User is now in Residential Care. The Team recommend that a multidisciplinary case conference is arranged to consider the service user's needs and that the detailed summary report prepared by the Team is used to inform the assessment of these needs and the development of an appropriate care plan if that is deemed necessary at the time.

12.6 Service User

Service user had two substantial periods of placements in the home of Foster Family X in the 1990s and an unrelated residential placement.

Concerns arise in respect of the care experienced during these placements. The family has stated that they did not wish to engage with this review. They have consented to a Garda investigation and all HSE files have been provided to An Garda Síochána. The Garda investigation is ongoing.

12.7 The HSE files have been reviewed and a detailed report based on these files has been prepared for the HSE. Significant variance is evident in the accounts of historical matters and without direct engagement with the family, it would be impossible to develop a clear understanding of the concerns and how they were addressed.

12.8 The Team recommends the HSE appoint an appropriately qualified person, who has had no prior involvement in the case to be made available to the family and attempt to develop a relationship of trust. Subject to the family's wishes the aim should be to agree a process to review the concerns and responsibilities arising. This service user, presently resides with her family and attends day services. It is understood that her family and the HSE are at an advanced stage in arranging a tailored support service to meet her needs.

12.9 Service User

In the mid 1980s Service User had three respite placements, each of one week duration in the home of Foster Family X. In the mid 1990s a disclosure of abuse was reported. At that time the family lived outside

Ireland and the local Social Services were aware of this disclosure which was also reported to An Garda Síochána. The family still resides outside Ireland and all HSE information has been provided to An Garda Síochána. There is a current joint Police/Garda investigation underway with the relevant authorities in the family's country of residence.

- 12.10 As clearance from An Garda Síochána for the Team to engage directly with this service user's family is still awaited, it was decided to proceed and finalise the Report at this time. Consequently when Garda clearance is available, the Team recommend that the HSE make arrangements for an appropriate and equivalent process to be undertaken in respect of this family's experience.

SECTION 13

13. RECOMMENDATIONS

13.1 General

13.1.1 The HSE should review the process for engaging with persons with an intellectual disability regarding historical matters of concern relating to their care and matters of abuse and develop guidance for such processes. This should address in particular issues regarding consent and communication.

13.1.2 The HSE should review jointly with TUSLA, the issues arising in respect of young persons in care with significant disability. This should address in particular the issues of legal status, preparation for and arrangements for aftercare.

13.1.3 The HSE should develop policies and procedures relating to the governance and safe guarding of family type placement arrangements for persons with a disability. Such policies and procedures should be included in all service level agreements and the provision of funding is conditional on compliance.

13.1.4 The HSE should review the Service Level Agreement Process within Disability Services and develop where necessary guidance documents or protocols regarding the respective responsibilities of the HSE as statutory authority and voluntary organisations as direct service providers.

13.1.5 In the event that further service users are identified, the local disability service will be best positioned to respond to any issues arising. It is

recommended that in each case a senior professional person is appointed by the HSE to ensure that a comprehensive assessment and response is put in place.

13.1.6 In the context of the implementation of the Safeguarding Vulnerable Persons Policy specific attention needs to focus on case management and associated issues. Specific training is required for all personnel involved in decision making regarding significant safeguarding concerns.

13.1.7 The HSE should ensure that an Action Plan is developed arising from this Report to ensure that all necessary follow up work is completed comprehensively and efficiently and that additional supports or services identified for specific service users are delivered. The Action Plan should be subject to ongoing audit.

13.2 Case Specific

13.2.1 There are a number of specific Service User issues arising within this report. Until all of these are addressed and An Garda Síochána's investigations have been completed the HSE should ensure that all these matters are the subject of on-going review by a named Senior Officer of the HSE. The most specific cases which require follow up and have been the subject of separate detailed reports to the HSE are:

13.2.2 Service User

13.2.3 The records for Service User are somewhat inconsistent regarding placement with Foster Family X. However, it is evident that this service user spent three placements in the home of Foster Family X in the 1980s and 1990s. However, there is no indication that the Service User had any adverse experience while there. From a review of the available files, two concerns exist regarding this Service User's experience elsewhere. Therefore, all available information has been provided to An Garda

Síochána as well as a separate report prepared for the HSE. This Service User is presently in residential care. The Team recommend that this report is used to inform a Multidisciplinary Case Conference to ensure the Service User's historical experience informs a full assessment of needs and if necessary the development of an appropriate care and intervention plan.

