

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance and Monitoring Inspection  
Report for Foster Care Services under the  
Child Care Act 1991**



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

<b>Name of Service Area:</b>	Carlow/Kilkenny/South Tipperary	
<b>Service Area ID:</b>	200-201-301	
<b>Dates of inspection:</b>	20/05/2014 -22/05/2014 28/05/2014 -30/05/2014	
<b>No. of Fieldwork days:</b>	6	
<b>Lead inspector:</b>	Patricia Sheehan	
<b>Support inspector(s):</b>	Sharron Austin	
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced	
<b>Inspection ID:</b>	683	

## About monitoring of compliance

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving foster care services. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (the Authority) has, among its functions under section 8(1) c of the Health Act 2007, responsibility to monitor the quality of service provided by the Child and Family Agency (CFA) to protect children and to promote their welfare.

The Health Information and Quality Authority (the Authority or HIQA) is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect foster care services provided by CFA and to report on its findings to the Minister for Children and Youth Affairs.

In order to drive quality and improve safety in the provision of child protection and welfare services, the Authority carries out inspections to:

- **Assess** if CFA (the service provider) has all the elements in place to safeguard children and young people
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of serious risks
- **Provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **Inform** the public and **promote confidence** through the publication of the Authority's findings.

Monitoring inspections assess continuing compliance with the regulations and standards, can be announced or unannounced and take place:

- to monitor compliance with regulations and standards
- arising from a number of events including information affecting the safety or well-being of children.

## Summary of compliance with the Child Care Act 1991 and the National Standards Foster Care for the Child and Family Agency (CFA)

This inspection report sets out the findings of a monitoring inspection:

- to monitor ongoing regulatory compliance with National Standards
- following receipt of solicited and unsolicited information
- following notification of a significant incident or event

The table below sets out the outcomes that were inspected against on this inspection.

<p><b>Theme 1: Individualised Supports and Care</b></p> <p>Services for children are centred on the individual child and his/her care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.</p>	<input checked="" type="checkbox"/>
<p><b>Theme 2: Effective Services</b></p> <p>Effective services ensure that the proper support mechanisms are in place to enable children to lead a fulfilling life. Personal planning is central to supporting children to identify their goals, needs and preferences and what supports need to be put in place by the service to ensure that each child maximises his/her personal development.</p>	<input checked="" type="checkbox"/>
<p><b>Theme 3: Safe Services</b></p> <p>Services promote the safety of children through the assessment of risk, learning from adverse events and the implementation of policies and procedures designed to protect children. Safe services protect people from abuse and neglect and follow policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities.</p>	<input type="checkbox"/>
<p><b>Theme 4: Health and Development</b></p> <p>Services support children so that they continue to enjoy a good quality of life and live their lives in keeping with their own social, cultural and religious beliefs. The quality of life for children is important in areas including health, educational development, physical and cognitive attainment, and social and emotional development. Children have access to universal health and social care services on the same basis as others in order to maintain and improve their health status.</p>	<input type="checkbox"/>

<p><b>Theme 5: Leadership, Governance and Management</b>  Effective governance in services for children is accomplished by directing and managing activities using good business practices, objectivity, accountability and integrity. In an effective governance structure, overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team and service levels so that all people working in the service are aware of their responsibilities and who they are accountable to.</p>	<input checked="" type="checkbox"/>
<p><b>Theme 6: Use of resources</b>  The effective management and use of available financial and human resources is fundamental to delivering child-centred safe and effective services and supports that meet the needs of children.</p>	<input type="checkbox"/>
<p><b>Theme 7: Responsive workforce</b>  Each staff member has a key role to play in delivering child-centred, effective and safe services to support children. Children’s services organise and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of children.</p>	<input type="checkbox"/>
<p><b>Theme 8: Use of Information</b>  Quality information and effective information systems are central to improving the quality of services for children. Quality information, which is accurate, complete, legible, relevant, reliable, timely and valid, is an important resource for providers in planning, managing, delivering and monitoring children’s services. An information governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This supports the delivery of child-centred, safe and effective care to children.</p>	<input type="checkbox"/>

## 1. Methodology

As part of this inspection inspectors met with children, foster parents , other agencies and professionals. Inspectors observed practices and reviewed documentation, relevant registers, policies and procedures, children's files and foster carer files.

The aim of on-site inspection fieldwork is to gather further evidence of compliance with the National Standards and Regulations.

During this part of the inspection, the inspectors will evaluate:

- quality of care and safe service
- the timeliness and management of referrals
- the effectiveness of assessment and risk management processes
- assessment of foster carers
- effectiveness of the Foster Care Committee
- the extent of focus on the child or young person's needs

The key activities of this inspection involved:

- the interrogation of data
- the review of local policies and procedures, minutes of various meetings and local audits
- the review of 46 children's case files by both tracking and sampling information contained within their files
- the review of 19 foster carer's files by both tracking and sampling information contained within their files
- meeting with 15 children and young people, and carers in ten foster carer households
- meeting with a focus group of foster carers
- telephone interviews were conducted with two parents
- meetings with two groups of social workers, two groups of team leaders, the area manager and three principal social workers
- observing meeting of Children's Services Committee
- interview with the chair of the foster care Committee (FCC)

### Acknowledgements

The Authority wishes to thank the carers, children and parents/guardians for the openness with which they embraced the inspection process and welcomed inspectors into their homes. Inspectors also wish to acknowledge the cooperation of the members of Child and Family Agency (the Agency) and senior managers in the Carlow/Kilkenny/South Tipperary service area (Area).

