

Verification Report

The implementation of the action plan in response to the findings of the HIQA inspection of Carlow/Kilkenny/South Tipperary Foster Care Services in May 2019.

December 4th, 2019

By

The National Practice Assurance & Service Monitoring Team



**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Key Report Information	
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Final report copied to

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1. Introduction

1.1 Basis of Report

The Health Information and Quality Authority (HIQA) carried out an Inspection of the Carlow/Kilkenny/South Tipperary (CKST) Area Foster Care Services over four days on the 21, 22, 23 and 24 of May 2019.

The HIQA assessed compliance under seven standards:

- Inspectors found major non-compliant under three, and moderate non-compliance under four, of the standards inspected.

National Standards for Foster Care	
Theme 2: Safe and Effective Services	Judgment
Standard 5: The child and family social worker	Non-Compliant (Major)
Standard 6: Assessment of children and young people	Non-Compliant (Moderate)
Standard 7: Care planning and review	Non-Compliant (Major)
Standard 8: Matching carers with children and young people	Non-Compliant (Moderate)
Standard 10: Safeguarding and child protection	Non-Compliant (Moderate)
Standard 13: Preparation for leaving care and adult life	Non-Compliant (Major)
Standard 25: Representations and Complaints	Non-Compliant (Moderate)

The Area put forward an action plan/service improvement plan in response to the inspection findings, setting out 96 actions.

The service director south region has convened a governance group to oversee implementation of the 96 actions, the National Quality Assurance and Monitoring team is responsible for verification of the actions.

This verification report provides an update on the status of the N=40 actions that were identified for completion by the end of Quarter 3 2019.

1.2 Methodology

The following methodology was used: meetings with the key people responsible for carrying out actions, and the review of supporting documentation.

Meetings	
Principal Social Worker, Children in Care; 25/10/19 & 05/11/2019.	Principal Social Worker Fostering; 8/11/2019 & 29/11/2019.
Aftercare Manager; 8/11/2019 & 29/11/2019.	Principal Social Worker for CIC Reviews/Complaints; 12/11/2019.
NCCIS Support (phone); 13/11/2019.	QRSI Manager; 14/11/2019.
Regional Officer, Service Experience & Feedback Team 18/11/2109.	Fostercare Committee Review & Development Workshop; 25/11/2019.
Governance Group meetings; 18/11/2019 & 09/12/2019.	Business Support Manager; 02/12/2019.

Documentation review	
Children in Care team workshops Agendas; 08/05/2019, 18/06/2019 & 08/11/2019	Powerpoint presentation for Children in Care team day 08/05/2019.
Standard Operating Procedures for The Governance of Children Awaiting Allocation- Children in Care team.	Report of Q3 statutory visits as recorded on NCCIS (emailed to the PSW on the 27/09/2019
Record of supervision for children in care	Supervision audit report August 2019 (CIC)
Terms of reference of Interagency working meetings	Interagency Meeting minutes 13/06/2019, 12/09/2019
Child in Care Review Request Form	Record of positive feedback/verbal complaint
Child in Care Review Request Form	Tracker of NCCIS Unallocated Cases: 24/09/2019 & 31/10/2019
PowerPoint presentation of NCCIS data for Governance Group 2.08.2019 &	End of 3rd Quarter Statutory Reviews Report – NCCIS Support

25.09.2019	
End of 3rd Quarter Statutory Reviews Report – NCCIS Support	Measure the Pressure Commentary Carlow/Kilkenny/South Tipperary October 2019.
Minutes: NCCIS data meetings with PSW's 02/08/2019 & 25/09/2019	Staff retention survey findings.
NCCIS file review x 10 – Child in Care review records	Governance group meeting minutes x 3.
FCC Review & Development Workshop minutes 25/11/2019	

2. Findings

The action plan/ service improvement plan in response to the findings of the HIQA inspection of area foster care services consists of 96 actions.

This report sets out the findings of a verification exercise on the 40 actions due for completion by the end of, Quarter 3, 2019.

A total of 80% (N=32) have been verified as completed and 8 actions were in progress, but had not been completed in the time frame outlined in the table below.