13.2.4 The matter referred to above regarding this Service User's experience elsewhere relates to a concern identified by the Team entirely unrelated to Foster Family X and to its own Terms of Reference. It relates to the potential harm which may have arisen based on information known regarding a particular Service User. The Team has communicated its concern separately to the HSE and recommends that a separate process is initiated to comprehensively review this matter in order to establish and to address any issues arising.

13.2.5 Service User [REDACTED]

13.2.6 Service user [REDACTED] had two substantial periods of placements in the home of Foster Family X in the 1990s and an unrelated residential placement. Concerns arise in respect of the care experienced during these placements. The family has stated that they did not wish to engage with this review. They have consented to a Garda investigation and all HSE files have been provided to An Garda Síochána. The Garda investigation is ongoing.

13.2.7 The HSE files have been reviewed and a detailed report based on these files has been prepared for the HSE. Significant variance is evident in the accounts of historical matters and without direct engagement with the family, it would be impossible to develop a clear understanding of the concerns and how they were addressed.

13.2.8 The Team recommends the HSE appoint an appropriately qualified person, who has had no prior involvement in the case to be made available to the family and attempt to develop a relationship of trust. Subject to the family's wishes the aim should be to agree a process to review the concerns and responsibilities arising. Service User 44 presently resides with their family and attends day services. It is understood that her family and the HSE are at an advanced stage in arranging a tailored support service to meet her needs.

13.2.9 Service User

13.2.10 In the early 1990s this service user spent over four months in the home of Foster Family X. There is no evidence on file to suggest that this Service User had any adverse experience while in the home of Foster Family X. All available information has therefore been collated and a report prepared for the HSE. The Team would recommend that this report be considered in order to inform a process to ensure that all this Service User's needs are understood and addressed. The Service User presently resides with their former long term foster family and attends a day service. Particular consideration needs to be given to Services User 19's legal status.

END OF REPORT

CONTACT PROTOCOL FOR CLINICAL TEAM

Context

In 2011 HSE [REDACTED] commenced a File Review of Disability Cases in the [REDACTED] Community Area. This was against a back drop of ongoing concerns about disability services including the Conal Devine report on the [REDACTED] Case which was underway at the time.

The File Review was undertaken by a Social Work Team in Disability Services [REDACTED] Local Health Office.

The File Review examined approximately 1000 cases going back over a period of over 30 years to the extent that files were available.

Subsequently the care experience of [REDACTED] (Index Case) while with the [REDACTED] Family was the subject of a comprehensive review and is documented in the Devine Report, 2012. This report identifies significant concern regarding the care experience received while in placement. Other concerns also exist regarding care experienced by other persons with a disability (intellectual) while in the same family placement.

The preliminary review of statutory records held by the HSE in the [REDACTED] Area has identified 40 persons who were placed with the [REDACTED]. The available records suggest some (varying) basis for concern in 11 of these cases. All of these have been notified to An Garda Síochána. Waterford is considered to be the primary source of placements but a review is currently underway in other catchment areas and in the voluntary agencies.

A further review, including Brother of Charity files has increased the total number of known service users availing of this placement to 42. This review also increased the number of cases where there appeared to be a suspicion of a concern to 12.

The index case ([REDACTED]) has been the subject of a Garda investigation and the DPP has directed that no prosecution should occur. Two of the 12 cases are currently the subject of investigation by An Garda Síochána. Arrangements are in place to secure any further information which may be held by

identified Non Statutory disability organisations. A process continues to identify any placements which may have originated in surrounding HSE areas.

A central part of the current process, which is tasked with identifying and addressing

All responsibilities arising, is to ensure that any adverse experiences of persons placed with the [REDACTED] Family are noted and an appropriate response by the HSE is initiated.