## **2. Profile**

### **2.1 Child and Family Agency (CFA)**

Child and family services in Ireland are now the primary focus of a single dedicated State agency – CFA overseen by a single dedicated government Department. The Child and Family Agency Act 2013 (No. 40 of 2013) established CFA. The Agency was established with effect from 1 January 2014.

CFA have service responsibility for a range of services, including:

- Child Welfare and Protection Services, including family support services;
- Existing Family Support Agency (FSA) responsibilities;
- Existing National Educational Welfare Board (NEWB) responsibilities;
- Pre-school Inspection Services;
- Domestic, sexual and gender based violence services;

Child and Family services have been merged into 17 Service Areas (SAs) and are managed under area managers.

Children's foster care services will be inspected by the Authority at SA level with governance inspected at an area manager level.

### **2.2 Service Area**

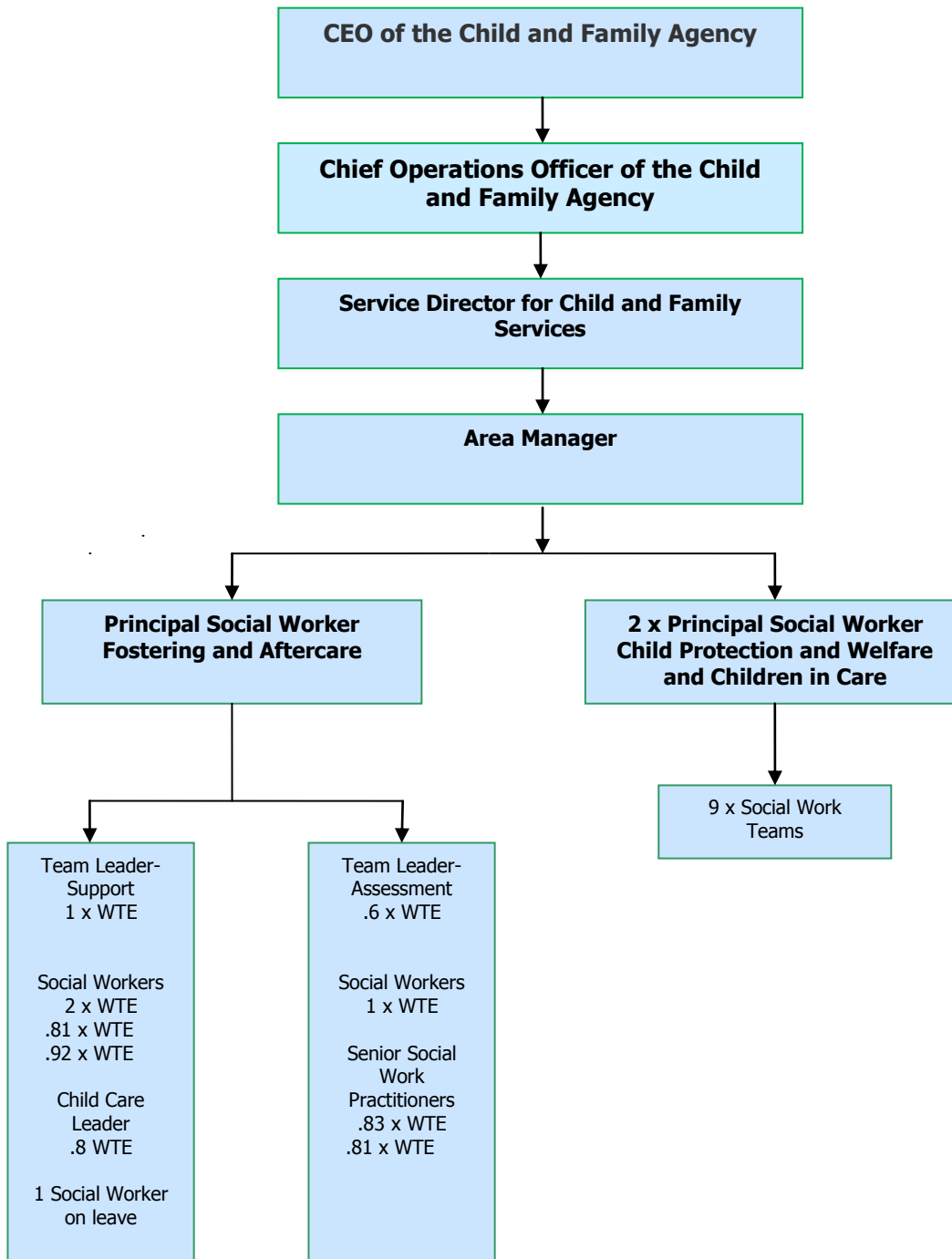
The Carlow/Kilkenny/South Tipperary service area (Area) is providing services to the counties of Carlow, Kilkenny and South Tipperary. Census figures (2011) show that the population of the service area is 238,325, including 64,751 children. 40% of the population live in Kilkenny, followed by 37% in South Tipperary and 23% in Carlow. Irish nationals accounted for the majority of people living in these areas. Non-Irish nationals accounted for 8.8% of the population in Kilkenny, 10.3% in South Tipperary and 11.1% in Carlow. UK nationals were the largest group in Kilkenny and South Tipperary and Polish nationals the largest group in Carlow. There are Revitalising Areas by Planning, Investment and Development (RAPID) areas in Carlow town, Kilkenny City, Clonmel and Tipperary as well as Ceantair Laga Ard-Riachtanais (CLAR) programmes which target investment programmes in areas of rural disadvantage. There are significant levels of disadvantage in North Carlow and North east Kilkenny.

At the time of this inspection, according to the information provided by CFA, there were 369 children living in foster care in the area with 241 children in non relative care and 128 in relative care. All of the children in foster care had an allocated social worker and all carers had an allocated link worker. The service had three children placed in non-statutory foster care placements at the time of the inspection and 12 children had been placed outside of the service area. There were six children waiting for foster care placements.