Table 1: Actions 'In Progress' at time of verification review (December 2019)

Action		Update	Revised due date
6.1	Assessments of need will be completed in line with National Standards for Children in Foster care and Tusla Business Processes.	PSW is reviewing the process for monitoring the timely completion of assessment of need, and is in the process of developing a Standard Operating Procedure for this, particularly in relation to emergency placements.	Q1 2020 PSW Fostering
7.2.1	A detailed plan is in place to prioritize and address the backlog of reviews.	There are now 65 reviews outstanding. These are scheduled with 51 due for	End of Q1 2020 PSW Reviews

	<p>100 reviews are scheduled per quarter. Based on figures there is a backlog of 92 reviews as a result.</p> <p>An additional reviewer will be appointed by the end of Q.3 to address the issue of outstanding reviews.</p>	<p>completion by March 2020, and the remaining by June 2020.</p> <p>Additional reviewer has not been appointed yet.</p>	<p>Business Support</p>
7.5 & 7.7.1	<p>Business Support has established/reviewed its processes to ensure timely processing of funding requests for additional therapeutic support to ensure that no placement ends in an unplanned manner due to lack of additional supports.</p>	<p>Standard Operating Procedure is currently being developed for the processing of funding requests and will be circulated to all relevant people.</p> <p>A spreadsheet has been introduced and this will be used to track the timeframes for processing requests. This will be reported monthly to Area Management Team meetings.</p> <p>Finance team and Children in Care team are due to meet in January 2019 to finalise this action.</p>	<p>End of Q4 2019</p> <p>Business Support</p>
13.2.1	<p>All children aged between 16 to 18 have been prioritised to ensure that the area meets its requirements (aftercare) under legislation.</p>	<p>This is subject to regular audit by PSW CIC</p> <p>9 referrals to aftercare remained outstanding at time of verification.</p>	<p>End of Q4 2019</p> <p>SW & SWTL's CIC</p>
13.2.3	<p>The Aftercare Team are invited to all children in care reviews for all young people aged 16yrs and 17 yrs.</p>	<p>See 13.2.4 below – the system for inviting aftercare services requires review</p>	<p>End of Q4 2019</p> <p>PSWs CIC & Reviews</p>

13.2.4	Business Support to the Children In Care Review Service will track aftercare referrals and ensure that all young people eligible for Aftercare are referred prior to the care plan/review meeting in their sixteenth year.	<p>This is not occurring as per action. Currently Business support issue invitations based on information from SW's. If the SW does not specify that aftercare services are invited Business support does not initiate this.</p> <p>The system for inviting aftercare services to CIC reviews will be reviewed again by PSW's on the 12th December 2019 to ensure that there is a robust system in place.</p>	<p>End of Q4 2019</p> <p>PSWs CIC & Reviews</p>
25.1.1	Workshops to take place with all staff on the Tell Us Feedback and Complaints Policy and Procedure; these will have a focus on children being aware of how to make a complaint.	Workshop has taken place for one team and pending for all other teams.	<p>Q1 2020</p> <p>Complaints Officers</p>

Please refer to Section 3: Action Response for all supporting evidence.

3. Action and Response/Evidence

No:	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
<p>Standard 5 – The child and family social worker (Non-compliant Major)</p> <p>Under Standard 5 you are required to ensure that: There is a designated social worker for each child and young person in foster care.</p> <p>The provider is failing to meet the National Standards in the following respect:</p> <ul style="list-style-type: none"> Retention of social workers was very poor and the senior management had been ineffective at addressing the high turnover rates of social workers. The allocation of social workers to children in care was chaotic and not child centred. Children did not receive visits in line with statutory requirements. The recording of statutory visits was mixed and the quality of visits was poor. The oversight of statutory visits to children in care was poor. Appropriate child centred links with families were not always maintained on a consistent basis. The area did not consistently ensure that care of children with a disability was appropriately coordinated with the input of other professionals for the purpose of care planning. Significant events involving children in care were not always responded to. Staff who spoke with inspectors said they would not be sufficiently protected in the event of making a protected disclosure. 				
5.1.2	A comprehensive review of the staffing requirements is currently underway. The assessment will be completed by October 2019 and will make recommendations to the Area Management Team and Regional Service Director	<ul style="list-style-type: none"> A review of service provision in the Children in Care Team has been undertaken by the PSW for CIC and a business case developed for additional staff for the Children in Care team to feed into the assessment. The business case recommends the 	<ul style="list-style-type: none"> Complete 	<ul style="list-style-type: none"> End Q3 2019