Approach

The welfare of such persons and their families is the paramount consideration, with due regard for the need to liaise with An Garda Síochána, in order not to compromise its statutory responsibilities.

There is considerable research evidence to indicate that adults, who have experienced abuse in childhood, delay reporting or do not report such abuse. Adults may have suppressed childhood related abusive experiences or not have disclosed such experiences to their families. Significant disability may add to difficulty in communicating concerns. Consequently initiating contact and raising the issue of abuse is not without potential impact and trauma.

Clinical judgement and skill is particularly important in decision making in the particular circumstances of each person. Contact is not a once off process and there is a need to ensure appropriate follow up support and the availability of follow up contact.

In the present context, indirect contact strategies such as through public notices (in the first instance) are not the most appropriate approach. Such strategies may raise considerable concern without engaging successfully with the relevant persons.

As it is possible to identify people who have been subject to placements, it is the considered view that the most appropriate approach is to engage directly and sensitively on an individual basis. Consideration will be given in each case as to the most appropriate approach to each individual and family. Experience will inform an ongoing review of this approach, and other strategies may become appropriate.

Process

Best professional practice is that if a reasonable suspicion for concern exists, for example the client has had contact with a person who has abused others, and then the person should be approached in order to clarify if he/she has had an abusive experience. The primary purpose is to identify and address the needs of the person and their families.

Decision making regarding the approach to this particular client group is complicated by both the existence of an intellectual disability, and the need to engage with parents and guardians of adults. In this context the approach and process of engagement must be informed by as much information as is possible regarding current functioning and supports. It may be appropriate for example to work collaboratively with a clinician/key worker who is familiar to the person.

While the intent is to contact all persons who were in a placement with the [REDACTED] family, as noted above, individual decisions must be informed by any indications that such contact may have an adverse impact at the particular time. It has also been determined, that in view of the particular

circumstances and the level of disability associated with the service users' involved, initial contact in all cases will be with next of kin or legal guardians. Any proposal for direct contact with service users will be based on an assessment, in consultation with family and service providers, of the advantages and disadvantages for the individual service users concerned.

Priority engagement will occur with persons where the available information gives specific cause for concern.

The clinical team tasked with contacting persons involved has a gender mix, and has relevant professional qualifications and / or a background in the areas of disability and child protection.

The relevant HSE staff member involved in the contact arrangements will take responsibility for ensuring that any necessary statutory notifications take place.

Making Contact

If a decision is made to initiate contact the following actions may occur:

1. The Clinical Team will review available information and determine if any adverse impact would arise for the service user or the family as a result of contact on this matter.
2. Initial contact will ordinarily be made to the next of kin.
3. Following initial contact any requirement for direct contact with service users will be based on a full assessment, in consultation with family and service providers, of the advantages and disadvantages for the individual service users concerned.
4. All telephone calls will be followed up by a letter confirming as much as possible the content of the conversation.
5. The service user and or family should be met at a location of their choosing. They should be advised they can have someone with them if they so wish.
6. Particular attention will be paid to ensuring that appropriate language and forms of communication are utilised to maximise the engagement with service users.
7. The meeting with families should follow the agreed statement of Introduction to Families format (see below).

INTRODUCTORY STATEMENT

(Note to be customised as appropriate)

A review is being undertaken to clarify facts relating to the care received by all service users who have been in receipt of care, including foster care, respite care and any other form of care from [REDACTED]

We wish to clarify if any concerns arise in respect of the care received and the knowledge of and response of these concerns by any relevant party (Health Board and Service Providers).

The Review Team understands that..... was placed with [REDACTED]
[REDACTED] during the period

A concern has arising in relation to one placement ([REDACTED]) and therefore the HSE has decided that contact will be made with everybody who was in placement.

Any information that you give us will be provided to the HSE and An Garda Síochána.

Agenda for Visit

The purpose of the meeting is to review your knowledge of the care experienced by [●] whilst in the care of [REDACTED].

The meeting is on a voluntary basis and at any time you may decide not to respond to any particular issues raised. However, your co-operation in this matter would be appreciated.