The area provided data on waiting lists of applicants for foster care assessments and approvals, allocation of social workers to children, waiting lists for access to specialist services and children awaiting a foster care placement.

The organisational chart in Figure 1 describes the management and team structure as provided by the SA.

**Figure 1: Organisational structure of the Children’s Foster Care Services, Carlow/Kilkenny/South Tipperary service area**





### 3. Summary of Findings

The Child and Family Agency (CFA/the Agency) has statutory responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm. Children in foster care require a high quality service which is safe and well supported by social work practice. Foster carers must be able to provide them with warm and nurturing relationships in order for children to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

Children's rights, including the maintenance of family relationships, were respected and promoted. Both families and children were facilitated by social workers to talk about their experience of the foster care service and a number of services were delivered in a child centred manner. Foster carers provided stable environments and relationships which promoted the welfare of children. The majority of children were supported when moving between services

There were a number of systems in place to ensure good management of care planning and statutory care reviews although some improvements were required. All children in care had a social worker and all foster carers had an allocated link worker to support them. Assessments of foster carers were of good quality but they were not always carried out in a timely manner which impacted on the availability of placements for children. Not all children had timely access to specialist therapeutic supports and this contributed to placement breakdowns and posed a risk to the welfare of those children.

The service was well led and managed by experienced and competent managers. Effective governance structures and a number of systems to manage and deliver a safe service were in place. Quality assurance systems were implemented although some improvements were required. There was a service improvement plan operating across all of the services and a specific service plan for fostering. Not all risks had been identified and the controls for some risks were not sufficiently robust. While available resources were managed in an effective manner, the fostering service was not sufficiently resourced to ensure the effective delivery of care. There was no specific strategy for the recruitment and retention of foster carers and the foster care committee though effectively managed did not function completely in accordance with regulations and standards.

Areas of non-compliance with the standards are outlined in detail within the body of this report and an action plan is included.

## 4. Summary of Judgments under each standard

In addition to the standards which were inspected as planned, issues arose regarding access to specialist services and the reviews of foster carers and these are not included in the summary below. These are referenced in the body of the report on pages 16 and 19.

Theme	National Standards for Foster Care	Compliant Non-compliant – minor, moderate, major
<b>Theme 1: Individualised Supports and Care</b>	Standard 1: Positive sense of identity	Compliant
	Standard 2: Family and Friends	Compliant
	Standard 3: Children’s rights	Compliant
	Standard 4: Valuing diversity	Non compliant-minor
<b>Theme 2: Effective Services</b>	Standard 6: Assessment of Children and Young People	Compliant
	Standard 7: Care Planning and Review	Non compliant-moderate
	Standard 8: Matching children with carers	Non compliant-moderate
	Standard 13: Preparation for leaving care and adult life	Non compliant-moderate
	Standard 14(a): Assessment and approval of non relative foster carers	Non compliant-moderate
	Standard 14(b): Assessment and approval of relative foster carers	Compliant
<b>Theme 5: Leadership, Governance and Management</b>	Standard 18: Effective policies	Compliant
	Standard 19: Management and Monitoring of Foster Care Services	Non compliant-moderate
	Standard 21: Recruitment and retention of an appropriate range of Foster Carers	Non compliant-moderate
	Standard 23: The Foster Care Committee	Non compliant-moderate
	Standard 24: Placement of Children through non-statutory agencies	Compliant
	Standard 25: Representation and complaints	Non compliant-minor

## 5. Findings and judgments

### Compliance with the Child Care Act, 1991 and National Standards for Foster Care for the Child and Family Agency

#### Theme 1: Individualised Supports and Care

*Services for children are centred on the individual child and his/her care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.*

#### References:

##### **National Standards for Foster Care (2003)**

Standard 1: Positive Sense of Identity

Standard 2: Family and friends

Standard 3: Children's Rights

Standard 4: Valuing Diversity

##### **Child Care (Placement of Children in Foster Care) Regulations, 1995**

Part II, Article 4: Welfare of child

Part III, Article 8: Religion

Part III, Article 11: Care plan

Part IV, Article 16: Duties of foster parents

##### **Child Care (Placement of Children with Relatives) Regulations, 1995**

Part II, Article 4: Welfare of child

Part III, Article 8: Religion

Part III, Article 11: Care plan

Part IV, Article 16: Duties of relatives

#### Inspection findings

Children's rights, including the maintenance of family relationships, were respected and promoted. Both families and children were facilitated to talk about their experience of the foster care service and a number of services were delivered in a child centred manner.

Children were aware of their rights and supported in exercising them when using the service. Information was available in different languages about CFA services and there was information for a child in care about their rights, including the right to information about their life and to have personal information treated with respect and in confidence.

Inspectors saw such information leaflets visibly displayed in social work offices alongside the guide to obtaining personal information under the Freedom of Information Act. Social workers and team leaders gave examples of how rights were promoted, for example, how they facilitated children to access any personal information on file.

The rights of children with disabilities were supported by Tulsa principally in meeting their health and education needs. Inspectors found in case files that arrangements such as respite breaks, aids and adaptations assisted carers in providing care although some carers spoke of difficulties getting respite when they required it. Both social workers and carers told inspectors of their efforts to advocate on children's behalf particularly for specialist services. Access to the latter was not timely as outlined further in Theme 2. Additional supports to facilitate equal access to education, such as special needs assistants and extra tuition, were facilitated through individual care planning and school liaison. Inspectors reviewed some case files where children with disabilities and their families were supported through the national advocacy services for people with disabilities.