		<p>need for 1 SWTL, 2 SWs and support of a clinical psychologist.</p> <ul style="list-style-type: none"> • 2 SW posts have been approved and 1 of these has been filled. 1 six month SW post yet to be filled. • Review document and business case (dated 02/09/2019) provided to QA Officer for verification purposes. • QA Officer met with Business Support Manager 02/12/19 who advised that outstanding recommendations made in the business case will be reviewed in consultation with the PSW CIC. 		
5.1.3	Six social work posts within the CIC team have been upgraded to Senior Social Work Practitioner grade to support and encourage staff retention	<ul style="list-style-type: none"> • Action had been completed – 5 of 6 posts have been filled (2 permanent/3 temporary) • Senior Practitioner post has gone to panel but not yet been filled. This will continue to be offered. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
5.2.1	The ongoing review and service oversight will continue to prioritise the recruitment of Social Workers for the CIC team, as detailed in 5.1.1 Improvement in staffing levels has been achieved since inspection leading to increased allocation of social workers in CIC.	<ul style="list-style-type: none"> • Recruitment of social workers continues to be prioritised. • Vacancies still remain. • Ongoing. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
5.2.2	Tracking of social worker allocation and children in care will be undertaken by the PSW through NCCIS, this will be reported to the	<ul style="list-style-type: none"> • Reports on unallocated cases are provided by NCCIS support to the PSW. (Emails sighted 11th October 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019

	Area Governance meeting on a quarterly basis.	<ul style="list-style-type: none"> 2019 & 25th October 2019) PSW is providing reports to Governance Group meeting – sighted by QA Officer 18th November 2019 		
5.2.3	A local area guidance document is in place in respect of CIC awaiting social work allocation. This ensures that there are clear criteria for allocation to a social worker and that children receive visits by a named member of staff who has reviewed the file and is under the direction of SWTL. CIC without their own social worker will have dedicated Social Care staff and/or Fostering Link worker who will carry out specified tasks.	<ul style="list-style-type: none"> There are local Standard Operating Procedures in place for the governance of children awaiting allocation in the Children in Care team. Implemented 29th July 2019, due for review 4th November 2019. This includes an appendix to the local Standard Operating Procedure for the Management of Foster Carers without an allocated link worker. (Feb 2018) 	<ul style="list-style-type: none"> Complete 	End Q3 2019
5.4.1	Details of all visits are being recorded on NCCIS and reviewed through supervision. This will also provide evidence that the child has been seen alone.	<ul style="list-style-type: none"> PSW Children in Care confirmed that all staff are aware of the requirement to ensure visits are recorded on NCCIS 	<ul style="list-style-type: none"> Complete QA will complete a review of a sample of 10% of files to verify compliance in Q4 2019 	<ul style="list-style-type: none"> End Q3 2019
5.5.1	The supervision record has been amended to reflect all information needed for oversight of compliance with statutory requirements. Records of supervision will be subject to audit on a 6 monthly basis and will be discussed at Area Governance Meetings.	<ul style="list-style-type: none"> An audit of supervision took place in July 2019 Report and actions dated 30th August 2019 provided to QA Officer for verification purposes. An audit of supervision was carried out again in October 2019. 	<ul style="list-style-type: none"> Complete 	<ul style="list-style-type: none"> End Q3 2019

5.5.2	<p>There is a tracker in place which is supporting team leaders monitoring performance with regard to statutory visits. Challenges to meeting requirements will be brought to the PSW for attention in supervision. Progress will be monitored at Area Governance Committee meetings.</p>	<ul style="list-style-type: none"> Quarterly Reports on statutory visits are provided to the PSW by NCCIS Support. 	<ul style="list-style-type: none"> Complete 	<ul style="list-style-type: none"> End Q3 2019
5.7.1	<p>The area is operating the Joint Protocol for Interagency Collaboration between the HSE and Tusla to promote the best interests of Children and families. A workshop took place in June 2019 to appraise staff of the operation of the protocol. Working groups at area and regional level have been established. The AM and PSW for CIC attends the Area Working Group. The RSD and AM attend the regional meetings where cases that have been escalated at area level are subject to discussion and planning. Local area groups between HSW Social Work Manager and Team Leaders have also been established and occur quarterly.</p>	<ul style="list-style-type: none"> Interagency meetings are occurring as per action; meetings took place in May, June, July, and October 2019. Terms of reference of Interagency working meetings sighted for verification purposes. Area Interagency Meeting minutes 13th June 2019 & 12th September 2019 sighted. 	<ul style="list-style-type: none"> Complete 	<ul style="list-style-type: none"> End Q3 2019
5.7.2	<p>Data from NCCIS is being used to inform the Joint Protocol of Children in Care with a disability, tracking needs, monitoring supports provided by Tusla & HSE and future planning.</p>	<ul style="list-style-type: none"> Data from NCCIS is used as per action. Notification form introduced by PSW June 2019. List of children from NCCIS spreadsheet is updated by NCCIS support prior to quarterly review meeting and for the monthly 	<ul style="list-style-type: none"> Complete 	<ul style="list-style-type: none"> End Q3 2019