In the event that you are prepared to co-operate with the review we would be grateful to hear your response to the following questions:

12. Please provide information in relation to your experience relating to the placement of [●] with [REDACTED]. We would remind you that he/she according to records available was placed with [REDACTED] from [REDACTED] to [REDACTED].

13. Please provide any information you may have regarding any adverse experience that was encountered in relation to that placement.

14. Are you aware of any of the individuals who resided in [REDACTED] household and any role that they had while they resided there? Are you aware of any other adults besides [REDACTED] [REDACTED] who would have had contact with your child during the placements?

15. Did you at any stage make any complaint or express concerns and communicate those concerns to any party, in relation to the care of [●] while placed with [REDACTED] household and if so, when did that occur and in what manner were such complaints / concerns communicated by you. What response did you receive (either from the Health Board or Service Provider) to any complaint you may have raised.

16. In the context of the above are there particular unmet needs existing for (NAME) or your family.

17. Have you any objection or concerns to the Clinical Team to make direct contact with (Name) regarding these matters. Any such contact would only take place following appropriate engagement with (Named service provider).

18. The process that will apply regarding access to support services that arise as part of this review will be through initial contact with [REDACTED] and Telephone [REDACTED] (direct line).

19.

20. **OUTCOME**

21. A written report to a standard structure will be completed following each interview.

22. In each file a statement will be made to:

1. Confirm that sufficient information is available to inform an assessment of the:

- The possibility of abusive experience
 - The existence of associated need (relating to placement)
2. The basis for interviewing or not interviewing a client directly.
23. In the event that new information is disclosed to the Clinical Team regarding any other matter in effect of which responsibilities arise, these will be identified, any reporting obligations met and appropriate advice offered.
 24. In accordance with the principles of natural justice any person communicating a concern will be informed prior to their communicating the detail of that concern that no undertaking in regard to confidentiality can be offered and that the information may have to be disclosed to relevant statutory authorities and to the relevant person(s) identified in the report.

25 **Appendices to Contact Protocol**

1. Role of Project Personnel in Relation to Individual Clients
2. Letter to Families Confirming Appointments
3. Consent Form for Families
4. Interview Record with Families
5. Access to Support Services (to be handed to families at visit)
6. File note to Accompany Call Record Forms
7. Guidelines for Family Visits

DISABILITY FOSTER CARE REPORT

HSE [REDACTED]

Addendum Report

To

Original Report of March 2015

August 2015

CONTENTS

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Section 2 Matters Outstanding on Completion of Original Report

Section 3 Changes to data and tables in Original Report

Section 4 Feedback Process

Section 5 Enquiry Process Completion

Appendix 1 Terms of Reference

1. INTRODUCTION

- 1.1 In April 2014, Resilience was commissioned by the HSE to review all cases placed with Foster Family X in the area of HSE [REDACTED]. This followed a review completed in 2012 by Conal Devine and Associates of one case placed with the family for a period of twenty years and about whom there were a number of Protected Disclosures alleging sexual, physical and financial abuse.
- 1.2 The Resilience Report completed in March 2015, examined the circumstances of 47 service users placed with Foster Family X over the period 1983-1993 including one service user (Index Case in the Conal Devine Report) who was placed with Foster Family X for a period of twenty years from 1989 to 2009.
- 1.3 The Resilience Enquiry included clarifying any concerns arising in respect of the care that was received by the children and young adults involved (all of whom had an intellectual disability) and the knowledge and response to those concerns by any relevant party, including [REDACTED] HSE personnel. The Enquiry identified any issues arising from the placements with Foster Family X and also recorded current needs of the individuals and their families, when raised by the families. This was achieved by comprehensive reviews of files made available, direct engagements with the families and where possible and appropriate directly with a number of service users, all of whom are now adults.

- 1.4 A formal liaison and communication protocol was drawn up and agreed with An Garda Síochána who conducted a parallel investigation. On the basis of the protocol the Resilience Enquiry only contacted families when cleared to do so by An Garda Síochána.
- 1.5 The Enquiry provided all relevant information to An Garda Síochána, engagement with TUSLA as well as the Office of the Wards of Court, as appropriate.
- 1.6 Resilience was supported in the Enquiry by a Clinical Team, primarily comprising HSE personnel from outside the Waterford area.
- 1.7 On completion of the Foster Care Enquiry in March 2015 Resilience provided a Management Plan to assist the HSE with the implementation of the recommendations in the Report and this Management Plan should be amended to take into account any new aspects arising from this Addendum Report.