Diverse backgrounds were respected as demonstrated by ready access to translation services and documentation reviewed within care files. The area provided data in relation to ethnicity for the purposes of this inspection with 76 children in foster care from a diverse ethnic, cultural or religious background. While foster carers visited by inspectors were informed about the culture and ethnicity of children, children were not always living with foster carers from their own cultural, ethnic and religious background and this had the potential to impact adversely on a child.

Although some parents thought communication with them could be improved, such as consistently receiving written review decisions, inspectors found that social work staff communicated with children and families in a respectful and effective way. This was reflected in case files reviewed by inspectors and in children's comments.

Children knew that they had a right to complain and were able to say whom they would approach to make a complaint. The area followed national policy 'Speak Up Speak Out', designed to ensure that children can make effective complaints about any aspect of the fostering service. Inspectors reviewed the policy which outlined how to make a complaint including timeframes and how to contact an advocacy service or independent review officer and ombudsman if unsatisfied with management of the complaint. Age appropriate information about the complaints policy was available and social workers and managers were clear about procedures and aimed to resolve any expressions of dissatisfaction informally if possible. There had not been any formal complaints made by children in the last 12 months. The management of complaints that required formal investigation is outlined later in this report under Theme 3, Leadership, Governance and Management.

Children participated in decision-making processes in relation to their lives and where appropriate, influenced decisions about their lives. The area promoted the involvement of children in their reviews and planning about their care. Case records reflected the inclusion of children and families in decision making processes and the consultation that

took place, including children with communication or literacy needs. Resources such as interpreters and advocacy services were in place to facilitate communication. Children completed age appropriate reports for their care review meetings and in the majority of the cases reviewed, attended all or part of their review meeting. It was not evident from the care file if the outcome of the review was discussed with the child in an age appropriate manner or if they had received an up-to-date care plan which would be helpful for children in their understanding of decisions made. Children and foster carers who spoke with inspectors said that in general their views and opinions were sought and respected by social workers. Some foster carers spoke of the tension inherent in speaking at reviews and advocating for a child placed with them while maintaining a relationship with the parents.

Children's interests and leisure choices were identified within the care planning process and a review of files reflected the supports provided to develop and pursue these interests and hobbies. Children, carers and parents interviewed confirmed this.

Maintaining and developing family relationships was encouraged and facilitated where it was in the best interest of the child. Approximately one third of foster carers were relatives. Data returned by the area demonstrated that 83 sibling groups were placed together in accordance with their assessment of need. Regular access arrangements were generally part of the care planning process and were facilitated by a variety of staff in various CFA facilities as well as in the local community. Social workers, carers and parents were generally satisfied with access arrangements although some foster carers considered arrangements often met parents needs and not always the needs of the child. Some access facilities, for example in Carlow and Tipperary town, were not suitable environments for children to visit their parents, and parents commented on inadequate rooms.

Some services for children in foster care were delivered in a child-centred manner. Inspectors saw displayed the leaflets, "Have Your Say" for parents and carers, and "Shout It Out" for children, as a means of seeking specific feedback in order to improve service to children and families and some children visited by inspectors had given feedback. Reports and other records reviewed by inspectors considered the individual child, even if there were siblings also in care, to ensure each child was assessed appropriately and consideration given to the resources or supports required for the individual child. Relationships between children and carers observed by inspectors were respectful and nurturing. Inspectors interacted with a group of children who met regularly in order to provide them with a voice and help them express their feelings. Inspectors observed an interagency children's services meeting and viewed the coordination of some services, for example services for vulnerable families. Where external services were successfully acquired they were delivered in a manner that focused on the child's needs; however, the experience of accessing therapeutic services for some children was a fragmented one and not timely to meet individual needs as outlined further in Theme 2, Effective Services.

<b>Standard</b>	<b>Judgment</b>
<p><b>Standard 1 Positive sense of identify</b></p> <p>Children and young people are provided with foster care services that promote a positive sense of identity for them.</p>	Compliant
<p><b>Standard 2 Family and friends</b></p> <p>Children and young people are encouraged and facilitated to maintain and develop family relationships and friendships.</p>	Compliant
<p><b>Standard 3 Children’s rights</b></p> <p>Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.</p>	Compliant
<p><b>Standard 4 Valuing diversity</b></p> <p>Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.</p>	Non compliant-minor

## **Theme 2: Effective Services**

*Effective services ensure that the proper support mechanisms are in place to enable children to lead a fulfilling life. Personal planning is central to supporting children to identify their goals, needs and preferences and what supports need to be put in place by the service to ensure that each child maximises his/her personal development.*

### **References:**

#### **National Standards for Foster Care (2003)**

Standard 6: Assessment of children and young people

Standard 7: Care planning and review

Standard 8: Matching carers with children and young people

Standard 13: Preparation for leaving care and adult life

Standard 14a. Assessment and approval of foster carers

Standard 14b. Assessment and approval of relative carers

#### **Child Care (Placement of Children in Foster Care) Regulations, 1995**

Part III, Article 5 (2) (a): Assessment of foster parents

Part III, Article 6: Assessment of circumstances of child

Part III, Article 7: Capacity of foster parents to meet the needs of child

Part III, Article 10: Information on child

Part III, Article 11: Care plans

Part IV, Article 18: Review of cases

Part IV, Article 19: Special review

Part IV, Article 20: Frequent admissions to care

#### **Child Care (Placement of Children with Relatives) Regulations, 1995**

Part III, Article 5 (1) (a): Assessment of relatives

Part III, Article 7: Assessment of circumstances of child

Part III, Article 9 (1), (2) Contract

Part III, Article 10: Information on child

Part III, Article 11: Care plans

Part IV, Article 18: Review of cases

Part IV, Article 19: Special review

Part IV, Article 20: Frequent admissions to care

### **Inspection findings**

There were a number of systems in place to ensure good management of care planning and statutory care reviews although some improvements were required. All children in care had a social worker and all foster carers had an allocated link worker to support them. The majority of children were supported when moving between services and assessments of foster carers were effective. However, not all children had timely access

to specialist therapeutic supports and this contributed to placement breakdowns and posed a risk to the welfare of those children. Assessments of foster carers were not always timely which impacted on the availability of placements for children.