		<p>meetings as per the protocol.</p> <ul style="list-style-type: none"> • Interagency meeting minutes reviewed by QA Officer for verification purposes. (See action 5.7.1) 		
5.7.3	<p>HSE services required to provide input to a Child's Care Plan are routinely invited to Child In Care Review by the Reviewing Officers.</p>	<ul style="list-style-type: none"> • PSW for reviews confirmed that invites for reviews are issued by administrative support with invitees identified by the social worker requesting the review. • HSE services are in attendance at review meetings where relevant. • A form has been developed for Social Workers to complete when requesting scheduling of a review and includes the invitee list. This includes a prompt to consider if HSE services should receive invite. • NCCIS Support provided a schedule of dates for CIC Reviews for children who have a disability and that are reviewed at the joint protocol. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
5.7.4	<p>Care plans of children with a diagnosed disability will be reviewed by PSW on an annual basis to ensure that they reflect responses to the identified Needs.</p>	<ul style="list-style-type: none"> • Care plans have been reviewed by PSW Children in Care – spreadsheet sighted of young people due to turn 18years in 2020 and who turned 18 in 2019. PSW using joint protocol list to do this as no way of pulling list from NCCIS. Audit history would show this on NCCIS – PSW will file note these in future. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019

No:	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
<p>Standard 6 – Assessment of children and young people (Non-compliant Moderate)</p> <p>Under Standard 6 you are required to ensure that: An assessment of the child’s or young person’s needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.</p> <p>The provider is failing to meet the National Standards in the following respect:</p> <ul style="list-style-type: none"> Assessments of need were not always completed in a timely manner. 				
<p>6.1</p>	<p>This assessment of need will be completed in line with National Standards for Children in Foster care and Tusla Business Processes.</p> <p>Staff will be reminded of the requirements of this standard by way of a refresher memo and discussion at team meetings.</p> <p>Team Leaders will highlight any challenges to meeting this standard in supervision with Social Workers and will report to PSW.</p>	<ul style="list-style-type: none"> Assessment of need information is provided by the referring SW in the form of an initial assessment, a care plan (proposed) and/or court report. Business support Fostering sends an email monthly to all CKST SW’s outlining the assessment documents required for the foster care placement committee. PSW is reviewing the process for monitoring the timely completion of assessment of need, and is in the process of developing a Standard Operating Procedure for this, particularly in relation to emergency placements. 	<ul style="list-style-type: none"> In Progress SOP will be finalised by the PSW Fostering - Q1 2020 	<ul style="list-style-type: none"> End Q3 2019 Revised due date: Q1 2020 – PSW Fostering

No:	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
<p>Standard 7 – Care planning and review (Non-compliant Major)</p> <p>Under Standard 7 you are required to ensure that: Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.</p> <p>The provider is failing to meet the National Standards in the following respect:</p> <ul style="list-style-type: none"> • Systems to manage care planning were chaotic and negatively impacted children. • Plans put in place to address the backlog of child in care reviews contributed to poor quality care planning. • The quality of care planning was poor. • Care planning was significantly delayed. • Actions agreed at child in care reviews and recorded in care plans were not adequately addressed. • Specialist supports as set out in care plans were not always provided. • Due to a delay or lack in the provision of supports, some children’s placements in foster care ended in an unplanned manner. • Case management was poor quality as social workers did not receive regular supervision. • Governance and oversight from the area manager and service director was not effective at appropriately managing risks associated with care planning, particularly where children were not receiving the supports where required. 				
7.1.2	A diary of CIC reviews 2020 has been developed for all CIC reviews for compliance and oversight. This will be maintained and updated by Business Support.	<ul style="list-style-type: none"> • Child in Care review service with Diary for 2019 and 2020 is on the shared folder – sighted. • NCCIS Support provided this spreadsheet for the business support & review service pre populated all reviews for compliance as per standards and routinely review the diary for compliance and assurance of overdue reviews are diarised. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019