2. MATTERS OUTSTANDING ON COMPLETION OF ORIGINAL REPORT

2.1 The Resilience Report was completed in March 2015. At that time two significant issues remained outstanding.

1. Approval from An Garda Síochána for contact with three families.

The indications were that this would take some time.

2. Provision of feedback to the families who had been interviewed during the course of the enquiry.

These matters have now been completed and this Addendum Report takes into account any issues arising not incorporated in the Original Report.

The overall position in that regard is as follows:

1. Engagement with the Three Remaining Families:

An Garda Síochána has subsequently cleared the Review Team to engage with the three families concerned (SU's 35, 36 and 37).

This work has now been completed in all three cases.

2. Feedback to Families

- At the time of completion of the original report in March 2015 all families who participated in the process were offered individual feedback meetings. Initially just three families sought such meetings but over time and possibly arising from media attention, the final number who received feedback increased to 17.
- All necessary follow up arising from such meetings was undertaken and notifications to relevant authorities were completed. In one case a new allegation of retrospective childhood sexual abuse arose in an

entirely unrelated aspect to the Enquiry and again this disclosure has been conveyed to the HSE, TUSLA and An Garda Síochána.

- 2.3 This Addendum Report should be read in conjunction with the Original Report and completes the overall assignment.
- 2.4 The Addendum Report includes revisions to data and tables in the Original Report as necessary following the engagement with the three families referenced above. The detailed changes to the data and tables are set out in Section 3 hereunder.

3. CHANGES TO DATA AND TABLES IN ORIGINAL REPORT

Reference: Section 9.16 – Resilience Report March 2015

3.1 At the time of completion of the Original Report there were three families (SU 35, 36 & 37) who were considered appropriate to be interviewed by the Team but were not cleared for contact by An Garda Síochána.

3.2 Service User 35

3.2.1 Following clearance by An Garda Síochána, the family of Service User 35 was contacted by the Enquiry Team in June 2015. In this case there was no documentary evidence of any placement with Foster Family X. However, another Service User during interview had informed the Team that Service User 35 was in the placement at the same time. This family declined the invitation to meet with the Team as they had no memory of Service User 35 having spent time with Foster Family X.

3.2.2 This is one example of the difficulties which inevitably arise in dealing with issues of an historical nature. The Team in dealing with matters which occurred in some instances up to 30 years ago found that individuals recall varied considerably.

3.3 Service User 36

3.3.1 There were issues within the second service user's family (SU 36) which resulted in deferral of engagement by An Garda Síochána and the Enquiry Team.

3.3.2 Following clearance by An Garda Síochána, the family of Service User 36 was interviewed by the Team in July 2015. It was necessary, for the Enquiry Team to review further records maintained by a voluntary organisation in respect of this individual and this was completed by the Enquiry Team in August 2015. There were no findings of significance regarding Foster Family X from this process. However, the HSE were informed of certain current issues which require attention.

3.4 Service User 37

3.4.1 Following clearance from An Garda Síochána in July 2015 the Team made contact with the family of Service User 37 and had a number of communications. The family declined a direct face to face meeting but did agree to a telephone interview.

3.4.2 The family outlined the complaint of sexual abuse as previously detailed in the Conal Devine Report. It is understood by the Enquiry Team that the allegation was investigated by An Garda Síochána and no criminal prosecution took place.

3.4.3 Due to the nature of the engagement which was substantially limited it was not possible to make a full professional assessment of the families current needs.

3.4.4 The Team therefore requested and received permission from the family to brief their local Services in order that support systems could be put in place if necessary.

3.4.5 In addition, the family were informed that they could make contact with the HSE in the future, if deemed necessary.