Timely comprehensive assessments were undertaken in line with business processes for children who had recently come into care and these assessments informed the care planning and review processes as evidenced in a sample of case files reviewed. Social workers interviewed by inspectors demonstrated knowledge of the children's needs and case notes outlined the supports and resources in place to meet those needs. Children and families were facilitated to participate in the assessment process. Waiting lists for services were actively managed, for example, the fostering management team regularly prioritised children waiting for a foster care placement according to urgency of need.

Although assessing compliance with Standard 11, Health and Development, was not initially part of this inspection, data provided to the Authority showed that there were 45 children awaiting access to psychology and/or mental health therapeutic services at the end of March 2014. Inspectors found that the majority of these children had complex needs and a number of them were awaiting the necessary supports for over three months and some over a year, particularly those who lived in South Tipperary. Files reviewed demonstrated that some of these children were experiencing or had experienced breakdowns in their placements. Questionnaires completed by a number of external professionals indicated that these services were often not available in a timely fashion due to staff cuts, increase in numbers of children being referred and complexity of cases. Managers told inspectors that difficulties accessing support services resulted from under resourced services and the fact that some services were now outside of the remit of the new Child and Family Agency. The area manager stated that her intent was to utilise the memorandum of understanding between the CFA and the HSE to resolve any interagency issues affecting access to support services.

Inspectors were concerned about the risk to the welfare of children awaiting therapeutic services and informed the area manager of this concern during the inspection. As a result, the area reviewed the waiting list and put in place an immediate plan for a psychology service to be provided to children waiting over three months. This plan was confirmed in interviews with principal social workers and team leaders.

While many children were placed with carers who could meet their needs, not all children were matched appropriately as evidenced by placement breakdowns. Inspectors found that the guidance for matching was extremely brief and social workers and managers told inspectors that there was not always sufficient foster carers available at the right time to meet the needs of children which impacted on the quality of the matching process. Some foster carers had more than two children placed at any one time which posed a risk to the sustainability of the placement. The procedure for placement requests had recently been revised to give more information on the child's needs and improve information sharing and discussion between the child's social worker and the fostering unit. This was not evident in the files reviewed by inspectors. Inspectors were informed by the area manager and fostering manager of the plan to introduce a placement committee by September 2014 in order to improve matching. Additionally, inspectors reviewed implementation plans for the development of specific



types of placements, for example therapeutic placements for children with attachment difficulties, in order to increase the range of appropriate placements available.

There had been a number of placement breakdowns and disruptions in the previous twelve months. The fostering manager told inspectors that there had been 24 breakdowns in South Tipperary and 10 in Carlow/Kilkenny. This lack of placement stability posed a risk to children's ability to build and maintain relationships, particularly for those children who had experienced more than one breakdown.

Systems were in place to ensure care planning and statutory care reviews were well managed. Strategy meetings and various professional meetings were held appropriately and in a timely manner. Case files reviewed demonstrated good coordination and consultation with all relevant personnel with minutes of these meetings containing decisions for further action to improve outcomes for children. Professionals who submitted a questionnaire confirmed their attendance or invitation to participate or contribute to these meetings.

Data provided to the Authority reported that all children had a social worker and care plan and 85% of the children had up-to-date statutory care reviews which was confirmed in interviews with social workers and managers. For the most part care plans were reviewed in line with standard business processes and inspectors found evidence of improved outcomes for children in many files reviewed. The quality of statutory reviews, under the chairmanship of an independent chairperson, was good and demonstrated a high level of consultation with children, parents, foster carers and other professionals by attendance at reviews or submission of reports. This participation and consultation was confirmed during interviews with the child and relevant others. However, not all children had an up-to-date statutory care review and child records, when maintained on an information system called RAISE, were also not always up-to-date. For example, there were references to reviews taking place but evidence of the review itself was not found by inspectors. Additionally, while principal social workers explained that policy was for a review to occur following every placement breakdown, inspectors found that this was not consistently taking place in a timely manner. Not all parents consistently got copies of decisions made at reviews.

While the majority of children were supported when moving between services improvements were required for those transitioning between childhood and adulthood. Transitions between services and discharges from care were found to be well planned with continuity between key professionals maintained. Case files reviewed demonstrated good transfer and update summaries between social workers and professionals. At the time of inspection there were no cases awaiting transfer outside of the area or transfer into the area. However, CFA's Leaving and Aftercare Services National Policy and Procedure (2011) was not fully implemented. Management of the aftercare service was changing from alternative care services to the fostering manager but at the time of inspection this handover was very much in transition which was acknowledged by senior managers. While inspectors found that children were helped to develop the skills, knowledge and competence necessary for adult living, a review of case files and data provided by the area indicated that not all children over 16 years of age were referred to the aftercare service or had a leaving care / aftercare plan in

place. Data provided by the area during inspection showed that only 10 (20%) of the 51 young people over 16 years had an allocated aftercare worker which meant that the young person's social worker was solely responsible for the assessment and preparation for leaving care which was not in line with national policy. A key principle of the national policy on Leaving and Aftercare Services (2011) requires services to be monitored and evaluated on a regular basis to ensure quality and inform development. At the time of this inspection, such monitoring and evaluation was not taking place.

