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**NATIONAL CARE PLANNING PROJECT**

**DRAFT**

**ACADEMIC REVIEW OF PRACTICE INSTRUMENTS**

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**Oct 2006**

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## **SECTION 1 – INTRODUCTION**

### **1.**

#### **Background**

The NCPP Director, Ms Agnes Feely, commissioned the academic review of the National Care Planning Project (NCPP) practice instruments in June 2005. This academic review is part of a layered evaluation of the project model in general, with this layer dealing with the practice instruments. Prior to the commission, an interim evaluation (, 2004) of the usefulness of the NCPP model and practice instruments, involving the multiple stakeholders, was completed. Some changes had been made to the practice instruments used in the pilot project as a result.

#### **Terms of Reference**

The terms of reference for the academic review include consideration both of the practice instruments developed for the NCCP against national and international best practice and research, and addressing questions on their impact on outcomes of child placement. The full terms of reference of the academic review are set out in Appendix 1.

An iterative process was undertaken with the commissioner-giver about the brief, both to clarify issues / assumptions and to obtain background information.

This review takes a wide view in appraising the practice instruments, focusing on contextual as well as clinical applications, as referenced in the NCPP goals. However, it does not attempt to cover general ground already well reported in other evaluation processes. It does draw on specific commentary on the practice instruments in use during the interim and final evaluations.

#### **The National Care Planning Project (NCPP)**

The NCPP is a Department of Health and Children sponsored action research project, which aimed to develop a comprehensive care planning model based on best practice. The project was located in the former Mid-Western Health Board, and included development of a holistic model of assessment and care planning for children in care. The NCPP was commissioned with a view to expanding the outputs for use in childcare across the country. A full evaluation report on the NCPP, which commenced in 2001, is provided by Brophy.<sup>1</sup>

The goals for the NCPP were:

- To develop a case management system for children in public care, based on prototypes piloted in County Clare and research underpinning the UK “Looked After Children” system.
- To establish a theoretical model of intervention that could be adopted and underpin evidence-based assessment, testing and planning tools to meet best practice standards and embrace a multi-disciplinary, needs-led framework to improve outcome for children in the Irish care system.

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<sup>1</sup> Brophy Sinead, HSE – Mid Western Area, National Care Planning Project, Independent Evaluation, January 2005.

- To develop care packages and multi-disciplinary interventions that maximizes the standard of parenting for children in state care.
- To ensure parents, children and carers are fully involved in the planning and decision-making mechanisms.
- To ensure that management information systems are in place to make sure children do not fall through the net and outside of statutory provision and to assist with strategic planning and the monitoring of quality and performance.
- To evaluate the implementation of the care planning model in three separate settings over the lifetime of the project
- To provide the Department of Health with a system that can ensure the Health Boards are accountable and responsible for the mandate they have given them.

Further information on the components of the NCPP is given in Appendix 2

### **NCPP Practice Instruments**

The full set of NCPP developed practice instruments covered in this review are listed in Sections 4A and 4B. These comprise a set of standardized forms for activity associated with assessment, planning for and managing services for children in care.

The practice instruments have been developed by the project team over the course of the NCPP project. The versions considered in this review are the 2005 versions, which have been adapted from early versions used in the 2002-2003 phase of the project.

The practice instruments were developed to assist/ guide staff in their work with children in care. The practice instruments developed are influenced by the “Looked After Children” materials from the United Kingdom, but they are not an adaptation or modification of that system. Instead, they have been designed specifically to reflect the regulatory requirements of the Irish system and to attend to the practice issues identified in the research undertaken.

The practice instruments are intended to underpin the overall objectives of the NCPP, and to provide an output which would be readily transferable to child-care services across the country. They comprise a very considerable body of work in this field.

## **SECTION 2 - METHODOLOGY**

### **Methodology**

The primary methodology used in this review was documentary analysis, and a focused literature review. The documents consulted include:

- The practice instruments developed,
- background documentation on the project,
- national and international practice protocols,
- relevant legislation including regulations and standards, and
- international literature on the subject.

### **Limitations**

There are similar constraints on this academic review of practice instruments as existed on the major project evaluation undertaken by Brophy. This is especially the case in relation to accessing data from outside the former MWHB. While some data was obtained from contact with other systems, caution is required in making comparisons with other instruments, due to the different legislative, organizational and service provisions in use, as well as demographics and specific cultural differences.

Likewise, when reviewing practice instruments, they have to be seen both as a stand-alone entity, while cognizance is needed of their part within an integrated system.

### **Approach to Meeting Terms of Reference**

The structure of the report, in addition to normal introductory and methodology sections comprises three further sections. The responses to the terms of reference are grouped into these three sections. Section 3 deals with high level issues relating to the place of practice instruments in assessment, care planning / care management. Section 4 looks in detail at the instruments developed, using a consistent template and makes recommendations on these, where considered appropriate. Section 5 contains recommendations as requested, drawing together macro and micro issues, which the practice instruments impinge on.

### **Previous Involvement with the Project**

The author has had a role as an academic consultant to the NCPP from the outset. This brief involved holding a broad consultation role on the developing project. The purpose was largely to assist with inter-facing systems and structural and practice issues arising within the project. The author had no direct involvement in the development of the practice instruments, but was involved at the consultation stage during their development.

The previous connection with the project assisted with undertaking this academic review, as involvement with broader issues arising at development and implementation stages are useful to the task of reviewing practice instruments.

## **SECTION 3 – HIGH LEVEL ISSUES**

### **Practice Instruments in Care Planning/ Care Management**

#### **Legislative Issues**

The principal legislative provisions governing child care in Ireland are the Child Care Act, 1991 and The Children Act, 2001 <sup>2</sup> and the Child Care Regulations, 1995 <sup>3</sup>. In general, this legislative framework is not overly prescriptive, and this provides latitude for best practice and procedural systems to be put in place in the child care field.

Development of relevant practice instruments to support best practice was one of the key tasks undertaken by the NCPP. The NCPP has gone about this task in both a systematic and comprehensive manner. The NCPP developed a Care Planning Foundation Model, reproduced at Appendix 4, which identifies sequential tasks associated with a child's journey into care, the ongoing service provision /management while in care, regular review and ending of a placement/ aftercare.

The project developed practice instruments associated with the tasks and stages set out in the Care Planning Foundation Model. The practice instruments developed can be seen therefore to assist the HSE in meeting legislative responsibilities arising from the general provisions of both primary and secondary child care legislation. The forms which meet specific regulatory requirements, and others developed to assist in the care planning process, are identified in the detailed appraisal of individual instruments in Section 4.