3.5 Specific Changes to Data and Tables in Original Report

3.5.1 As a result of this additional family engagement the statistical activity as set out in the Report March 2015 is amended as set out below:

3.6 INTERVIEW ANALYSIS

- Families interviewed (35)
- Team decision not to interview (3)
- Family decision not to engage (4)
- Awaiting Garda Clearance (0)
- Could not be traced (3)
- Service User 42 (Conal Devine Report) (1)

3.6.1 Of the forty six families, thirty-five families representing thirty six service users were actually interviewed.

3.7 FAMILIES WHO REFUSED CONTACT WITH THE TEAM BEYOND INITIAL CONTACT:

3.7.1 After initial telephone contact by the Team, a total of four families declined any further contact (SU 43, 44, 45 & 35). These families however did engage with the Gardaí. Subsequently these families were written to and advised of the teams continued availability to meet with them regarding the enquiry.

3.8 NO FURTHER ACTION REQUIRED BY THE TEAM:

- 3.8.1** In respect of the thirty five families interviewed by the Team all necessary notifications to statutory agencies have been undertaken and no related obligations remain in relation to any historical or related safety, care or welfare concerns.

3.9 FURTHER FILE INVESTIGATION:

- 3.9.1** During the process of analysing the interviews conducted with families, the Team were concerned in the case of six service users that additional information existed and needed to be reviewed. The relevant information was primarily held by locally funded Disability Service Providers and with the consent of the relevant families this information was made available to the Team.

3.10

Overall Quality of Care Outcomes Identified From Family/**Next Of Kin Interviews: (Total of 35 families interviewed)**

Overview	
Outcomes	Identified By:
Families who expressed Positive Views of Placement	18
Poor Admission and Discharge Arrangements	16
Lack of Supervision	7
Overcrowding Plus Poor Admission and Discharge Arrangements	6
Non Specific Deficits	5
Non/Vague Recollection of Foster Family X or the Placement	4
Overcrowding	4
Complaint of Physical Abuse	0
Complaint of Sexual Abuse	0

(Note: a number of families would have made a number of the observations or indeed in some cases no observation.)

4. FEEDBACK TO FAMILIES

- 4.1 On completion of the Foster Care Enquiry all families interviewed were informed that the process had been completed and an opportunity for direct feedback was offered to them.
- 4.2 This was done by way of registered letters and the families were advised that the feedback would be undertaken in individual meetings with two members of the Review Team.
- 4.3 While at the time of the completion of the Report in March 2015 just three families had sought feedback, this number subsequently increased to 17 and all feedback has now been completed. One family, having sought a meeting, subsequently declined to attend.
- 4.4 In respect of 12 of the 17 families who received feedback, no further action was required and final letters were issued stating that the review process was completed. Records of meetings with families were forwarded following the feedback meeting where requested.
- 4.5 A number of families requested a copy of the Final Report and they were advised that such requests were forwarded to the local HSE General Manager and would be addressed on publication of the Report.
- 4.6 In the case of 4 families additional matters arose during the feedback process and the Enquiry Team implemented the following actions:
1. SU 12 – Communication with the HSE Local Office in respect of this individual's circumstances within a voluntary agency.

2. SU 17 - Liaison with the HSE [REDACTED] with regards to feedback from this family

3. SU 21 – Notification of alleged abuse forwarded to the HSE for follow up with TUSLA and An Garda Síochána. Note: the alleged abuse is entirely unrelated to the matters under review in the Foster Care Report.

4. SU 36 - Communication with the HSE Local Office in respect of this individual's circumstances within a voluntary agency.

4.7 All four families have received a final letter confirming that the Review team have followed up on actions agreed and stating that the review process is now complete.

5. ENQUIRY PROCESS COMPLETION

- 6.1 The provision of this Addendum Report dated August 2015 brings the Foster Care Enquiry undertaken by Resilience to a conclusion.
- 6.2 The Enquiry commenced in April 2014 and the report was presented to the HSE in March 2015. This Addendum Report dated August 2015 completes a number of residual matters that the HSE had requested Resilience to address and brings the overall assignment to a conclusion.