		<p>An alert system has been set up to notify social workers and SWTL of a pending CIC as per their booked date and compliant date. This appears in their activity page as an alert and on the individual case file on NCCIS. If a review is overdue, it has been set up as an alert with the booked date.</p> <ul style="list-style-type: none"> • Screenshot sighted for verification purposes. 		
7.1.4	<p>Quarterly meetings are being held between the PSW's for CIC and Reviews and Reviewing Officers to ensure that reviews are prioritised correctly and take place in a timely manner.</p>	<ul style="list-style-type: none"> • Quarterly meetings are occurring as per action, 2 have taken place to date. • Minutes x 2 hard copy • NCCIS support attend Child in Care Review Oversight Group meeting to update on any progress for compliance, overdue reviews, planning for the diary and provide an overview power point and reports. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
7.2.1	<p>A detailed plan is in place to prioritise and address the backlog of reviews. 100 reviews are scheduled per quarter. Based on figures there is a backlog of 92 reviews as a result.</p> <p>An additional reviewer will be appointed by the end of Q.3 to address the issue of outstanding reviews.</p>	<ul style="list-style-type: none"> • Prioritisation meeting was held. • There are now 65 reviews outstanding • 51 reviews have been scheduled up to March 2020, and the remaining by June 2020. • Additional reviewer has not been appointed yet (SWTL post approved not filled). 	<ul style="list-style-type: none"> • In progress 	<ul style="list-style-type: none"> • End Q3 2019 • Revised due date: End of Q1 2020 – PSW Reviews/ Business Support

7.2.2	Additional Business Support is assisting with the support, planning and recording of reviews.	<ul style="list-style-type: none"> • Business Support is assisting with the support and planning of reviews. • CIC reviewers are responsible for the minutes of review meetings. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
7.2.3	Any child in care review that is postponed twice will be notified to the PSW for CIC by the PSW for Reviews.	<ul style="list-style-type: none"> • An email is sent monthly by administrative support to report on reviews held, reviews postponed, reviewed postponed twice. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
7.3.1	The area has commenced a focus group with children/young people in care to obtain their views about how to improve their experience of care planning and also ensure their views and complaints are heard and addressed. These groups will also focus on how children and young people can become involved in the care planning process. The area will continue to engage with EPIC in relation to above.	<ul style="list-style-type: none"> • See action 5.4.3 • 5 Focus groups held to date. • 30th December launch of posters for the office and bookmarks for social workers with feedback from Children in Care. • Poster sighted promoting feedback and ideas. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
7.5/6.1	Every review will commence with a check of progress of actions from the previous review.	<ul style="list-style-type: none"> • A sample of 10 review records September-October 2019 were reviewed 16.11.19. • Of these 80% of files had a review records with reference to progress of actions. • 2/10 files did not yet have a record completed. PSW and Area Manager were advised and this has been addressed with the CIC reviewer. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019

<p>7.5/6.5</p>	<p>Business Support has established a process to ensure timely processing of funding requests for additional therapeutic support to ensure that no placement ends in an unplanned manner due to lack of additional supports. Delays in provisions of supports to children in care with a disability will be reported at Joint HSE/Tusla meetings.</p>	<ul style="list-style-type: none"> • A Standard Operating Procedure is being developed by Business Support for the processing of funding requests. • This will be circulated to all teams who submit funding requests. 	<ul style="list-style-type: none"> • In progress 	<ul style="list-style-type: none"> • End Q3 2019 • Revised due date: end of Q4 2019 – Business Support
<p>7.7.1</p>	<p>Business Support has reviewed its processes to ensure timely processing of funding requests for additional therapeutic support to ensure that no placement ends in an unplanned manner due to lack of additional supports.</p>	<ul style="list-style-type: none"> • Business Support has introduced a new process (to be included in SOP – see action 7.5/6.5) for tracking the timeliness of processing for funding requests. • Funding requests will be date stamped on receipt and logged on a spreadsheet, along with any requests for further information from the referrer; approval date; and date of purchase order raised. • Business Support will report to the Area Management monthly on the timeframe for processing. • Finance team and Children in Care team are due to meet in January 2020 to finalise this action. 	<ul style="list-style-type: none"> • In progress 	<ul style="list-style-type: none"> • End Q3 2019 • Revised due date: end of Q4 2019– Business Support