#### **Procedural Issues**

The Care Planning Foundation Model referred to above sets out a procedural map dealing with a child's journey in the care system. Using a systems view, one of the most significant developments involving the practice instruments is the cohesion between the individual instruments. Not alone does the Care Planning Foundation Model make the connection between the different stages – the practice instruments developed connect the assessment, care planning and review aspects of the model.

By developing the practice instruments in the manner they have been, the goal of consistent working across the child care system is made more of a possibility. The issues associated with achieving this possibility are discussed further in the Implementation part of Section 5.

#### **Best Practice and National Standards**

National Standards on Practices and Procedures in Foster Care have been developed as a basis for consistently promoting quality of care in the Foster Care services. These standards apply to those services provided under the Child Care Regulations, 1995.

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<sup>2</sup> Child Care Act, 1991 and The Children Act, 2001

<sup>3</sup> The Child Care (Placement of Children in Foster Care) Regulations, 1995 and The Child Care (Placement of Children with Relatives) Regulations, 1995.

The National Standards provide useful and constructive guidelines for both the HSE and foster carers, as well as a benchmark for those in care and their families to judge the quality of services they are receiving. They are regarded as a major advance towards improving outcomes.

The practice instruments developed in the NCPP are a very significant step in underpinning best practice, and will be of great assistance in ensuring best practice in assessment, care planning and reviewing for children in care.

## **Practice Instruments and Organisational Issues**

### **Information Management**

A key enabler for good practice in child care is information management and this an essential mechanism by which the organisation can improve outcomes for children in care. Information management in this context is considered as including assembling / gathering relevant information from diverse sources, analyzing it, using it in decision-making, disseminating it to those who need to have access to it, and updating it. Much (resource intensive) activity may be related to different information management functions, especially information gathering. Good instruments are a fundamental tool, in ensuring information management systems provide relevant information at the right time, in a usable format, to the appropriate people in a resource efficient manner. Good instruments also help ensure that information is held in an accessible manner, not withstanding the inevitable changes in personnel that occur over time.

The practice instruments developed in the NCPP go a long way towards the objectives of effective and efficient information management. Issues about information storage arise, and the potential use of IT systems for information storage, access, retrieval, updating etc.

A further relevant aspect of information management is the transfer/ moving of information between different levels. Front-line workers may provide detailed information on their specific concern, but this has to be integrated with other material to gain a holistic picture, and transferred to other levels in a usable format. These tasks require considerable skill, and several of the practice instruments are very useful tools in this regard. The integration of information of individual case level will be enhanced by the use of the instruments. Much work remains to be done at a broader level in the system, in integrating the information from the individual case to building an analysis of the information of all cases of children in care. Therefore it is critical that the organisation has detailed information on the child's needs in order to ensure that both individual cases are being planned for and monitored appropriately and that the macro information is available on which to plan strategically for services.

### **Multi-disciplinary Involvement**

Inputs and information are essential from a number of organisations, as well as from a number of sections within the HSE, for co-ordinated planning for the individual child. In



practice, social work personnel undertake most work, with other professions invited in on the basis of the child's need. The importance of a multi-disciplinary team involving social work, medical and psychological front-line services is a central feature of the NCPP. The specific practice instruments developed are geared towards a multi-disciplinary focus at assessment stage, though even if used by a single profession as a stand alone system, they have huge value. A key issue identified by this project is the importance of multi disciplinary teamwork as an essential ingredient by which to maximise outcomes for children in care. The research indicated that a single disciplinary approach, i.e. social work, was likely to result in significant gaps in information recorded on the child's education, health and special needs. However, the research also showed that when the instruments were used by a stand alone team, they contributed to identifying previously unidentified needs among the children.

The basis for decision making regarding how other disciplines are involved in assessment and treatment remains a critical feature if good care planning systems and processes are to develop. Clarity is essential as to the basis for how decisions are made and implemented and the extent to which there is a commitment towards monitoring and evaluation of the systems and processes in place. Key decisions are therefore needed as to the place of multi disciplinary teamwork in the organisational structures developed to deliver good care planning. It is evident that without a multi disciplinary input, some needs will go unidentified, plans will not be as specific as they could be as to how best to help, support and ameliorate the challenges facing the child, their family members and their carers

### **Supervision and Control Systems**

As part of the current system, the supervisor of child care practice is generally a team leader who has day-to-day responsibility for running a team of social workers and ensuring the quality of their work. This is generally recognized as a high pressure job, where crisis propels much of the activity of the supervisor.

The place of practice instruments in facilitating the front-line supervisor cannot be over-emphasised. The expectations on individual workers are clear, and the supervisor can readily check that the expected norms in the practice instruments are being complied with at the various stages of the care process. The practice instruments developed by the NCPP are viewed as particularly beneficial in this regard. Practice instruments alone however cannot fully compensate for a gap in clinical skill and judgment in the making of good quality care plans for children. Opportunities to enhance existing clinical skills and judgment are essential for all practitioners including supervisors. There is sometimes a danger that people promoted to supervisory grades are encouraged to develop managerial skills at the cost of their clinical development. A commitment to both is essential, and proposed developments in the area of continued professional development under new registration requirements are welcomed.

In addition to the direct contribution of the practice instruments to service supervision, the introduction of an independent review officer helps to offset difficulties arising from

a complex team leader / supervision role or where there may be a deficit in clinical skill and judgment. The practice instruments relating to review have been created to support this external / independent review officer role. The practice instruments are potentially very helpful to the independent review officer proposed. If the independent review officer model is not used, the practice instruments will still be of assistance in decision-making for the chair of review, even if they already have multiple roles with the case. However, the task of decision-making and outcomes may be affected when the person who is chairing has both a review and case management responsibility in individual cases.

Under the NCPP, and using the associated practice instruments, the reviews are now functioning as a type of internal audit / system control mechanism.

### **Risk Management**

There has been an increasing recognition of the need to introduce risk management approaches, including risk reduction measures, in public service provision to avoid large-scale problems with long-term consequences for the state.

Historical child care practices tend to be viewed now as being problematic, but there is also the possibility that current practices may be viewed similarly at a future point, as the stories of children currently in care are related.

Good practice instruments, as part of a good care management system, constitute an essential element towards improving the care experience, thereby contributing to mitigation of future risk.