Some young people were supported to continue in education and training and received supports by the service after they became 18. A review of a number of case files and interviews with social workers and foster carers of young people who had turned 18 confirmed this. Data provided to the Authority reported that 75 young people over 18 years were in receipt of an aftercare service. Of the 75 young people, 31 (41%) remained in their existing foster care placement which meant that they continued to experience caring relationships and stable living arrangements.

While inspectors reviewed a new template that verified the necessary checks in an emergency placement with relatives, and social workers and managers outlined the procedures they followed to ensure these emergency placements were carried out in a safe way, such procedures were not always evident in files reviewed. At the time of inspection relative carers were being assessed effectively and in a timely manner. Relative assessments had recently been prioritised by management with the result that 16 relative carers were undergoing assessments and only one awaiting commencement of the assessment. A sample of case files reviewed demonstrated that the quality of completed relative carer assessments was good. However, file reviews showed a number of children had been with unapproved relative carers for over a year which was not timely and contravened the regulations. It could result in unnecessary trauma for the child should the foster care committee recommend that the application not be approved and a decision taken subsequent to that to remove the child from the placement. While relative carers had the assessing social worker for support and supervision during the process of the assessment, the frequency of visits to the children from their social worker to ensure children were protected was not always clear to inspectors from reviewing case notes.

While non-relative carers were also being assessed effectively using a competency model framework, the area was experiencing challenges in completing these assessments in a timely manner. Foster carers interviewed told inspectors that their assessment was thorough and comprehensive. The required checks in relation to health and safety to ensure children lived in safe environments and vetting which included all adults over 18 years within the household were undertaken. In the twelve months prior to the inspection, data showed that 19 non-relative carers had been assessed with 17 approved by the FCC. This was due to the area manager commissioning an external agency on a once-off basis to complete these assessments alongside the ongoing work of the fostering service. At the time of inspection, while six non-relative carers were undergoing assessment, 20 remained on a waiting list which impacted on the availability of placements for children. A review of a sample of case files and interviews with managers and social work staff demonstrated that the length of the process varied across the area from four months to 24 months. Inspectors found that caseloads were

high and there were significant pressures affecting timely assessments of non-relative carers primarily related to staffing resources which is further outlined in Theme 5.

Once completed, assessments were presented to the FCC in a timely manner and there was correspondence to foster carers informing them of their approval status. Children were generally placed with carers with the appropriate approval status. Two panels of foster carers (one for Carlow/Kilkenny and one for South Tipperary) were maintained and inspectors noted these were complete and complied with regulations. Although assessing compliance with Standard 17, Reviews of Foster Carers, was not initially part of this inspection, inspectors found that reviews were not being carried out in line with regulations and standards. The fostering manager and team leaders confirmed that while reviews had commenced with six completed in the last year, 278 out of 314 carers on the panel had not received a review in three years which meant that the continuing capacity of carers to provide high quality care was not assured.

Foster carers were aware of their responsibilities with a signed contract for each placement in place and knew about their rights including how to make a complaint; however, support for carers to ensure effective care was sometimes compromised by insufficient information about children’s needs being provided both at the onset and throughout the placement. A number of carers expressed to inspectors their experience and frustration of not being sufficiently informed about the complexity of a child’s needs and the impact this had on the child and placement, and this was confirmed in a sample of carer files reviewed. Carers also spoke of the need for improved communication with them around matters such as upcoming court dates, which also impacted on the child significantly. Some foster carers spoke of the difficulties getting respite care when they required it.

Standard	Judgment
<p><b>Standard 6 Assessment of children and young people</b></p> <p>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>Compliant</p>
<p><b>Standard 7 Care planning and review</b></p> <p>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>Non compliance -moderate</p>

<p><b>Standard 8 matching carers with children and young people</b></p> <p>Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children and young people.</p>	<p>Non compliance -moderate</p>
<p><b>Standard 11 Health and development</b></p> <p>The health and development needs of children and young people in foster care are assessed and met. They are given information, guidance and support to make appropriate choices in relation to their health and development.</p>	<p>Non compliance –major</p> <p>(This judgment is not included in the summary of judgments as explained in the note on page 10)</p>
<p><b>Standard 13 Preparation for leaving care and adult life</b></p> <p>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.</p>	<p>Non compliance -moderate</p>
<p><b>Standard 14a Assessment and approval of non-relative foster carers</b></p> <p>Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board prior to any child or young person being placed with them.</p>	<p>Non compliance –moderate</p>
<p><b>Standard 14b Assessment and approval of relative foster carers</b></p> <p>Relatives who apply, or are requested to apply, to care for a child or young person under Section 36(1)(d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the health board.</p>	<p>Compliant</p>

## **Theme 5: Leadership, Governance and Management**

*Effective governance in services for children is accomplished by directing and managing activities using good business practices, objectivity, accountability and integrity. In an effective governance structure, overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team and service levels so that all people working in the service are aware of their responsibilities and who they are accountable to.*