End of Report

APPENDIX 1

Terms of Reference

Review concerning foster care placements

Background

An inquiry was carried out by Mr Conal Devine culminating in March 2012 with the Final Report "Inquiry into Protected Disclosures, SU1". That inquiry was into issues raised and related matters in protected disclosures made by two employees of [REDACTED]. The purpose of that inquiry was to:

- (a) *Establish the chronology of events leading up to the issues disclosed*
- (b) *Identify any care/service delivery problems that may have occurred*
- (c) *Identify the causes of the care/service delivery problems*
- (d) *Recommend actions that will address the causes of the care/service delivery problems so that the likelihood of future harm arising from these causes is reduced as far as is reasonably practicable.*

Arising out of that inquiry, it is necessary to undertake a review to clarify the facts relating to the care received by all service users who are or have ever been in receipt of care, including residential care, respite care and otherwise from [REDACTED], to include clarifying to the extent that is possible any concerns arising in respect of the care received and the knowledge of and response to these concerns by any relevant party. This may also require an identification of any actions required currently arising from these concerns and in that regard a process to contact those service users to ensure that all their needs are being addressed.

Resilience Ireland has been commissioned by [REDACTED] (the "Commissioner") to undertake this review ("the Review"). The Review Team and any ancillary staff required from time to time during the currency of the Review will be resourced by Resilience Ireland and will be covered by the indemnity provided by the HSE for Resilience Ireland.

Terms of Reference

1. The Review will proceed on the following basis:
 - 1.1 The Review Team will read and review all of the available files (such files to be sourced and provided by the HSE), and prepare a summary of issues of concern identifiable from those records that may need to be addressed by the HSE as part of general management arrangements.
 - 1.2 The Review Team will:
 - (a) Identify all persons who have ever been, or are, in receipt of care, by way of residential placement, respite care or otherwise ("placement"), from [REDACTED].
 - (b) Identify the dates of any such placement and duration.
 - (c) Identify the placing body or person responsible for arranging the placement.
 - 1.3 The Review Team will review the files of all service users identified at 1.2. above (such files to be sourced and provided by the HSE or other relevant bodies as agreed

with the HSE), and, to the extent possible from a file review and interviews with relevant persons, identify any historic or related safety, care and welfare concerns arising, which require to be addressed now by the HSE in the best interests of any service user involved.

- 1.4 The HSE may where required avail of all relevant expertise and resources when contacting service users on this matter.
- 1.5 The Review Team will identify any issues where responsibilities arose and assess the response taking into account the relevant standards, protocols and policies applicable at the time.
- 1.6 The Review Team will assist the HSE in the preparation of a Management Plan to comprehensively address the recommendations of the Conal Devine Report (March 2012).
2. The Review Team will be given copies of HSE files relating to social work, disabilities and otherwise connected to the matter and such other relevant documentation as may be identified and considered relevant by the Review Team.
3. The HSE will furnish a guidance document to the Review Team in relation to data protection and arrange appropriate indemnity.
4. If any information comes to the attention of the Review Team at any stage of the Review which the Review Team considers requires urgent attention by the Health Service Executive, the Review Team shall provide this information to the Commissioner immediately.
5. Confidentiality will be maintained throughout the Review to the greatest possible extent consistent with the requirements of fair procedures.
6. The Review Team will engage with any parties, who, in the opinion of the Review Team, can provide relevant information to assist in identifying service users who are or have ever been in receipt of care, including residential care, respite care and otherwise from [REDACTED] or files relating to such service users.
7. The Review will include a desktop process in terms of review and analysis of all available files and formal interviews with staff or other relevant persons as required.
8. Insofar as any issues arise during the course of the Review which are outside of these Terms of Reference but which, in the opinion of the Review Team, require consideration, the Review Team shall bring this to the attention of the Commissioner and with the agreement of the Commissioner, these Terms of Reference may be amended if necessary and appropriate.
9. The Review Team will provide the Commissioner with progress reports as required.
10. Upon completion of the Review the Review Team shall produce a report for the Commissioner. The Review Team will consider whether it is more appropriate to furnish interim reports to the HSE in addition to the final report. In the report, the Review Team shall set out the outcome of the process set out at paragraph 1 above and make recommendations, if necessary.
11. Decisions as to publication of the report of the Review Team are a matter for the Commissioner.

Dated March 2014