### **Practice Instruments and Outcomes for Children in Care**

Although no national outcome measures have been developed or specified for children in care, positive outcomes are generally held to be connected with seven **determinants as outlined in the Assessment Framework (DOH et al 2000):**

- Health,
- Education,
- Identity,
- Emotional & Behavioral development,
- Family and social relationships and
- Self-care skills
- .Social Presentation

In looking at outcomes, the developmental and chronological stage of the child, the stage within the care system, the suitability and availability of placement options are recognized as significant. Comprehensive base-line assessments at the point of entry are considered essential in measuring the outcomes that a care system is designed to meet.

A link between practice instruments and positive outcome has not been proven in any system. It is important to recognize that, while they may be seen to assist in many respects, the benefits of practice instruments themselves may be limited by:

- Gaps in the overall care management system
- General training level and competence of staff
- Gaps in opportunities /commitment to develop clinical competence and judgment
- Supervisory systems in place
- System supports / resourcing, and
- Challenges arising from the change processes involved
- Lack of visible sanction if regulations /procedures and best practices are not adhered to

These features are key to planning an implementation strategy to maximize the potential of the instruments.

### **The NCPP Practice Instruments**

The strength of the NCPP practice instruments is the comprehensiveness, attention to detail and the ability to assist in the analysis of data collected. The project has put together an integrated system, which if used in this way, will undoubtedly be of huge significance towards improving outcomes for children in care. Notwithstanding the importance of seeing instruments as part of an integrated system, the following practice instruments are considered to be particularly helpful

- Template for the Care Plan (Form Cc 5)
- Medical Reports (Form Cc4,. 1-5 CIC)
- Developmental Checklist
- Re-unification Plan (Form Cc5e)
- Child in Care : Social and Family History (Form Cc6a)
- Inter-Review Assessment (Form Rev 9) and
- Assessment of Capacity of Placement to Meet Child's Needs (Form Cc12).
- Me Fein Workbooks and Guidance notes

The following audit and monitoring tools also of immense assistance in providing quality system information

- Care Plan Audit
- Clinical Audit Datasheet – Review Process
- SOP – Review Process

These instruments can contribute to enhancement of good outcomes for children in that they assist the process of data collection, analysis, care plan development and implementation. The instruments are also of benefit in that they assist in keeping the focus on the continuous processes involved, rather than a focus on a series of dis-jointed events.

The set of instruments presented within the Child Care Review Forms REV 1 – Rev 10, which are accompanied by the Pro-Forma Letters, are also excellent in their content. The benefits of the instruments will be enhanced where they are used at the relevant time. These instruments go beyond the legislative requirements in that they build on known best practices. Further comment will be made on this under the next section that considers the impact of the instruments on decision-making processes.

The current practice instruments **in their early development did not appear** to detail specific outcomes in terms of all seven categories referenced above. **However, the REV7 Review leader's report has a specific requirement for reportage on these indicators in respect of the child or young person concerned.**

**In addition, further work was undertaken by the NCPP to develop a developmental checklist to record age appropriate developmental progress and health care screening. A clinical audit tool was also developed to ensure, among other things, that critical developmental factors were covered in the statutory review. Lastly, the REV 9 Inter-Review Assessment has the potential to record data on the progress of children in relation to the seven developmental dimensions outlined above.**

However, it is possible using them to examine regulatory/ good practice indicators rather than direct outcome indicators in relation to:

- Availability of required reports;
- Supervisory visits taken;
- If there is a written care plan,
- If appropriate consultation has taken place
- Reviews being conducted on target;

The detailing of very specific outcome data in relation to all data would require

- Agreed set of national outcome measures
- A more detailed 'assessment and action record' system which when individually collected would have to be analysed in suitable computer system to collate results. **The existing REV 9 could be further developed for this purpose.**
- Greater attention to organisation features that enhance and impede outcomes
- An appraisal of legislative provision and a commitment to providing intervention frameworks to meet national standards developed.

### **Future Directions**

Brophy 2004 has recommended that the indicators currently used in the UK's National Assessment Framework, Quality Protects and Looked After Children system would be a useful place to start, adapting them as required for Irish Health Board use. She maintains that over the longer term, baseline data and performance indicators need to be developed that will enable this assessment of effectiveness to be put in place as part of the current

database. In that way, she maintains it can be used for both individual children and aggregated for top line management information.

Brophy 2004 p 12 wrote

‘Overall the Looking After children System and the Quality Protects programme have been heralded as achieving positive outcomes for children in some areas (as above) and also in providing:

- Strategic clarity – measuring the important
- Clear baselines, against which to assess progress
- Evidence based approach to improving outcomes by measuring progress on key indicators associated with positive outcomes - educational achievement, placement stability.
- Focus on developing/improving the type and range of services that meet needs of most vulnerable kids e.g. treatment foster care, access to therapeutic services
- Impetus for better joint working through using same indicators across agencies e.g. education and social services
- Chance to innovate through using ‘new’ monies that came with QP.

It is recognised that this success where it exists is not just about systems and processes but rather that better outcomes for children and families is dependant on other variables too including leadership, direction and quality of practice’

### **Practice Instruments and Decision-Making**

A number of the NCPP instruments will assist decision-making, arising from the comprehensive way they address specific topics.

The Rev 9 Form (Inter-Review Assessment) is of particular assistance in helping the worker collect, evaluate, analyse and plan the work required to optimise outcomes.

The guidance contained in Cc5e (Re-unification Plan) will also assist and will help in development a comprehensive care plan, as specified in Cc5.

The outcome of the care process for the individual child can be examined as instruments collect concise data. Despite how good practice instruments are, attention must be brought to bear within the system on the need to re assess the fundamentals of original decision making and the evidence on which it was made. A major aspect of the instrumentation that will assist in this process and enhance decision making is the proposed independent role of the reviewing officer provided they are provided with a clear mandate, and have the required skill, level of knowledge, access to support and supervision and commitment to strengths based and empowerment approach to enable the job to be done. They should not have the mandate to change anything but rather the benefit of this aspect of the system lies in their ability to appraise the situation with a new curiosity. (Agnes, does this make more sense to you. Essentially I am saying that unless there is a system within the system in which a review of actual earlier decision making

can be truly evaluated, then no matter how good instruments are, this process may not get the attention it needs This comment is meant to really support your independent reviewer. Reviewed in the system provided they are very skilled) that will

## SECTION 4 – APPRAISAL OF NCCP PRACTICE INSTRUMENTS

Agnes anywhere I put a \*\*\*\*\* it is intended as a message to you  
You know what changes were made in the individual instruments following my earlier comments. If the comments are no longer relevant to the instrument as they stand, please just remove it. Likewise if additional key factual issues need to be raised, please insert.