No:	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
<p>Standard 8 – Matching carers with children and young people (Non-compliant Moderate)</p> <p>Under Standard 8 you are required to ensure that: Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people</p> <p>The provider is failing to meet the National Standards in the following respect:</p> <ul style="list-style-type: none"> • While the area tried to ensure children could meet with foster carers prior to their placement, this did not happen consistently. • There was a significant delay in approving children for long term matches 				
8.1.1	<p>SWTL's will oversee a plan of introduction for children, parents and foster carers including a plan for any proposed move. The area utilises "This is US" photobook of foster carers and will be shared with children in advance where possible.</p>	<ul style="list-style-type: none"> • This process was reviewed by the PSW Fostering and SWTL's who confirmed that in the case of a planned placement move the fostering link workers provides the 'This is Us' photobook to the Children in Care SW. • Fostering link workers are required to record this in a case note. • PSW has sent an email to Fostering Link Workers as a reminder of this. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
8.1.2	<p>Link workers will ensure foster carers have appropriate information prior to any possible placement.</p>	<ul style="list-style-type: none"> • A document developed by SWTL outlining the information required to be shared with Foster Carers has been circulated by the PSW Fostering. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019

No:	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
<p>Standard 10 – Safeguarding and Child Protection (Non-compliant Moderate)</p> <p>Under Standard 10 you are required to ensure that: Children and young people in foster care are protected from abuse and neglect.</p> <p>The provider is failing to meet the National Standards in the following respect:</p> <ul style="list-style-type: none"> • There were gaps in the governance and oversight of serious concerns and allegations. • While the management of risk and associated safeguarding measures ensured children were visited, these measures were not reliable at ensuring children could disclose potential abuse. 				
10.1.1	In line with National Procedures the Fostering PSW and SWTL's will continue to notify the FCC of all allegations and significant concerns in relation to foster carers. The PSW for Fostering will continue to ensure that outcomes of assessments are forwarded to the FCC.	<ul style="list-style-type: none"> • There is a tracker in placement, maintained by the Foster Care committee, and updated by the secretary to the FCC. • Notification of Outcome forms are sent to the chair of the Foster Care Committee. (Emails sighted) • Actions verified with foster care committee members at FCC workshop 25th November 2019 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
10.1.2	The PSW for Fostering and the Chair of the FCC will be responsible for updating the tracking system of serious concerns and allegations on a monthly basis.	<ul style="list-style-type: none"> • FCC meeting held 6th November – discussed tracker being updated for December. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
10.1.3	A quarterly report will be presented at the Area Governance Committee by the PSW for Fostering in relation to allegations/significant concerns made against Foster Carers.	<ul style="list-style-type: none"> • The PSW Fostering provides updates to each Governance Group meeting on the number of Serious Concerns and Allegations received. (verified at Governance Group 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • Verified

		<p>meeting 18th November 2019)</p> <ul style="list-style-type: none"> • A more detailed report will be provided once a quarter reports on the status of serious concerns and allegations. – Due Q1 2020 		
10.1.4	<p>Business support for NCCIS provides monthly report to SWTL's and PSW's in relation to new referrals relating to CIC. This ensures SWTL's have oversight of all new referrals relating to CIC.</p>	<ul style="list-style-type: none"> • NCCIS Support provide the PSW with report of new referrals received, referrals with overdue IR and progress to all. • Report: Measure the Pressure Commentary CKST October 2019 sighted for verification purposes. • PSW's also have access to a report on NCCIS which provides data on new referrals 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
No:	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by

Standard 13: Preparation for leaving care and adult life (Non-compliant Major)

Under Standard 13 you are required to ensure that: Children and young people in foster care are helped to develop the skills, knowledge and competence necessary for adult living. They are given support and guidance to help them attain independence on leaving care.