### **References:**

#### **National Standards for Foster Care (2003)**

Standard 18: Effective Policies

Standard 19: Management and Monitoring

Standard 21: Recruitment and Retention of Appropriate Range of Foster Carers

Standard 23: Foster Care Committee

Standard 24: Non Statutory Agencies

Standard 25: Representation and Complaints

#### **Child Care (Placement of Children in Foster Care) Regulations, 1995**

Part III, Article 5: Assessment of foster parents

Part IV, Article 12: Maintenance of a register

Part IV, Article 14: Fostering allowance/financial and other assistance

Part IV, Article 15 Support services for foster parents

Part IV, Article 17 Supervision and visiting of children

Part IV, Article 22 (2): Termination of placement by Health Board

Part VI, Article 24: Arrangements with voluntary bodies and other person

Part VI, Article 27: Placement of child with person in another area

#### **Child Care (Placement of Children with relatives) regulations 1995**

Part III, Article 5: Assessment of foster parents

Part IV, Article 12: Maintenance of a register

Part IV, Article 14: Fostering allowance/financial and other assistance

Part IV, Article 15 Support services for foster parents

Part IV, Article 17: Supervision and visiting of children

Part IV, Article 22 (2): Termination of placement by Health Board

Part VI, Article 24: Arrangements with voluntary bodies and other person

### **Inspection findings**

Effective governance structures and a number of systems to manage and deliver a safe service were in place. There was a service improvement plan operating across all of the services and a specific service plan for fostering. Quality assurance systems were implemented although some improvements were required. Not all risks had been identified and the controls for some risks were not sufficiently robust. While available resources were managed in an effective manner, the fostering service was not sufficiently resourced to ensure the effective delivery of care. The fostering service plan

included objectives and tasks for development of the foster carer panel but there was no specific strategy for the recruitment and retention of foster carers. The foster care committee though effectively managed did not function completely in accordance with regulations and standards.

There were clear structures in place for the management of the foster care service with defined lines of authority and accountability. Managers were qualified, experienced and demonstrated good leadership. Staff were clear on their roles and responsibilities. The service area management team comprised the area manager and three principal social workers, two of whom had responsibility for child protection and children in care with the other principal having responsibility for foster care and aftercare services. The latter was a new appointment since the beginning of 2014. All social workers reported to team leaders who in turn reported to principal social workers.

The area followed national policies and procedures and children in care registers (one for Carlow/Kilkenny and one for South Tipperary) were maintained with all the relevant details for each individual child recorded in line with regulations. Communication structures and implementation of decisions within the service area were robust as confirmed in interviews with managers and staff. Social workers and principal social workers told inspectors that they found their line managers supportive, able to make decisions and provide leadership during recent periods of major change. Area management meetings took place on a regular basis and there were quarterly meetings between the area manager and team leaders and staff confirmed that they received clear communication on matters pertaining to the service. Fostering management meetings occurred regularly as did team meetings. Inspectors observed some of these meetings and examined meeting records and found that meetings focussed on operational issues and service delivery at the appropriate level, which included budgets, risk management and escalation processes, policies and procedures, staffing and training. The appointment of a dedicated principal social worker for the foster care service and subsequent restructuring of the service in the two months prior to the inspection had resulted in significant changes to some practices. For example, social workers were now responsible for either assessments of carers or support to carers and this new structure had led to caseloads being reallocated and different roles and responsibilities. Interviews with senior managers and focus groups with social work staff and team leaders demonstrated that these changes had been challenging initially but were now more accepted and viewed as positive improvements.

Service level arrangements and individual placement contracts were in place for three children placed with foster carers through non-statutory agencies. Managers told inspectors that non-statutory agencies were typically used when no suitable foster carers were available locally to meet the child's needs. Inspectors reviewed one service level agreement (SLA) and placement contracts with the non-statutory agencies. The service level agreement specified the service to be offered and the monitoring arrangements. Services were required to comply with relevant legislation, policies and national guidance. The area manager told inspectors that the area satisfied itself that these agencies provided quality care and complied with regulations through the external monitoring officer reports and the standard child in care review processes. This was

confirmed by the external monitoring officer and during interviews with senior managers in the service.

Inspectors reviewed monthly management reports, the statement of purpose for the area and the current operational plan. While the statement of purpose was not detailed regarding the fostering service and the operational plan brief, there was a comprehensive improvement plan across all services delivered by the area based on audit activity and actions from regulatory inspection and a specific fostering service plan with key objectives and action plans detailed. All managers and staff interviewed demonstrated a good knowledge of risks within the foster care service such as the impact of delayed assessments of carers, access to therapeutic supports, unsuitable matching and insufficient staff resources. While principal social workers had received risk management training, team leaders had not. The identification, management and escalation of service risks were carried out in line with national procedure through *Measuring, Managing and Reporting Social Work Intake* reports. There was a clear procedure for notification of child deaths and serious incidents and an area risk register in place which followed best practice guidance for populating a risk register. Inspectors examined the register and saw that some risks had been identified, for example children with unapproved relative carers, and effective controls put in place. However, the risk of placement breakdowns and other risks associated with a waiting list for non relative carer assessments had not been identified. The controls for risks regarding lack of timely access to therapeutic services were not sufficiently robust as inspectors found that a significant number of children were awaiting such support services for over a year and some had experienced breakdowns in their placements as outlined in Theme 2.

Service planning was informed by the levels of needs and demand within the area and there was a service plan in place as outlined earlier in this report. The area manager reported regionally on the use of resources and additional resources to support foster carers were seen in some case files. Minutes of these meetings confirmed the managerial oversight of challenges to and priorities for the service. Inspectors found from interviews with staff at all levels and various documents reviewed that the area manager had been able to reallocate resources to address changing priorities. For example, some staff resources from a provider with additional capacity funded by CFA had been identified as a key component of initiatives around support to carers. However, there was an increasing waiting list of non relative carers to be assessed alongside six children awaiting placement. Within a current team (not including team leaders) of three staff working full time and five working between .82 and .92 of a whole time equivalent post, social workers had caseloads of sixty two carers to support. All staff interviewed expressed the need for additional resources. At the conclusion of the inspection, inspectors were informed that an additional .8 social worker post had been approved on a permanent basis.