### General

In this Section comments are provided from the review of the individual NCCP practice instruments. The instruments are categorised into three sub-groups:

- Section 4A: Care planning:
- Section 4B: Review and
- Section 4C: Medical formats

A common template shown in the table below is used to provide the detailed commentary on the individual instruments. This consists of:

- 1) Instruments Title and Details
- 2) If designed to meet specific regulatory requirement or if they are intended to contribute to procedural or best practice parameters /schemas
- 3) Strengths and
- 4) Recommendations proposed and /or general commentary.

### Section 4A: Care Planning Instruments

This index of forms under this heading are listed as follows

#### Index of Child Care Forms

Form	Title	No. Of Pages
Cc 0	Child in Care: File Frontsheet	1
Cc 1	Application for Admission to Voluntary Care	2
Cc 1Annexe	Parental Consent to Medical Examination	1
Cc 1A	Authorisation of Emergency Care Proceedings	2
Cc 1B	Authorisation of Planned Care Proceedings	1
Cc 1C	Authorisation of Safety/Barring Order Proceedings	1
Cc 2	Notification and Authorisation of Admission to Care	4
Cc 2A	Change of Circumstances: Child in Care	2
Cc 2B	Change of Circumstances: Young Person in Aftercare	1

Cc 2C	Change of Circumstances: Foster Carer	1
Cc 2D	Amendment Report: Residential Centre	1
Cc 2E	New Foster Carer Details	1
Cc 3	Form of Foster Carer Contract	2
Cc 3A	Form of Care by Relatives Contract	2
Cc 4	Medical Report on Child being Received into Care	1
Cc 4A	Health Care Plan	2
Cc 5	Care Plan	9
Cc 5A	Care Plan Summary: Child/Young Person	1
Cc 5B	Care Plan Summary: Parents	1
Cc 5C	Care Plan: Team Leader's Checklist	1
Cc 5D	Draft Letters to Parents	1
Cc 5E	Reunification Plan	8
Cc 5F	Care Plan Amendment	1
Cc 5G	Initial (Emergency) Care Plan	2
Cc 6	Information on Child for Carers	4
Cc 6A	Child in Care: Social and Family History	4
Cc 7	Placement Moves: Child in Care	1
Cc 8	Placement Meeting	6
Cc 9	File Audit: Child in Care	1
Cc 10	Leaving Care Action Plan	5
Cc 10A	Aftercare Consultation Document	5
Cc 11	Placement Report	1
Cc 12	Assessment of Capacity of Placement to Meet Child's Needs	4
	Me Fein Packs	



<b>TITLE AND DETAILS</b>	<b>Cc 0</b> <b>Child in Care: File Front sheet</b> <b>No of pages: 1</b>
<b>Designed to meet specific regulation</b>	No
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strengths/s</b>	Concise
<b>Recommendations</b>	Format needs to give more space for mobile phone numbers and addresses if to be used as a stand-alone format. If it is computer generated format issues will be taken care of

<b>TITLE AND DETAILS</b>	<b>CC 1</b> <b>Application for Admission to Voluntary Care</b> <b>No of pages: 2</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Very comprehensive account of medical consent issues
<b>Recommendations and general commentary and general commentary</b>	Is there a need to include possibility for obtaining permission for other professional specialist assessments e.g. speech therapy, audiology, occupational therapy etc, in addition to consent for psychological assessment?

### **Cc 1 Annex to Cc 2E**

**A general commentary is made on the following practice instruments**

<b>Form</b>	<b>Title</b>	<b>No. of Pages</b>
Cc 1Annexe	Parental Consent to Medical Examination	1
Cc 1A	Authorisation of Emergency Care Proceedings	2
Cc 1B	Authorisation of Planned Care Proceedings	1
Cc 1C	Authorisation of Safety/Barring Order Proceedings	1
Cc 2E	New Foster Carer Details	1

These forms are designed to meet procedural requirements, and are good examples of essential, sound administrative practice. The attachment of the relevant section from the Child Care Act, 1991 is beneficial to ensure that the actions are falling specifically within the parameters set out in the legislation. The inclusion of this information serves as a double check in the system, and is useful as an induction tool for new workers.

<b>TITLE AND DETAILS</b>	<b>Cc 2 Notification and Authorisation of Admission to Care No of pages : 4 (inclusive of appendix)</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	This is extremely comprehensive. Appendix outlining options for completing certain sections is complementary. The sections covered e.g. establishing child's needs will no doubt assist in the assessments undertaken at this stage while at the same time keeping process child-centered.
<b>Recommendations and general commentary</b>	Consider placing asterisk* /reference on sections corresponding to sections in Appendix.

<b>TITLE AND DETAILS</b>	<b>Cc 3 : Form of Foster Carer Contract : no of pages 2 Cc 3A : Form of Care by Relatives Contract : No of pages 2 Both (inclusive of appendix)</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Both of these instruments are clear, well laid out and the accompanying information from the legislation provides necessary clarity for all parties
<b>Recommendations and general commentary</b>	None

<b>TITLE AND DETAILS</b>	<b>Cc 4 Medical Report on Child being Received into Care No of pages : 1</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	This covers requirements of initial assessment.

<b>Recommendations and general commentary</b>	<p>Brief medical information presented in this format needs to be augmented by salient information collected from parents /caretakers at time of admission in accompanying form.</p> <p>It is essential that a fuller medical is conducted within a time frame to take account both of changes in child's life and the need to get a more comprehensive health assessment. Med instruments outlined in section 4C will enable this task to be completed to high standard.</p>
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<b>TITLE AND DETAILS</b>	<p><b>Cc 4a</b>  <b>Health Care Plan : Child in Care</b>  <b>No of pages : 2</b></p>
<b>Designed to meet specific regulation</b>	No
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	This instrument calls attention to the fuller BAAF age-related developmental medical, plus health consultation or consultation alone that may follow the initial medical assessment outlined in Cc4
<b>Recommendations and general commentary</b>	<p>The connection between Cc4 medical report on child received into care and Cc 4a Health Care plan needs to be developed. Is it envisaged the same practitioner will fill both at the same time?</p> <p>See additional comments on detailed medical instruments : Section 4C.</p>