The provider is failing to meet the National Standards in the following respect:

- Aftercare services in the Carlow Kilkenny South Tipperary service area were under resourced and not well established.
- Systems to ensure all eligible children were referred to the aftercare service were not effective.
- While children were involved in planning for their future, this was not always child centred.
- Work between the children in care teams and the aftercare team was disjointed.
- Prioritisation systems in the aftercare service had not been fully established at the time of the inspection.
- There was no annual review report on the aftercare service produced.
- Managerial oversight throughout the service area was not effective at ensuring good quality service delivery.

<p>13.2.1</p>	<p>All children aged between 16 to 18 have been prioritised to ensure that the area meets its requirements under legislation. To assist in planning for Aftercare, a six monthly report will be generated through NCCIS on details of young people aged 16 and 17 years. This will ensure timely referral to aftercare services. These will be issue to PSW's and SWTL's</p>	<ul style="list-style-type: none"> • Reports on aftercare referrals are reviewed by the PSW Children in Care. • Two audits have been completed. The most recent audit was carried out in October 2019 and an email of findings and priority actions sent to SWTLs on 21st October 2019 (sighted). Emails sent to SW's to action. • Excel tracker sighted. • 9 referrals to aftercare remained outstanding. • A follow up compliance audit is scheduled for November 2019. • NCCIS provided a report to PSW for CIC & Aftercare, Aftercare Coordinator regarding all young people aged 16 years to 17 years who are eligible for a referral in the form of an excel document. Sent 26/09/2019. • Advanced find created by NCCIS which will be shared with Aftercare and CIC to evidence the young people aged 16 and 17 years, for follow up. • An alert system has been set up to alert social workers of a young person turning 16 years that an aftercare referral is required to be completed on their birthday and to send to Aftercare. 	<ul style="list-style-type: none"> • In progress 	<ul style="list-style-type: none"> • End Q3 2019 • Revised due date: End of Q4 2019 – PSW & SWTL's CIC
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13.2.2	Supervision record forms have been amended to incorporate discussion of aftercare referrals for when a child is aged 16 years.	<ul style="list-style-type: none"> • See 5.3.2 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
13.2.3	The Aftercare Team are invited to all children in care reviews for all young people aged 16yrs and 17 yrs.	<ul style="list-style-type: none"> • Aftercare team receive invites from Business support. • The Aftercare Manager confirmed that there has been increase in invitations to Reviews. • The system for invitation requires review (see action 13.2.4) 	<ul style="list-style-type: none"> • In progress 	<ul style="list-style-type: none"> • End Q3 2019 • Revised due date: Q4 2019 • PSWs CIC & Reviews
13.2.4	Business Support to the Children In Care Review Service will track aftercare referrals and ensure that all young people eligible for Aftercare are referred prior to the care plan/review meeting in their sixteenth year.	<ul style="list-style-type: none"> • This is not occurring as per action. Business support issue invitations based on information from SW's. If the SW does not specify that aftercare services are invited Business support does not currently initiate this. • The system for inviting aftercare services to CIC reviews will be reviewed again by PSW's on the 12th December 2019 to ensure that there is a robust system in place. • The tracking of aftercare referrals is monitored by Team Leaders through supervision. • A monthly NCCIS report on aftercare referrals is reviewed by PSW. • Once all outstanding aftercare referrals have been actioned, the PSW will monitor NCCIS reports quarterly. 	<ul style="list-style-type: none"> • In progress 	<ul style="list-style-type: none"> • End Q3 2019 • Revised due date: Q4 2019 • PSWs CIC & Reviews

<p>13.4.1</p>	<p>PSW's for Aftercare and CIC along with the Aftercare Manager will undertake workshops on Aftercare Services and legislative requirements to CIC and Aftercare Teams.</p>	<ul style="list-style-type: none"> • The Aftercare Manager is scheduled to attend a CIC team day 10th Dec to present on services and legislative requirements. • A previous meeting date had been set and was rescheduled at the request of the CIC team. • QA Officer confirmed in meeting with PSW and Aftercare Manager 29th November 2019 that the scheduled presentation is due to go ahead as planned. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
<p>13.5.1</p>	<p>The area has developed and is implementing a prioritisation protocol for Aftercare. This has been disseminated to Aftercare and CIC teams.</p>	<ul style="list-style-type: none"> • A draft prioritisation protocol has been developed and reviewed by PSW Fostering in November 2019. (verified by QA Officer) • This has been circulated to Aftercare and CIC teams. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
<p>13.7.1.</p>	<p>Aftercare will be prioritised in supervision between the PSW for Aftercare and Area Manager. The PSW for Aftercare will advise the AM regarding allocation, needs assessments and aftercare plans at each supervision session.</p>	<ul style="list-style-type: none"> • PSW confirmed that Aftercare is discussed with Area Manager in supervision – minutes are taken by the Area Manager. • PSW provided agenda notes for verification purposes. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019