Objectives and tasks had been identified for development of the foster carer panel but specific strategies for the recruitment and retention of foster carers were not in place. Data provided to the Authority demonstrated that there had been 119 new enquiries to the service in the year prior to this inspection and nine applications submitted in the same time period. A national fostering awareness campaign had run from 20 May 2013

to 24 May 2013 and a national fostering recruitment campaign was held in tandem from May 2013 to December 2013. These campaigns had been launched in the service area with no additional resources put in place and had not resulted in any significant increase in the pool of foster carers. Specific strategies focusing on the barriers to finding and keeping foster carers and initiatives to overcome these barriers alongside gaps in the provision of placements for children from ethnic and minority groups were not in place. Data provided to the Authority by the area showed that 12 foster carers had left the panel voluntarily in the previous 12 months and the fostering manager stated that this was mostly due to significant changes in their life circumstances. There was evidence of exit interviews being undertaken with carers since the beginning of 2014 and some learning from three carers who left to join a private agency but a systematic analysis of the reasons why carers were de listed from the panel in order to inform future training, support, supervision, recruitment and retention had not yet taken place.

There were a number of quality assurance systems in place to ensure children received a high quality service but a few improvements were required. There was a designated authorised person to undertake formal monitoring of foster care services in the area and inspectors read the most recent reports of compliance with the regulations and standards. The fostering manager was clear about the recommendations arising from those monitoring visits, in particular the importance of carers having link workers. There was a comprehensive improvement plan across all services delivered by the area and inspectors examined a recent report on a consultation process with children and families as part of the improvement plan and in particular the recommendations arising, for example better access to psychology and psychiatry services. Inspectors examined a review of the assessment process of three couples who were delisted from the panel following child protection concerns. The learning was that there was not anything specific within the assessment process itself that would have been an indication of their unsuitability.

Case file audits were undertaken by principal social workers and independent chairperson of conferences and inspectors viewed some follow up reports of such audits. Team leaders had recently reviewed foster carer files to ensure record keeping was of sufficient quality. While independent audits of foster carer files had just commenced inspectors did not find evidence of audits on the files that were subject to inspection. Analysis of disruption reports in order to improve the quality and safety of the service had not yet begun as such reports had only been implemented since March 2014. The plan was for the new placement committee to prepare a quarterly analysis of disruption reports to be given to the FCC.

Overall, the procedures and guidelines for dealing with serious concerns and complaints was good. Notifications of serious concerns were made to the FCC, which were logged and outcome reports were reviewed by inspectors. Data submitted showed that there had been six concerns about carers reported to FCC and these concerns was examined by inspectors and found to be managed effectively. The area manager maintained oversight of a central log of all complaints and allegations and there was clarity between complaints and concerns. Copies of complaint procedures were given to children in an age appropriate format and to parents and foster carers



although not all parents said they knew how to make complaint and were fearful of making a complaint. The management of complaints was effective and inspectors noted that on occasions the area manager visited the complainant to be assured when the issues were sufficiently serious. One serious complaint reviewed by inspectors showed that while some of the issues raised in the complaint had been appropriately addressed the investigation of all the issues was not completed. The area manager explained that the delay was due to the files being requested under The Freedom of Information Act. Complaint records were not always clear if the complainant was satisfied and correspondence to the complainant did not clarify the appeals process.

The Foster Care Committee (FCC) was effectively managed and well organised. The FCC was comprised of people with various expertise in child protection and welfare, medical and psychology, or were experienced foster carers. The committee was chaired by an independent chairperson and the FCC functioned in line with national policy and procedures by approving foster carers and were notified of serious concerns about foster carers. Inspectors interviewed the chair of the committee, met with a number of foster carer representatives and viewed records of FCC meetings which evidenced timely decisions and recommendations. Decisions made by the FCC's were clearly recorded in files and meeting records examined by inspectors. However, the FCC did not function completely in compliance with regulations and standards and in line with the Child and Family Agency *Foster Care Committees: Policies, Procedures and Best Practice Guidance 2012* . While the FCC was preparing an activity report for 2013 there were no reports compiled at the time of inspection and no evidence that the committee contributed to service planning. At the time of inspection the FCC was not notified of carer reviews and did not approve long term placements. Additionally it was not notified of placement disruptions and a report was not submitted to them with the reasons for disruption, the impact on the foster carers and the child, and crucially no review of the approval status of the carer. This posed a risk to the delivery of safe, quality services to children.

Standard	Judgment
<p><b>Standard 17 Reviews of foster carers</b></p> <p>Foster carers participate in regular reviews of their continuing capacity to provide high quality care and to assist with the identification of gaps in the fostering service.</p>	<p>Non compliance –major</p> <p>(This judgment is not included in the summary of judgments as explained in the note on page 10)</p>
<p><b>Standard 18 Effective Policies</b></p> <p>Health boards have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.</p>	<p>Compliant</p>

<p><b>Standard 19 Management and monitoring of foster care services</b></p> <p>Health boards have effective structures in place for the management and monitoring of foster care services.</p>	<p>Non compliance -moderate</p>
<p><b>Standard 21 recruitment and retention of an appropriate range of foster carers</b></p> <p>Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.</p>	<p>Non compliance -moderate</p>
<p><b>Standard 23 The foster care committee</b></p> <p>Health boards have foster care committees to make recommendations regarding foster care applications and to approve long-term placements. The committees contribute to the development of health boards' policies, procedures and practice.</p>	<p>Non compliance -moderate</p>
<p><b>Standard 24 Placement of children through non-statutory agencies</b></p> <p>Health boards placing children or young people with a foster carer through a non-statutory agency are responsible for satisfying themselves that the statutory requirements are met and that the children or young people receive a high quality service.</p>	<p>Compliant</p>
<p><b>Standard 25 Representations and complaints</b></p> <p>Health boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the</p>	<p>Non compliance -minor</p>

fostering service, whether provided directly by a health board or by a non-statutory agency.	
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