<b>TITLE AND DETAILS</b>	<p><b>Cc 5</b>  <b>Care Plan</b>  <b>No of pages : 9</b></p>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	This instrument is really excellent and comprehensive. When used it will lead to high standard of care planning and assessments
<b>Recommendations and general commentary</b>	If care plans can be written in this way, it will be evident that finely tuned assessment frameworks were used, which in turn will ensure better outcomes for children in

	<p>care.</p> <p>Need to consider inserting: in section 9 why relative home is not being used? in section 15 what people (if any) are excluded from access and for what length of time?</p>
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### Cc 5A Annex to Cc 5G

**A general commentary is made on the following practice instruments**

Cc 5C	Care Plan: Team Leader's Checklist	1
Cc 5D	Draft Letters to Parents	1
Cc 5F	Care Plan Amendment	1
Cc 5G	Initial (Emergency) Care Plan	2

The instruments Cc5A to Cc5G with the exception of Cc5E are not required for regulatory purposes, but are very good examples of best practice and procedural instruments.

<b>TITLE AND DETAILS</b>	<p><b>Cc 5A</b> <b>Care Plan Summary: Child/Young Person</b> <b>No of pages : 1</b></p> <p><b>Cc 5B</b> <b>Care Plan Summary: Parents</b> <b>No of pages : 1</b></p>
<b>Designed to meet specific regulation</b>	No
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	<p><b>Cc 5A and Cc 5B</b> provide clear, succinct and accessible summary information to the parents, the child or young person. Having this type of information in this format is very beneficial to ongoing work.</p>
<b>Recommendations and general commentary</b>	<p>These forms could be used to also obtain feedback from the parents and young people at the point when forms are being shared. Questions such as : 'These are the outstanding questions I would like answers to ..' could be added to assist the child/young person and parents give feedback either in person, or they could be encouraged to send it back to a</p>

	person in organisation who is independent of their case management system.
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<b>TITLE AND DETAILS</b>	<b>Cc 5C</b> <b>Care Plan: Team Leader's Checklist</b> <b>No of pages: 1</b>
<b>Designed to meet specific regulation</b>	No
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Provides excellent example of wider system accountability at supervisory level.
<b>Recommendations and general commentary</b>	Perhaps a similar overview instrument e.g. a specific flowchart could also be considered to capture major decision-making stages in the case e.g. re-unification , moves within the system.

<b>TITLE AND DETAILS</b>	<b>Cc5 D</b> <b>Draft letters to Parents</b> <b>No of pages: 1</b>
<b>Designed to meet specific regulation</b>	Yes* May also provide formal notification to parents implied by the regulations.
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Provides clarity to parents on decision-making, which they either participated in actively, or where decision was made following failure to engage parents.
<b>Recommendations and general commentary</b>	None

<b>TITLE AND DETAILS</b>	<b>Cc 5E</b> <b>Checklist: Re-unification Planning</b> <b>No of pages : 8</b>
<b>Designed to meet specific regulation</b>	No
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	This is a thorough assessment tool; It provides strong emphasis on the complexity of the task under consideration.

	This is one of the major contributions of the NCPP Project, and provides the most detailed/ useful instrument available to date in an Irish context.
<b>Recommendations and general commentary</b>	This is such a comprehensive instrument that it should be titled as a stand alone ‘Guide to assist assessment and decision-making in re-unification’ Use of word ‘Checklist’ in title should be reconsidered as checklist implies a tick-box process. The style of work required to complete this instrument is far from a tick-box approach.

<b>TITLE AND DETAILS</b>	<b>Cc5F</b> <b>Care plan update /amendment</b> <b>No of pages: 1</b>
<b>Designed to meet specific regulation</b>	No
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Provides another example of system accountability and places emphasis on the need for both lateral and hierarchical decision-making
<b>Recommendations and general commentary</b>	None

<b>TITLE AND DETAILS</b>	<b>Cc5G</b> <b>Initial (Emergency) Care Plan</b> <b>No of pages: 2</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Provides format to pass on critical information which will help ensure trauma connected with child’s move into care (or within care) is kept to a minimum, through collating and passing on key information.
<b>Recommendations and general commentary</b>	There is a danger that, as basic regulatory requirements are adhered to within this format, the opportunity to connect the core activity of assessment with the care planning process will be avoided. If that occurs the outcome for the child will be adversely affected.

<b>TITLE AND DETAILS</b>	<b>Cc6</b> <b>Information on Child for Carers</b> <b>No of pages: 4</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Another excellent example of a child-centered instrument that will work to ease the transition for the child. It focuses attention on the need to address the assessed needs and to identify gaps of information not adequately known at this stage.
<b>Recommendations and general commentary</b>	Photos of key people and places could also be obtained. Carer should be encouraged in turn to put such belongings in a pivotal place where they are accessible to the child.

<b>TITLE AND DETAILS</b>	<b>Cc6A</b> <b>Child in Care: Social and Family History</b> <b>No of pages : 4</b>
<b>Designed to meet specific regulation</b>	Yes, and furthermore combines features of regulation requirement on case records.
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Provides an overview of the child's past, history of family and significant others, key events, child's biographical and developmental milestones, parental capacity to meet child's needs. Provides key information from which assessment and action plans can be made.  A further positive is the elaboration of all the junctures in child's care career.
<b>Recommendations and general commentary</b>	Again this is an excellent stand-alone instrument, which is a key output from the project. This instrument would be of immediate benefit to workers in the care system.

<b>TITLE AND DETAILS</b>	<b>Cc 7 Placement Moves: Child in Care No of pages : 1</b>
<b>Designed to meet specific regulation</b>	No
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	The ability to synthesize huge amount of data in a flow charts is a great aid to over-viewing the case. It assists in seeing patterns. The recognition of patterns is crucial to future planning. It assists in recognizing possible triggers, which can shape different outcomes for the child.
<b>Recommendations and general commentary</b>	This format should accompany any major report on a child. It is factual information that needs to be kept at the forefront in planning and assessing for the child.