No:	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
<p>Standard 25 – Representations and Complaints (Non-compliant Moderate)</p> <p>Under Standard 25 you are required to ensure that: Health Boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fida interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or a non-statutory agency.</p> <p>The provider is failing to meet the National Standards in the following respect:</p> <ul style="list-style-type: none"> • Complaints that were verbally made were not recorded in the area’s complaint’s log. • Complaints made in writing to the area were not appropriately captured and responded to. • The management of complaints that had been captured on the complaints register was poor as the responsiveness to these complaints was poor. 				
25.1.1	<p>Workshops have taken place and will be repeated as necessary with all staff on the Tell Us Feedback and Complaints Policy and Procedure; these will have a focus on children being aware of how to make a complaint.</p> <p>All social workers will be asked to issue Tusla leaflets on complaints and explain the process to children and young people.</p>	<ul style="list-style-type: none"> • Workshop scheduled for 19th November 2019 for the Outreach team. - Pending for all other teams • Complaints module 1 mandatory training for all Tusla staff was launched on HSEland in 2019. • This is to be followed in 2020 by Module 2 for complaints officers • A schedule of complaints training workshops for PSW’s is being devised by the Tell Us team and is due in 2020. 	<ul style="list-style-type: none"> • In progress 	<ul style="list-style-type: none"> • End Q3 2019 • Revised due date: Q1 2020 – PSW Complaints
25.1.2	<p>All staff will record verbal complaints on a standard template for input on NIMS.</p>	<ul style="list-style-type: none"> • Document; Record of positive feedback/verbal complaint has been developed and introduced. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019

<p>25.2.1</p>	<p>All written complaints received will be entered on NIMS. All NIMS registered complaints will be acknowledged in writing, which will ensure that complaints are properly captured and responded to.</p>	<ul style="list-style-type: none"> • PSW Complaints confirmed that all known complaints are entered onto NIMS. • The majority of complaints are received through Tell US and acknowledgment is sent on receipt. • Complaints are also acknowledged locally. 	<ul style="list-style-type: none"> • Complete • Audit of complaints required 2020 (action 25.1.2; 25.2.1) 	<ul style="list-style-type: none"> • End Q3 2019
<p>25.2.2</p>	<p>All PSW's in the area are delegated Complaints Officers. Two additional Complaints Officers have been assigned to manage complaints.</p>	<ul style="list-style-type: none"> • Action complete 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019
<p>25.2.3</p>	<p>NIMS User Access Training has been arranged for all Area Complaints Officers</p>	<ul style="list-style-type: none"> • Seven Tusla staff in the CKST area have been trained and have access to NIMS. Of these, 2 are PSW's. 	<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • End Q3 2019

4. Conclusions

A significant number of actions were due for completion in Quarter 3 of 2019; 80% of the action were completed within the required period.

There was good evidence that work on eight actions was in progress - for review in the next verification exercise. The actions in question are as follows:

- The introduction of a Standard Operating Procedure (SOP) to support the timely completion of assessment of children's needs prior to, or soon after, their placement, in accordance with the National Standards for Children in Foster care and Tusla Business Processes.
- The completion of Child in Care reviews which are behind schedule.
- The introduction of a Standard Operating Procedure to support the timely processing of funding requests for children in care who require therapeutic support.
- Ensuring that aftercare services participate in the Child in Care reviews of all young people in care aged 16years and over.
- Training for all staff on the Tusla 'Tell Us' Feedback and Complaints Policy and Procedures.

Further verification work is required to ensure statutory visits to children in care by social workers are in accordance with the Child Care Regulations, 1995 (action 5.4.1). The quality assurance officer will audit NCCIS cases records in quarter 4 of 2019

The governance group, chaired by the service director, will continue to oversee the implementation of the action plan. Further verification work is required with regard to the actions due in quarter 4 of 2019.

Emma King

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December 2019