I am unable to find a copy of the placement meeting format so I am not sure what you mean when you say the comments are misplaced. Valerie, the comments in this section about genograms, etc do not relate to the cc8 The social and background history form, genogram and eco map come under cc6. \*\*\*\* Agnes, the comments here refers to an illustrative flow chart, i.e. capturing the moves that a child has in care on one sheet. I am now confused as I think that as I see the comments re genogram are the ones below, ok take it out

<b>TITLE AND DETAILS</b>	<b>Cc8 Placement Meeting No of pages : 6</b>
<b>Designed to meet specific regulation</b>	No
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	This early intervention (within the first seven days) instrument facilitates a model of good planning and early inclusive decision-making. It is aimed at identifying key issues and interventions required. It keeps child at the center. It is inclusive of people and topics to be covered and it has a pragmatic orientation that should bring forth good outcomes. It will also point up areas of assessment still to be detailed.
<b>Recommendations and general commentary</b>	The genogram attached needs guidance to assist workers construct re-constituted family groupings, placing name



	and ages within structure and inserting completion date.
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<b>TITLE AND DETAILS</b>	<b>Cc9</b> <b>File Audit : Child in Care</b> <b>No of pages: 1</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	This instrument facilitates a double check provision, which will ensure the regulations have been met, in addition to meeting agencies own procedures and best practice guidance. Facilitates is a good system check.
<b>Recommendations and general commentary</b>	None

<b>TITLE AND DETAILS</b>	<b>Cc10</b> <b>Leaving Care Action Plan</b> <b>No of pages : 5</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Good planning instrument
<b>Recommendations and general commentary</b>	Consider moving forward section on young person's family and social network to reflect the importance of this to young person's future stability, especially at this critical stage of their care career.  In section 5, entitled Needs Assessment, consider moving last three headings relating to community care area, current address and daytime activities to a different section. In section 8, consider separating out 'after-care team' and 'disability service' as linkage may bring forth unnecessary labelling /stigmatisating

<b>TITLE AND DETAILS</b>	<b>Cc10A</b> <b>After Care Consultation Document for Young Person</b> <b>No of pages : 5</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best</b>	Yes

<b>practice and /or procedural</b>	
<b>Strength/s</b>	Comprehensive and useful instrument to assess different areas of need in the young person's life and to consider what actions are required by them and others.
<b>Recommendations and general commentary</b>	Consider amplifying the strengths and resources young person has as a balance to other needs. This emphasis will help to avoid the potential of a problem-saturated view of young person and their care experience as they move on to the next juncture of their lives.

<b>TITLE AND DETAILS</b>	<b>Cc11</b> <b>End of Placement Report</b> <b>No of pages : 1</b>
<b>Designed to meet specific regulation</b>	No
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Good summary instrument that captures main issues in succinct way. Assists in appraising the individual placement for the child. This information can be used by organisation to consider specific support needs for a future placement offer by carers and /or to assist the organisation in profiling the type of services available to it to meet the needs of children in care population.
<b>Recommendations and general commentary</b>	Link to comments included in Cc12

<b>TITLE AND DETAILS</b>	<b>Cc12</b> <b>Capacity of the Placement to meet the child's needs</b> <b>No of pages : 4</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Keeps child at the center of the process. Provides opportunity to assess both the strengths and weaknesses of proposed placement. Individual action plan can be derived from this information. It can also be used to collate information re the service provision available at an operational and strategic planning level.
<b>Recommendations and</b>	Consider including strengths and resilience alongside the

<b>General commentary</b>	<p>vulnerability factors. This provides balance for the child, and avoids potential of problem-saturated view.</p> <p>Consider what systems are needed to facilitate the individual assessments of capacity being used to get an overview of service provision.</p>
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### **ME Fein Resource Pack for Children**

Brophy 2004 reports that professionals and children were favourable in their responses having worked with this pack. This resource pack was given a very favourable. It is an excellent instrument that covers many of the basic issues that children and young people in care need to know. Working with children always needs a supportive space for the workers themselves. It is important that workers are assisted to develop the required skills knowledge and given the required supervision to conduct the direct work with the child.

<b>TITLE AND DETAILS</b>	ME Fein Resource Pack for Children
<b>Designed to meet specific regulation</b>	No
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	<p>This is excellent on a number of fronts</p> <ul style="list-style-type: none"> <li>• Accessible to children</li> <li>• User friendly</li> <li>• Facilitates engagement</li> <li>• Deals with up to minute issues that are of concern to children</li> <li>• Can be used as tool but tool alone needs to be augmented within a framework for working with children.</li> </ul>
<b>Recommendations and general commentary</b>	<p>When used it needs to be augmented by high level of skill, knowledge base and have access to supervision</p> <p>Worker needs to be clear as to the interpretation used and how the information may be triangulated with other instruments and interventions</p> <p>Training implications for all staff preferably before used on its use. Training needs could be met by providing relevant practice guidance documentation.</p>

## Section 4B: Review Formats

The review forms evaluated are listed as follows

<b>National Care Planning Project Index of Child Care Review Forms (REV)</b>
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<b>Form</b>	<b>Title</b>	<b>Pages</b>
REV 1	Social Worker's Pre-Review Report	8
REV 2	Pre-Review Meeting (between SW and Reviewing Officer)	1
REV 3	Report from Child / Young Person	4
REV 4	Report from Foster Carers	3
REV 5	Report from Parent(s)	4
REV 6	Report from Residential Unit	4
REV 6B	School Report: Second Level	2
REV 6A	School Report: Primary	2
REV 7	Review Record	4
REV 7A	Check List for Reviews	1
REV8	Report from Significant Other / Third Party	1
REV 9	Inter-Review Assessment	16
REV 10	Link Worker's Report	2
	<b>Pro-Forma Letters</b>	
	Child: Invite to Review	1
	Foster Carer: Invite to Review	1
	Residential Carer: Invite to Review	1
	Parent: Invite to Review	1
	School Principal: Invite to Review	1
	Significant Other: Invite to Review	1
	Fostering Link Worker: Invite to Review	1

<b>TITLE AND DETAILS</b>	<b>REV 1</b> <b>Social Workers Pre-Review Form</b> <b>No of pages : 8</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Very good summary tool to collate assessment work conducted, identify gaps and start process of reviewing the care plan
<b>Recommendations and general commentary</b>	Should provision be included for this form to be countersigned by the team leader. This provision would provide a statement / system check on the reliability of evidence underpinning the assessment conclusion, and would provide an appraisal that the evidence supports the decision making decisions being put forward for the child at this stage.

<b>TITLE AND DETAILS</b>	<b>REV 2</b> <b>Pre-Review Meeting (Consultation between SW and Reviewing Officer)</b> <b>No of pages : 2</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Comprehensive instrument, which will alert the reviewing officer to key issues and processes that, may need attention at pre review and /or review stage.
<b>Recommendations and general commentary</b>	In event of difference between link family worker and child and family worker, could review officer be given a mandate to use consultation process to reconcile different positions. This structure may assist in de-escalating tensions. If this intervention not successful then the line managers of both could then be more centrally involved.

<b>TITLE AND DETAILS</b>	<b>REV 3</b> <b>Report from Child / Young Person : Consultation documents for statutory review</b> <b>No of pages : 4</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Very good guidance on aim of work. Helpful practice guidance interventions contained in the form that may be used for the social worker conducting the work.
<b>Recommendations and general commentary</b>	In the guidance section it may be useful to alert social worker to the implications for timing and pacing of work arising from child's developmental stages and impact of current issues they are dealing with. This may be important in light of different practice experiences of direct work with children in agencies among workers carrying statutory responsibility for conducting this work.

<b>TITLE AND DETAILS</b>	<b>REV 4</b> <b>Report from Foster Carers : Consultation documents for statutory review</b> <b>No of pages :3</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Very comprehensive
<b>Recommendations and general commentary</b>	Need to assess the relationship between the foster carer and birth parents more, and in process establish if there is a need to do more structured interventions (therapeutic) to enhance this relationship. (See also Rev 5). This should be inserted as a separate section.

<b>TITLE AND DETAILS</b>	<b>REV 5</b> <b>Report from Parent(s) : Consultation documents for statutory review</b> <b>No of pages : 4</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or</b>	Yes

<b>procedural</b>	
<b>Strength/s</b>	Comprehensive
<b>Recommendations and general commentary</b>	<p>Under section 'Working Together' No 8 : an opportunity could be afforded to look at the nature of the specific relationship with foster carers, and to establish if therapeutic work is required to work through problematic issues that would assist better outcomes for the child.</p> <p>It may be useful to highlight in a separate summary section, the care plan, care, reunifications etc agreed at last meeting. This could also include both the supports that birth parents will be receiving and mobilising themselves in working towards goals outlined in care plan.</p>

<b>TITLE AND DETAILS</b>	<b>REV 6</b> <b>Report from Residential Unit : Consultation documents for statutory review</b> <b>No of pages : 4</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Very Comprehensive
<b>Recommendations and general commentary</b>	<p>A section could be added for the assessment of the network of relationships</p> <p>It may be useful to include a section to consider possible dyad and triad interventions in addition to the individual interventions outlined.</p> <p>To enhance clarity re agency mandate and accountability for work undertaken, the manager should co-sign this report.</p>

<b>TITLE AND DETAILS</b>	<b>REV 6B</b> <b>School Report: Second Level</b> <b>No of pages : 2</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best</b>	Yes

<b>practice and /or procedural</b>	
<b>Strength/s</b>	Comprehensive
<b>Recommendations and general commentary</b>	A separate form to give an opportunity for main carer and parent to give direct feedback to school having read the report. Provision for this action may be useful in building positive relationships between the parties.

<b>TITLE AND DETAILS</b>	<b>REV 6B</b> <b>School Report: Primary</b> No of pages : 2
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Comprehensive
<b>Recommendations and general commentary</b>	See point in REV 6B re feedback form to school from carer and birth parent/s.

<b>TITLE AND DETAILS</b>	<b>Rev 7</b> <b>Review Record</b> No of pages :: 4
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Very comprehensive and provides a good summary of tasks and issues
<b>Recommendations and general commentary</b>	None

<b>TITLE AND DETAILS</b>	<b>Rev 7A</b> <b>Check lists of Reviews</b> No of pages :1
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Augments Cc7



<b>Recommendations and general commentary</b>	Would a similar checklist format designed for team leader assist at key decision-making stages? This type of format if developed could contribute to enhanced planning and more refined assessments and would also facilitate system checks?
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<b>TITLE AND DETAILS</b>	<b>REV 8</b> <b>Report from Significant Other / Third Party</b> <b>No of pages : 1</b>
<b>Designed to meet specific regulation</b>	Yes
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	This provision enhances and facilitates the renewed emphasis on children's extended family and social networks, which is now central in child welfare practice.
<b>Recommendations and general commentary</b>	None

<b>TITLE AND DETAILS</b>	<b>REV 9</b> <b>Inter-Review Assessment</b> <b>No of pages : 16</b>
<b>Designed to meet specific regulation</b>	No,  but can be used as comprehensive assessment tool to conduct tasks required under different regulatory requirements.
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Extremely comprehensive and an excellent assessment tool.
<b>Recommendations and general commentary</b>	If this instrument was used on a routine basis, the standard of assessment work and care planning would be significantly improved.  This is a central and key instrument for obtaining good outcomes for children in care. Without the information inputs, solutions will not be developed to the extent required.

<b>TITLE AND DETAILS</b>	<b>REV 9b Inter-Review Assessment Developmental Checklist No of pages : 2</b>
<b>Designed to meet specific regulation</b>	<b>No,</b>
<b>Designed to meet best practice and /or procedural</b>	<b>Yes</b>
<b>Strength/s</b>	<b>Extremely comprehensive and an excellent assessment tool aimed at synthesizing data having used other assessment instruments.</b>
<b>Recommendations and general commentary</b>	<b>It is essential that this instrument is used to enable the worker to appraise the range of needs of the child</b>  <b>The strength is in bringing together developmental data and age range on a short format. Attention might be given to increasing font size even if this means that the form is on three to four pages. An additional page at end could be added to catch needs?</b>
<b>TITLE AND DETAILS</b>	<b>REV 10 Link Worker's Report No of pages 2</b>
<b>Designed to meet specific regulation</b>	<b>Yes in part : could be used to assess if the placement has 'capacity to meet child's needs (see Cc12)</b>
<b>Designed to meet best practice and /or procedural</b>	<b>Yes</b>
<b>Strength/s</b>	<b>Comprehensive</b>
<b>Recommendations and general commentary</b>	<b>None</b>

### **Pro Forma Letters**

The pro forma letters presented are clear and presented in a concise manner.

## Section 4C: Medical Formats

In this section the Health report formats developed are listed, and general comments are made as opposed to individual format feedback. This reflects the need to perhaps incorporate the changes proposed across all formats.

<b>National Care Planning Project Index of Health Reports Titled Med Form CIC</b>
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<b>Form</b>	<b>Title</b>	<b>Pages</b>
Med Form 1 CIC	Health report & developmental assessment of child < 5 yrs in care	8
Med Form 2 CIC	Health report & developmental assessment of child 5-10 yrs in care	8
Med Form 3 CIC	Medical report & functional assessment of young person ≥ 11 yrs in care	9
Med Form 4 CIC	Health consultation with young person ≥ 11 yrs in care	5
Med Form 5 CIC	Summary document of medical and functional assessment and health consultation	1

These formats will enable the health needs of the children to be assessed more thoroughly and if used will lead to better health outcomes for children. The uncovering of a high level of unmet health needs in the care population during the project prompted the specific development of many aspects of the formats presented.

A number of general comments applicable across the instruments will be made. The actual instruments evaluated were at an earlier draft stages than the care plan and review instruments evaluated above and this earlier development had format and some content implications.

Recommendations Reference to history of sexual abuse should be removed from first page in each format. Having this stated alone as an 'abuse' experience' on the front page may unduly effect the child /young person in the medical examination process especially if conducted by medical practitioner not known to the child. It is not clear why this as an abuse experience is the only one singled out in the assessment?

Formats used to capture the results of the physical examinations may lead to confusion as no lines exist to separate out the detail of the results.

Space is included in all formats to summarise information taken from carer /parent on their view of health issues. Perhaps a specific section should also be included to capture the child/young person's view of their 'health status and needs'. Moving the information given by carers /parents/young person should be considered and perhaps inserted earlier in format. If done, this would reflect more the consultative nature of the process and that the ownership of forms is shared.

Lifestyle issues: While this is of particular relevance to the over 12's both in consultation and medical examination, the naming /amplification of 'concerns' in relation to lifestyle issues runs the risk of problem saturating an area in which there may be no concerns. If lifestyle issues are not a concern, this section could be used to demonstrate strengths arising from life style choices i.e. none or limited drink, drug taking, use of cigarettes, sexual activity etc

In summary these are an excellent set of formats that will lead to enhancing good health outcomes for children in care. They are comparable to high stand international instruments used. The service delivery implications of meeting this need will however be considerable. Huge variation exists in current system in relation to health reports on children in care as reported by the research data in the project.

## Audit and Monitoring Tools

<b>TITLE AND DETAILS</b>	Clinical Audit Datasheet -Review Process
<b>Designed to meet specific regulation</b>	No
<b>Designed to meet best practice and /or procedural</b>	Yes
<b>Strength/s</b>	Greatly enhance information system requirement The categories of information contained will give excellent opportunity for service planning.
<b>Recommendations and general commentary</b>	

## **SECTION 5 – CONCLUSIONS and RECOMMENDATIONS**

The following are some general conclusions and recommendations arising from the academic review of the NCPP Practice Instruments.

- Many of instruments developed as part of the NCPP are new, and have not been in use in other areas.
- Forms such as social workers pre-review report which is very comprehensive gives the worker a template to ensure relevant data has been collected, processes observed, data assessed and evaluated and good plans made.
- Likewise the other report formats for the foster carers, residential unit and school reports are very comprehensive. These are not entirely new in that many agencies had formats in place to assist in the process of reviewing.
- The importance of the NCPP instruments lies in how they have been integrated as part of a system and that each instrument has been developed against the other instruments also used. There has been a good attempt made to cross reference the data required.
- NCPP instruments are based on research evidence.
- NCPP instruments will meet regulatory requirements. Regulation tends to be low on detail, and the instruments are very good at defining best practice and pointing to procedures that needs to be in place.
- The resource requirements associated with the care planning are not well captured, which reflects broader difficulties in this area.
- The NCPP instruments provide for good management and supervisory systems and checks and balances in the system. Greater implementation details re developments required at organisation level are required.
- The NCPP instruments provide for commitment to quality services and a basis for developing a culture within the organization, which is proud of the child care system it provides.
- The NCPP instruments compare very favourably with the corresponding instruments in other systems.
- The NCPP instruments provide a sound basis for developing Information Technology based working, which could have many benefits. As it stands the instruments are not accessible on-line and if that is the next stage they will be of greater assistance than their paper format.

- The NCPP instruments can also be of assistance in meeting the requirements of management information systems, which will help strategic overview of child care services .
- The instruments contain the features known to support good outcomes for children in care
- The instruments help make explicit the basis for decisions made, opinions held and judgements reached.
- The instruments are augmented in this system by the use of the independent reviewing officer, which was shown in the pilot project to bring forth positive outcomes for all the participants.
- The use of the instruments will require change in terms of structure as well as practice,
- The NCPP instruments provide an audit of the consistency and quality of social work and related multi disciplinary interventions.
- The medical formats to be used in medical examination are an excellent. If used, they will lead to enhancing good health outcomes for children in care. They are comparable to high stand international instruments used. The service delivery implications of meeting this need will however be considerable.

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## **Appendix 1**

### **Terms of Reference**

1. Review the practice instruments developed by the NCPP Team for work use to
  - a. Determine their usefulness in achieving good outcomes for children in care and their families
  - b. to assist with the decision making processes involved in decision making for children in care
2. To develop system identifiers that are likely to achieve good outcomes for children in care and to evaluate the performance of the NCPP against this objective
3. To compare and contrast the practice instruments against similar instruments in use in Ireland
4. To compare and contrast the practice instruments in the light of best practice internationally.
5. To consider whether they reflect relevant research in this area.
6. To identify best practice initiatives within Ireland and internationally that would potentially complement the NCPP materials in offering a comprehensive assessment and planning service to children in care.
7. To provide a written report with summary and recommendations

## **Appendix 2**

### **Key Components of the NCPP**

The NCPP was made up of the following 5 key components:

A multi-disciplinary team of Project Manager; Senior Social Worker/Independent Reviewing Officer; Senior Clinical Psychologist; Medic/General Practitioner; Researcher; Project Administrator. This team would work with the community social worker with an identified cohort of children in care in the Southill area providing direct support to the children, parents, carers and social worker. Two Southill based social workers to carry Children in Care caseload and support the implementation of the project in the social work team

Specially designed Children in Care materials including new formal care plan; reunification annexe; Aftercare plan; Social and Background History report; information front sheet and movement sheet for each child in care case file; health care plan; information format for all foster care files; education plan and an inter-review assessment form

Independent reviewing system

Comprehensive information system to provide a comprehensive and contemporaneous database of each child in care, their carers and care pathway and data collection on the nature of need in the population for strategic planning purposes.

Children in Care resource pack 'Mé Féin'.

## **Appendix 3**

### **Care Planning Foundation Model : Child Care Regulations 1995**

